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
_FY 2019 CoC Competition Report (HDX Report)	Yes	FY 2019 CoC Compe...	09/17/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No		
1C-4. PHA Administrative Plan Homeless Preference.	No		
1C-7. Centralized or Coordinated Assessment System.	Yes	CE Assessment Too...	09/24/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Projects Accepted...	09/24/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Project(s) Reject...	09/24/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Local Competition...	09/26/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Local Competition...	09/26/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes	Consolidated Appl...	09/26/2019
3A. Written Agreement with Local Education or Training Organization.	No	Local Education o...	09/25/2019
3A. Written Agreement with State or Local Workforce Development Board.	No	State or Local Wo...	09/26/2019
3B-3. Summary of Racial Disparity Assessment.	Yes	Racial Disparity ...	09/24/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No	Other - Attachmen...	09/25/2019
Other	No	Other - Attachmen...	09/25/2019

Other	No	Other - Attachmen...	09/25/2019

2019 HDX Competition Report

PIT Count Data for FL-510 - Jacksonville-Duval, Clay Counties CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	**1959**	**1869**	**1794**	**1654**
Emergency Shelter Total	907	933	878	707
Safe Haven Total	0	0	0	0
Transitional Housing Total	611	504	487	439
Total Sheltered Count	**1518**	**1437**	**1365**	**1146**
Total Unsheltered Count	**441**	**432**	**429**	**508**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**337**	**319**	**327**	**301**
Sheltered Count of Chronically Homeless Persons	193	167	198	170
Unsheltered Count of Chronically Homeless Persons	144	152	129	131

2019 HDX Competition Report

PIT Count Data for FL-510 - Jacksonville-Duval, Clay Counties CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**164**	**135**	**126**	**90**
Sheltered Count of Homeless Households with Children	164	135	126	90
Unsheltered Count of Homeless Households with Children	0	0	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**345**	**130**	**125**	**121**	**118**
Sheltered Count of Homeless Veterans	186	104	100	92	88
Unsheltered Count of Homeless Veterans	159	26	25	29	30

2019 HDX Competition Report

HIC Data for FL-510 - Jacksonville-Duval, Clay Counties CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	**848**	**180**	**374**	**55.99%**
Safe Haven (SH) Beds	**0**	**0**	**0**	**NA**
Transitional Housing (TH) Beds	**540**	**0**	**262**	**48.52%**
Rapid Re-Housing (RRH) Beds	**439**	**0**	**414**	**94.31%**
Permanent Supportive Housing (PSH) Beds	**1398**	**0**	**775**	**55.44%**
Other Permanent Housing (OPH) Beds	**459**	**0**	**0**	**0.00%**
Total Beds	3,684	180	1825	52.08%

2019 HDX Competition Report

HIC Data for FL-510 - Jacksonville-Duval, Clay Counties CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	473	1037	1184	1284

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

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	137	93	93	101

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	843	644	422	439

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Summary Report for FL-510 - Jacksonville-Duval, Clay Counties CoC

Measure 1: Length of Time Persons Remain Homeless

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

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	1345	1685	114	99	-15	83	62	-21
1.2 Persons in ES, SH, and TH	1641	1975	132	116	-16	90	68	-22

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.

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1739	2038	270	309	39	141	136	-5
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2109	2314	283	316	33	153	141	-12

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range.Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	119	4	3%	7	6%	3	3%	14	12%
Exit was from ES	335	20	6%	16	5%	14	4%	50	15%
Exit was from TH	80	7	9%	4	5%	3	4%	14	18%
Exit was from SH	0	0		0		0		0	
Exit was from PH	371	12	3%	14	4%	18	5%	44	12%
TOTAL Returns to Homelessness	905	43	5%	41	5%	38	4%	122	13%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2019 HDX Competition Report
FY2018 - 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 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1869	1794	-75
Emergency Shelter Total	933	878	-55
Safe Haven Total	0	0	0
Transitional Housing Total	504	487	-17
Total Sheltered Count	1437	1365	-72
Unsheltered Count	432	429	-3

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	1780	2524	744
Emergency Shelter Total	1376	2249	873
Safe Haven Total	0	0	0
Transitional Housing Total	419	335	-84

2019 HDX Competition Report

FY2018 - 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 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	159	219	60
Number of adults with increased earned income	11	14	3
Percentage of adults who increased earned income	7%	6%	-1%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	159	219	60
Number of adults with increased non-employment cash income	25	37	12
Percentage of adults who increased non-employment cash income	16%	17%	1%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	159	219	60
Number of adults with increased total income	34	48	14
Percentage of adults who increased total income	21%	22%	1%

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	122	135	13
Number of adults who exited with increased earned income	24	37	13
Percentage of adults who increased earned income	20%	27%	7%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	122	135	13
Number of adults who exited with increased non-employment cash income	8	25	17
Percentage of adults who increased non-employment cash income	7%	19%	12%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	122	135	13
Number of adults who exited with increased total income	25	49	24
Percentage of adults who increased total income	20%	36%	16%

2019 HDX Competition Report

FY2018 - 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 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2264	2143	-121
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.	463	415	-48
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)	1801	1728	-73

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

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3274	2859	-415
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.	817	619	-198
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.)	2457	2240	-217

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 FY2018 (Oct 1, 2017 - Sept 30, 2018) 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 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	427	550	123
Of persons above, those who exited to temporary & some institutional destinations	30	45	15
Of the persons above, those who exited to permanent housing destinations	276	261	-15
% Successful exits	72%	56%	-16%

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

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2590	2507	-83
Of the persons above, those who exited to permanent housing destinations	863	951	88
% Successful exits	33%	38%	5%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	817	900	83
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	751	837	86
% Successful exits/retention	92%	93%	1%

2019 HDX Competition Report

FY2018 - SysPM Data Quality

FL-510 - Jacksonville-Duval, Clay Counties 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.

2019 HDX Competition Report

FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	801	855	821	835	694	693	572	549	1637	1568	1552	1691	325	843	644	422				
2. Number of HMIS Beds	376	458	521	613	188	268	134	128	534	465	542	678	284	542	644	422				
3. HMIS Participation Rate from HIC (%)	46.94	53.57	63.46	73.41	27.09	38.67	23.43	23.32	32.62	29.66	34.92	40.09	87.38	64.29	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	725	1343	1326	2249	427	510	328	335	629	542	573	609	819	1136	1066	1147	33	426	532	597
5. Total Leavers (HMIS)	482	1032	972	1968	244	315	241	222	168	125	86	96	327	799	661	847	33	406	494	561
6. Destination of Don't Know, Refused, or Missing (HMIS)	193	170	193	338	86	52	38	59	16	1	1	4	71	38	23	3	0	38	47	54
7. Destination Error Rate (%)	40.04	16.47	19.86	17.17	35.25	16.51	15.77	26.58	9.52	0.80	1.16	4.17	21.71	4.76	3.48	0.35	0.00	9.36	9.51	9.63

2019 HDX Competition Report

Submission and Count Dates for FL-510 - Jacksonville-Duval, Clay Counties CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/23/2019	

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/29/2019	Yes
2019 HIC Count Submittal Date	4/29/2019	Yes
2018 System PM Submittal Date	5/31/2019	Yes

FL-510 Northeast Florida CoC

1C.7 CE Assessment Tools

- Northeast Florida CoC, FL-510, Coordinated Entry System Policies & Procedures
- VI-SPDAT, Families
- VI-SPDAT, Single Adults
- TAY-VI-SPDAT, Youth

NORTHEAST FLORIDA COC FL-510 COORDINATED ENTRY SYSTEM

COORDINATED ENTRY SYSTEM
POLICIES & PROCEDURES

REVISED MARCH 2019

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OVERVIEW

Coordinated Entry- "Coordinated Entry" is defined as a process designed to coordinate program participant intake, assessment, and provision of referrals. It covers the geographic area, is easily accessed by individuals and families seeking housing and services, is well advertised, and includes a comprehensive and standardized assessment tool.

The process of Coordinated Entry can be implemented regardless of geography, housing stock, service availability, or unique community makeup. Almost any model of Coordinated Entry applied to any community or situation with patience, persistence, testing, and tweaking, can be successful.

The terms "Coordinated Access", "Centralized Intake", "Coordinated Intake", "Coordinated Entry" and "Coordinated Assessment" are often used interchangeably, and with the exception of "Centralized Intake", more or less mean the same thing: transitioning from a "first come, first served" mentality to a mentality that says "now that you are here, let's determine, together, what might be your next step". ***The Northeast Florida Continuum of Care will refer to the system as "Coordinated Entry."***

Coordinated Entry, when implemented correctly, can help to prioritize individuals and families who need housing the most across communities. Coordinated Entry can create a collaborative, objective environment across a community that can provide an informed way to target housing and supportive services to:

1. Divert people away from the system who can solve their own homelessness.
2. Quickly move people from street to permanent housing.
3. Create a more defined and effective role for emergency shelters and transitional housing.
4. Create an environment for less time, effort, and frustration on the part of case managers by targeting efforts.
5. End homelessness across communities, versus program by program.

The intention of Coordinated Entry is to:

1. **Target** the correct housing intervention to the correct individual (family), particularly for those with high acuity and high need.
2. **Divert** people away from the system who can solve their own homelessness.
3. **Greatly reduce the length of homelessness** by moving people quickly into the appropriate housing.
4. **Greatly increase the possibility of housing stability** by targeting the appropriate housing intervention to the corresponding needs.

Traditionally, the system of entry and referral to housing and service supports was based on a "first-come, first-served" basis and in some places still is. But years of research, re-thinking, and a commitment to moving away from the linear approach to housing placement and moving toward quickly placing people into appropriate housing, has shifted the way we do business.

Historic Practice is **Program** Centric	Coordinated Access/Entry/Assessment is **Client** Centric
Should we accept this family into our program?	What housing and service intervention is the best fit for each family and individual?
Unique entry and assessment forms for each individual program.	Standard forms, assessment, and entry processes across all programs.
Uneven knowledge about existing programs, eligibility, and purpose in communities.	Accessible information about housing and service options in the CoC.

Applying Coordinated Entry to a community or region brings together the strength of programs across a community, offering a menu of services across programs. When communities come together to implement a Coordinated Entry model, each program realizes success in a myriad of ways:

- Programs Receive Eligible Clients: Programs receive referrals for participants whose needs and eligibility have already been determined. The autonomy and unique nature of programs, as they operate within a coordinated framework become a strength, not a hindrance.
- Case Managers can concentrate on Case Management: With every program in a community providing assessment, case managers often share the burden of intake and assessment.
- Communities readily see what additional resources they need most: Lots of clients with mid-level acuity signal a need for more Rapid Re-housing resources. Lots of clients with high-level acuity signal a need for more permanent supportive housing/housing first.
- Time, red tape, and barriers are significantly reduced: When different programs in a community follow the same process across and are aware of one another, workload is significantly reduced.
- Community success in ending homelessness is significantly increased: Targeting limited resources as a community in a laser-like way leads to very fast and effective interactions that lead to long-term housing stability.

HUD GUIDANCE AND REGUALTION

The U.S. Department of Housing and Urban Development (HUD) published the Continuum of Care (CoC) Program Interim rule in the Federal Register on July 31, 2012. The rule, governing the CoC Programs, is designed to assist individuals (including unaccompanied youth) and families experiencing homelessness, and to provide the services needed to help such individuals move into transitional and permanent housing, with the goal of long-term stability. The program promotes community-wide planning and strategic use of resources to address homelessness; improved coordinated and integration with mainstream resources and other programs targeted to people experiencing homelessness; improved data collection and performance measurement; and allows each community to tailor its program to the particular strengths and challenges within that community.

In the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program 24 CFR 578.7(a)(8) HUD mandates that "In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers"[1].

HUD uses the terms *coordinated entry* and *coordinated entry process* instead of *centralized* or *coordinated assessment* to help avoid the implication that CoC's must centralize the assessment, and to emphasize that the process is easy for people to access, that it identifies and assess their needs, and makes prioritization decisions based upon needs[2].

The policy and procedures for Northeast Florida's Coordinated Entry System have been revised to reflect and act in accordance with the following HUD Regulations:

- 24 CFR Part 578 [Docket No. FR-5476-I-01] Rin 2506-AC29 Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program
- 24 CFR Part 576 [Docket No. FR-5476-I-01] Rin 2506-AC29 Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program
- Notice CPD 14-012 Issued July 28, 2014
- Notice CPD 17-01 Issued January 23, 2017

[1] Department of Housing and Urban Development 24 CFR Part 578 [Docket No. FR-5476-I-01] Rin 2506-AC29 Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

[2] HUD Coordinated Entry Policy Brief February 2015 https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

KEY TERMS

Acuity - When utilizing the VI-SPDAT Prescreens (triage tool), acuity speaks to the presence of a presenting issue based on the prescreen score. In the context of the Full SPDAT assessments, acuity refers to the severity of the presenting issues. In the case of an evidence- informed common assessment tool like the VI-SPDAT (Single), Family VI-SPDAT, Full SPDAT, acuity is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.

Access Points – For the purpose of this document, Access Points are designated areas located within our continuum where individuals or families can go to for intake and assessment of homeless prevention and housing services for which they may qualify.

Common Assessment Tool - A comprehensive and standardized assessment tool used for the purposes of housing prioritization and placement within a CoC Coordinated Entry System. The Northeast Florida Continuum of Care (Fl-510) has adopted the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool) as the Common Assessment Tool in April 2014 when we initially launched our Coordinated Entry System.

Chronic Homelessness (Final Definition 24 CFR 578.3, effective January 15, 2016) -

(1) A "homeless individual with a disability," who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months

>Occasions separated by a break of at least 7 nights

>Stays in an institution of fewer than 90 days do not constitute a break

(2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Disability is described as: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 USC 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability 24 CFR 578.3.

Coordinated Entry - "A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The system covers the geographic area (designated by the CoC), is easily accessed by individuals and families

seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool." 24 CFR Section 578.7. It is the responsibility of each CoC to implement Coordinated Entry in their geographic area.

Coordinated Entry Committee - Entity responsible for implementation and upper level management of Coordinated Intake System. Members of the Board are representatives from community providers within the service area.

Coordinated Systems – Within our community, coordinated systems is defined as interconnected network of systems that services homeless and at risk households, and consists of coordinated intake and assessment, diversion, prevention, rapid re-housing, transitional housing, permanent supportive housing and other tailored programs and services, and linkages to mainstream resources.

Cultural and Linguistic Competency – All persons administering assessments shall us culturally and linguistically competent practices. Assessment shall include trauma-informed culturally and linguistically competent questions for first-generation-subpopulations; youth; persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and LGBTQ+ persons.

Disabling Condition - (1) a condition that: (i) is expected to be long-continuing or of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by the provision of more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or (2) a development disability, as defined above; or (3) the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV). 24 CFR 583.5.

Diversion - Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program prioritization lists. The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing/permanent supportive housing targets people who are already homeless.

Fair and Equal Access – All people in the CoC's geographic area shall have fair and equal access to the Coordinated Entry process, regardless of where or how they present for services. Fair and equal access means that people can easily access the Coordinated Entry process in person at the Urban Rest Stop, by phone, or some other method, and that the process for accessing help is well known.

Family - includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to: (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) An elderly family; (iii) A near- elderly family; (iv) A disabled family; (v) A displaced family; and (vi) The remaining member of a tenant family. 24 CFR 5.403.

Fiscal Agent – For the purpose of this document, the entity that coordinates funding and provides oversight to the coordinated intake and assessment system. The fiscal agent for this community will be Changing Homelessness, Inc. This agent is also known as the "Lead Agency"

Emergency Transfer Plan – Provides for emergency transfers for DV survivors receiving rental assistance or residing in units subsidized under a covered housing program (including CoC and Emergency Solutions Grant (ESG) funded programs).

a. **External Emergency Transfer –** An emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant (i.e., tenant must undergo an application process to reside in the new unit.)
b. **Internal Emergency Transfer –** An emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant. (i.e., tenant may reside in new unit without having to undergo an application process.)

HEARTH – The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) act of 2009 that includes Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants.

HMIS – Homeless Management Information System; a centralized data base designated to create an unduplicated accounting of homelessness that includes housing and services. Client Track is the HMIS system for this CoC.

Homeless – definition by category:

1. Category 1: Literally Homeless- An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

> (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

> (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable

organizations or by federal, State, or local government programs for low- income individuals);

> or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

2. Category 2: Imminent Risk of Homelessness- An individual or family who will imminently lose their primary nighttime residence, provided that:

> The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

> (ii) No subsequent residence has been identified; And

> (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

3. Category 3: Homeless Under Other Statues- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

> (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e 2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

> (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

> (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

> (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

4. Category 4: Fleeing or Attempting to Flee Domestic Violence- Any individual or family who:

> Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

> (ii) Has no other residence; and

> (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Housing First - An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to program/housing entry, such as sobriety, treatment or service participation requirements. Supportive services such as housing-focused case management are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

HUD – The Department of Housing and Urban Development; the United States federal department that administers federal program dealing with homelessness. HUD oversees HEARTH and CoC funded programs.

Lead Agency – The agency identified as the primary administrator of coordinated intake and assessment. For the purpose of this document that agency is the Changing Homelessness, Inc. or its sub-grantee who has been contracted to provide the Coordinated Intake and Assessment Services.

Linkage or Access to Mainstream Resources – An approach to help people stabilize their housing for the long term by linking them to resources for which they are eligible within their community.

Permanent Supportive Housing (PSH) - means community-based housing without a designated length of stay, and includes both permanent supportive housing. Permanent supportive housing means long term permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. 24 CFR 578.3. The definition of rapid re-housing appears below.

Prioritization List - The prioritization List is thought of as a universal registry within the CoC for purposes of prioritization and housing placement. CoC and ESG funded agencies must make and take referrals off of this list for their programs.

Navigator – A certified intake worker whose responsibility is to provide coordinated intake and assessment for individuals or families seeking homeless prevention or housing services.

Rapid Re-Housing (RRH) -An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid re-housing assistance, operating in a Continuum of Care and/or Housing First model, is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a rapid re-housing program are housing identification and relocation, short-and/or medium term rental assistance and move-in (financial) assistance, and case management and housing stabilization services. This assistance is subject to the definitions and requirements set forth in 24CFR§576.2 "Homeless" paragraph (1) and paragraph (4) who are residing in a place set forth in (1), 24CFR§576.105, 24CFR§576.106 and 24CFR§576.400. (24CFR§576.104 & Core Components of Rapid Re-Housing, National Alliance to End Homelessness).

SPDAT - (Service Prioritization Decision Assistance Tool) the evidence-based assessment utilized by all trained CoC providers in either enacting more detailed determinations of acuity for housing placement and/or ongoing use in case management to ensure housing stabilization. This is an ongoing case management tool suggested for your use. The SPDAT (or "Full SPDAT") has an individual and family tool. Staff must be trained by OrgCode Consulting prior to administering the tool. The SPDAT can be completed on paper or in HMIS and attached to a client record.

Severity of Service Needs –

(a) For the purposes of Notice (CPD-16-11), this means an individual for whom at least one of the following is true:

i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.

iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors

that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a)

Transitional Housing (TH) - housing to facilitate the movement of individuals and families experiencing homelessness into permanent housing within 24 months. 24 CFR 578.3.

VI-SPDAT - (Vulnerability Index-Service Prioritization Decision Assistance Tool) the evidence- based Common Assessment or Prescreen Triage Tool utilized by all projects in the Northeast Florida Continuum of Care to determine initial acuity (the presence of an issue) and utilized for housing triage, prioritization and housing placement. Note there are two versions of VI-SPDAT, the Individual and Family, both of which are available in HMIS. There is a Youth VI-SPDAT that was recently released for use specifically with youth and is available on the OrgCode website, with anticipation of HMIS release in the near future.

> PLEASE NOTE the VI-SPDAT is a different tool than the Full SPDAT; do not use these terms interchangeably as they are different

> The VI-SPDAT is the Common Assessment Tool, or Prescreen Triage Tool

> The Full SPDAT can be used as an ongoing case management tool

COORDINATED ENTRY SYSTEM ROLES AND RESPONSIBILITIES

As a system-level process, coordinated entry requires intensive coordination and communication among all the projects and agencies in the CoC and, ideally, all of those otherwise available in the community to serve individuals and families experiencing homelessness, including programs that can serve that population but may not be targeting it.

CoC Lead Agency:

- It is the lead agency's responsibilities to:
    - Ensure proper data systems and management protocols are established to support CES operation
    - Regularly update CES Policy & Procedures to ensure most up to date operational information is available to the community
    - Regularly report CES implementation updates, problems, and/or suggestions to the CoC Governance Board
    - Oversee provision of homeless diversion, prevention and housing services for eligible clients.
    - Plan and conduct annual CES Evaluation

CES Lead Agency:

- It is the CES Lead agency's responsibilities to:

- Manage the day-to-day operation of coordinated entry
- Update and maintain information on program vacancies/opening. To be completed on a weekly basis regardless of whether there are new openings to report.
- Regularly update and make current all programs eligibility guidelines and program contact information so that Navigators can make the best referrals possible.
- Ensure that when a referral is made, the Navigators confirms within two business days whether the referral is accepted, declined by provider, declined by client, or pending, or the provider is unable to contact the client.
- Bring problems and suggestions to the monthly Data Committee meeting and/or Coordinated Entry meeting.
- Ensure that all points of entry will use the same screening and assessment tool, data collection forms, policies on eligibility verification and referral/information-sharing systems.

Providers:

- Participation Requirement.
    - All providers receiving funding through HEARTH or a HUD funded program are required to participate in the coordinated intake and assessment process.
    - Providers must be live on the HMIS system and must maintain data which is inputted no later than within 24 hours of a service or outcome being achieved or rendered.
    - Providers must provide written documentation to the Coordinated Entry Board within 3 business days on why an applicant was denied entry into a program.

Applicants and Clients:

- Clients who are in need of homeless prevention or housing services can access information and eligibility criteria through one of the Access Points. Applicants seeking assistance must be screened at one of the Access Points or by a Navigator prior to being referred to an agency for assistance. Applicants not eligible for services will be referred to other appropriate community resources.
- Eligibility. Individuals and families that are **"Literally Homeless"** (meeting HUD's Category 1 definition of homelessness) or at **"Imminent Risk of Homelessness"**. For purposes of eligibility for coordinated intake and assessment, "imminent risk of homelessness" means individuals and families that are able to document that they must leave their current nighttime residence within 72 hours, and include household that;
    - Have received a court notice of eviction or foreclosure.

- Are staying with family or friends AND can document that they must leave within 72 hours. Documentation must include a third party verification of violation. (For example, a lease that states that anyone other than occupants in the lease constitutes a lease violation.)
- Other, as determine by a provider or by the Northeast Florida CoC

- Participation Requirement. All households (with the exception of households in domestic violence situations) must be assessed prior to program entry; or , in the case of households in emergency shelters that admit same day, the assessment must occur as soon as possible after entry, and before being referred to another program

- Applicants/Clients can expect:
  - To be treated with respect and dignity
  - Their initial phone call for assistance to be answered live or returned within two business days
  - To be scheduled for an in-person, intake and assessment within two to five business days
  - To be matched to an appropriate program based upon their unique needs, and referred based on their priority status to opening in a program
  - To wait until the system has the capacity to assist them, and to get help from through diversion or other resource available to them.
- Responsibilities:
  Client must:
  - Answer all questions truthfully and to the best of their ability
  - Bring all required documentation
  - Keep their contact information current in order to be notified of available opening, and referred in a timely manner.

NOTE: *This system acknowledges that the needs of a household fleeing or attempting to flee, domestic violence, dating violence, sexual assault or stalking, may be different than the needs of non-victims. Navigators will be trained on sensitivity in regards to victim's assistance, and referrals will only be made to domestic violence providers. In addition, the HMIS data of victims will continue to be treated with the highest level of confidentiality and victims' data not shared with other Providers (except those designated as Domestic Violence Providers).*

COORDINATED ENTRY: COC & ESG PROGRAM REQUIREMENTS

All HUD CoC & ESG programs will be an active member of the Northeast Florida CoC Coordinated Entry system as it is locally implemented via the Coordinated Entry Committee. The HUD CoC & ESG programs will have minimal entry requirements to ensure the most vulnerable

of the population are being served. HUD CoC & ESG programs will ensure active client participation, client-center practices and informed consent. All HUD CoC & ESG programs will receive referrals from the Prioritization List for housing referral and placement with available HUD CoC & ESG housing resources via Coordinated Entry/Master List Committee Meetings.

STEPS:

1. All adult program participants must meet the ***program*** eligibility requirements and properly document this eligibility as required (HUD funded ESG and CoC Programs are required to use the HUD CoC & ESG Toolkits by appropriate program) for housing placement.

2. Programs may require participants to meet additional program eligibility requirements as they relate specifically to federally and state-guided eligibility in writing. For example, if your Grant Agreement states that you will serve specific populations. Programs are strongly encouraged to create or amend program standards to Low-Barrier standards for client entry.

3. Programs may disqualify registered sex offenders from the program if the location of housing will place the client in violation of Florida statute 775.215 which prohibits registered sex offenders from living near schools, daycare facilities and publicly owned playgrounds. These offenders are prohibited from living within 1,000 feet of a high school, middle school, elementary school, preschool, publicly owned playground, or licensed day care facility. The measurement is taken in a straight line from the nearest property line of the school to the nearest property line of the registrant's place of residence. Additionally, under 24 CFR 578.93 (b)(4), if the program housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the housing.

4. Additionally, programs **may not** disqualify an individual or family from program entry for lack of income or employment status.

5. Programs **cannot** disqualify an individual or family because of evictions or poor rental history.

6. The program explains the services that are available and encourages each adult member to participate in program services, but does not make service usage a requirement or the denial of services a reason for disqualification or eviction. Please note that it is acceptable to require your program participants to participate in housing- focused case management, but it is not acceptable to require participation in any other supportive services. It is important to note that the purpose of any required housing- focused case management should be to engage the program participant to assist them in **maintaining** their housing.

7. The program will maintain an annual Release of Information and annual income verification, Case notes, and all pertinent demographic and identifying data in HMIS, or a

comparable database. Paper files can also be kept as long as they are stored in a secure location.

COORDINATED ENTRY OPERATION PROTOCOLS

This system is focused on providing a continuum of care including prevention, diversion and rapid re-housing approaches. The Plan requires each Navigator to assess household's eligibility for services. Prevention services target people at imminent risk of homelessness, while diversion services target people as they are applying for entry into shelter, and rapid re-housing services target people who are already homeless. If they client is considered chronically homeless the assessment will be made to a permanent supportive housing program or permanent housing program such as the Jacksonville Housing Authority.

ACCESS:

Duval, Nassau and Clay counties are located in Northeast Florida and span over 2,286 square miles of diverse geographic and demographic landscape. Duval County is a populated metropolitan area, Nassau County consists of both rural and beaches community and Clay County is mostly rural with pockets of suburban neighborhoods. In order to meet the need of our community we will utilize a hybrid approach incorporating Access Points such as the Urban Rest Stop, Outreach Navigators, and web based components to provide a variety of avenues in which all segments of our community can access housing and service supports.

ASSESSMENT:

Applicants and Clients:

- Each applicant is evaluated on a variety of criterion, including rental history, criminal history, domestic violence, mental health challenges, disabling conditions, language barriers, educational attainment, employment status, and length of homelessness. Services are then assigned based on the client level determination.
- The Assessment tool provides a procedure for determining which applicants are eligible and appropriate for the variety of housing and support services available in the community. For example, applicants for permanent supportive housing must have a disabling condition and lack the resources to obtain housing.
- Clients will be allowed to submit a survey for improvement changes and suggestions on the Coordinated Intake and Assessment process.

Providers:

- Each applicant who is referred for housing or services will be evaluated through an assessment of their current barriers to obtaining and successfully maintain permanent housing.
- The assessment is heavily focused on the applicant's immediate housing challenge and includes questions regarding household composition, current housing situation, homelessness history, evictions, criminal history and/or active warrants, physical and mental health, and domestic violence issues.
- The Assessment will be used as a guide, with the understanding that each applicant has a unique set of circumstances.
- Generally speaking, the assessment tool ensures that protocols are applied consistently throughout the three county region (Duval, Nassau and Clay County), and that each Provider is engaging in responsible assessments protocol.

CES Lead Agency:

- The Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) is the assessment tool utilized for this system.
- The VI-SPDAT will determine an acuity score that will help inform Navigators and Providers about the following :
    - ✓ People who will benefit most from Permanent Supportive Housing
    - ✓ People who will benefit most from Rapid Re-Housing
    - ✓ People who are most likely to end their own homelessness with little to no intervention on your part
    - ✓ Which areas of the person's life that can be the initial focus of attention in the case management relationship to improve housing stability.
    - ✓ How individuals and families are changing over time as result of case management process.
- The Lead Agency will provide a system of care that allows clients to give feedback on suggestions and improvements of the Intake and Assessment Process. This process will be posted in common areas of "Access Points" and made available on-line as part of the Web-based system.
- The Lead Agency will ensure that the VI-SPDAT is not used to :
    - ✓ Provide a diagnosis
    - ✓ Assess current risk or be a predictive index for future risk
    - ✓ Take the place of other valid and reliable instruments used in clinical research and care

COMMUNITY ASSESSMENT TOOL: VI-SPDAT

The VI-SPDAT is a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them

with the most appropriate support and housing interventions that are available. A triage tool like the VI-SPDAT allows homeless service providers to similarly assess and prioritize the universe of people who are homeless in their community and identify who to treat first based on the acuity (severity) of their needs. It is a brief survey that service providers, outreach workers, and even volunteers can use to determine an acuity score for each homeless person who participates. The scores can then be compared and used to identify and prioritize candidates for different housing interventions based upon their acuity. Using the VI-SPDAT, providers can move beyond only assisting those who present at their particular agency and begin to work together to prioritize all homeless people in the community, regardless of where they are assessed, in a consistent and transparent manner.

Sometimes the VI-SPDAT is confused with or used interchangeably with the Full SPDAT. Whereas the VI-SPDAT is a triage tool (also referred to as a pre-screen tool), the SPDAT is an assessment tool. The Full SPDAT digs deeper into the context, history, environment and severity of an issue in a more nuanced manner than the VI-SPDAT. To return to the metaphor of a hospital emergency department, the VI-SPDAT is the triage station asking a series of questions to confirm what is occurring and to understand a particular patient's needs in comparison to all other patients; the Full SPDAT is what happens when the doctor sees the patient, rounds out the understanding of the issue, and advises the appropriate treatment protocol for that individual. The VI-SPDAT is designed to determine the presence and acuity of an issue and identify clients to refer for assessment for specific housing interventions, but it is not intended to provide a comprehensive assessment of each person's needs.

It is recommended that the VI-SPDAT be used together in a community with the Full SPDAT, as they are complementary tools. However, communities may start with using only the VI-SPDAT and referring clients directly to different housing interventions based on their VI-SPDAT scores, although this approach is less precise than using a more comprehensive assessment. Please note, use of the Full SPDAT is not mandated under the Northeast Florida Continuum of Care Coordinated Entry System for housing referral.

VI-SPDAT AND COORDIANTED ENTRY CONSENT

An individual **must** provide informed consent prior to the VI-SPDAT being completed, (Client HMIS Agreement and Release of Information Form). You **cannot** complete a VI-SPDAT with a client without that person's knowledge and explicit agreement. You also **canno**t complete the VI-SPDAT solely through observation or using known information within your organization.

- **Client HMIS Agreement**: This agreement allows the Northeast Florida CoC Homeless Management Information System (**HMIS**) User listed to enter and store client data as, or on behalf of, the agency listed below and/or to report on behalf of the agency.

- **Release of Information Form**: The Release of Information is utilized by all providers to input VI-SPDAT assessments within the HMIS. Individuals who do not sign the release of information do not complete the assessment. Individuals who are not able to complete either a VI-SPDAT or full SPDAT may be referred to the Coordinated Entry Committee.

ASSESSMENT IN PRACTICE

STEPS:

1. Providers will obtain a Northeast Florida HMIS Release of Information and Consent (or comparable document for VSPs)

2. Providers will utilize the VI-SPDAT as the Common Assessment Tool, to screen individuals and families experiencing homelessness.

3. There is a specific VI-SPDAT for Individuals and Families in HMIS. Providers should use the most up to date version available in HMIS (currently, Version 2 is available for both Individuals and Families).

4. The assessment takes approximately 7 minutes to administer, and can be conducted by any provider who has been introduced to the tool through a 30 minute video (or attended a training by its creator, OrgCode Consulting, Inc.), see below for more training details.

5. The VI-SPDAT, as a first assessment at entry, provides each program with the ability to determine, across dimensions, the acuity of an individual or family.

6. In the case of an evidence-informed common assessment tool like the VI-SPDAT, acuity is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability. The VI-SPDAT score shows the ***presence*** of these issues, and indicates the potential best fit for housing and service intervention, based on scores across the following dimensions:

- ✓ Wellness: Chronic health issues and substance use.
- ✓ Socialization and Daily Functioning: Meaningful daily activities, social supports, and income.
- ✓ History of Housing and Homelessness: Length of time experiencing homelessness, and cumulative incidences of homelessness.
- ✓ Risks: Crisis, medical, and law enforcement interdictions. Coercion, trauma, and most frequent place the individual has slept.
- ✓ Family Unit (Family VI-SPDAT Only): School enrollment and attendance, familial interaction, family makeup, and childcare.

7. Based upon the Prescreen Acuity Score of the VI-SPDATs, programs and communities can arrive at best possible housing intervention that applies, as follows:

VI-SPDAT Version 2 Individuals

Intervention Recommendation	VI-SPDAT Prescreen Score for **Individuals**
Permanent Supportive Housing/Housing First	8+
Rapid Re-Housing	4-7
Community Resources/Diversion	0-3

VI-SPDAT Version 2 Families

Intervention Recommendation	VI-SPDAT Prescreen Score for **Families**
Permanent Supportive Housing/Housing First	9+
Rapid Re-Housing	4-8
Community Resources/Diversion	0-3

8. Scores on the VI-SPDAT populate the local Prioritization List once entered into HMIS, and at weekly Local Prioritization Committee meetings all the partners and others with housing resources decide who enters available housing (RRH and PSH) next by acuity and HUD priorities.

PRIORITIZATION PROCEDURES & PROTOCOL:

One of the main purposes of a Coordinated Entry System is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. As indicated by HUD guidelines individuals and families experiencing chronic homelessness should be prioritized for permanent supportive housing.

The following represents the uniform process to be used across the community for assessing individuals, matching them to an appropriate housing intervention (PSH & RRH), and within each category, prioritizing placement into housing. This will eliminate the need to complete multiple assessments with individuals, which is burdensome both for the person being assessed and those conducting the assessment.

The VI-SPDAT will be the ONLY tool used to assess individuals at the point of entry. The VI- SPDAT scores will be used to triage individuals into the appropriate category of intervention.

The following represents the uniform process utilized across the community for prioritizing placement into permanent supportive housing for single individuals and/or families experiencing chronic homelessness. The VI-SPDAT and SPDAT will be the ONLY tools used to assess individuals at the point of entry.

1. Assessment Score: The first prioritization criteria will expedite placement into housing for individuals with the most severe medical and service needs who are at greater risk of

death. This score would be based on questions 1-27 of the VI-SPDAT version 2, with a maximum score of 17.

2. Unsheltered Sleeping Location: The second prioritization criteria is the location where the individual sleeps based on the HUD universal data element 3.19 Living Situation and/or question 1 of the VI- SPDAT version 2. Unsheltered individuals will be given priority over sheltered individuals.

3. Length of Time Homeless: The third prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest, based on homelessness history present within HMIS and/or question 2 of the VI-SPDAT version 2.

4. Overall Wellness: The second prioritization factor targets individuals with similar medical needs as criteria number 1, who will be prioritized when they have behavioral health conditions or histories of substance use, which may either mask or exacerbate medical conditions. This score will be based on questions 15 through 27 of the VI-SPDAT version 2 (i.e., the "Wellness Domain"), and/or the combined responses to the "Mental Health & Wellness & Cognitive Functioning," "Physical Health & Wellness," "Substance Use," "Medication" and "Experience of Abuse and/or Trauma" domains of the SPDAT.

5. Date of VI-SPDAT Assessment: The final prioritization criteria will be the date of the individual's assessment, giving priority to the earliest date of assessment.

PERMANENT SUPPORTIVE HOUSING

For individuals that score 8 or above on the VI-SPDAT version 2, signals a recommendation for permanent supportive housing, prioritizations will be based on the following criteria *(only going to the next level as needed to break a tie between two or more individuals):*

HUD has released specific guidance for the prioritization of chronically homeless individuals and families, which was adopted by the Continuum of Care upon its release is outlined in the following notice: Notice CPD 16-11: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. This Notice supersedes Notice CPD-14-012 and provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in all CoC Program-funded PSH. This Notice reflects the new definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining "Chronically Homeless" (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior Notice.

The goal of this notice is to ensure that homeless individuals and families with the most severe

service needs within a community are prioritized in PSH, eventually ending chronic homelessness.

In order for a household to qualify for PSH interventions they must meet the definition of chronically homeless as defined by HUD. The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

(a) An individual who
    a. Is homeless and lives in a place not meant for habitation, a safe haven, or in an emergency shelter
    b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years
    c. Currently diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury or chronic physical illness

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all the criteria outlined in section (a)

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all the criteria in section (a), including a family whose composition has fluctuated while the head of household has been homeless.

In accordance with HUD Notice CPD-014-12, households scoring in the permanent supportive housing range will be prioritized in the following manner:

- **First Priority- Chronically Homeless Individuals and Families with the longest history of homelessness and with the most severe service needs**
    - Household's length of time homeless will be determined by length of time as reported by homeless household during the VISPDAT assessment in combination with a review of their HMIS record. Households must be able to demonstrate history of homeless by producing required documentation.
    - Service needs will be identified by the acuity captured in the VISDPAT assessment. When applicable, portions of the SPDAT targeting the use of crisis services will be administered to the head of household if the household's needs are not accurately captured by the VISPDAT.

- **Second Priority- Chronically Homeless Individuals and Families with the longest history of homelessness**

- The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at **least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months** and the **CoC or CoC program recipient has NOT identified** an individual or a head of household, who meets all the criteria of the definition for chronically homeless, of the family as having severe service needs
- Household's length of time homeless will be determined by length of time as reported by homeless household during the VISPDAT assessment in combination with a review of their HMIS record. Households must be able to demonstrate history of homeless by producing required documentation

- **Third Priority- Chronically Homeless Individuals and Families with the most severe needs**
  - The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for habitation, a safe have or an emergency shelter **on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year**, and the **CoC or CoC recipient has identified ta chronically homeless individual or head of household**, who meets all of the criteria of the definition for chronically homeless, of the family **as having severe service needs**.
  - Service needs will be identified by the acuity captured in the VISDPAT assessment. When applicable, portions of the SPDAT targeting the use of crisis services will be administered to the head of household if the household's needs are not accurately captured by the VISPDAT.

- **Forth Priority- All other chronically Homeless Individuals and Families**
  - The chronically homeless individual or head of house household has been homeless and living in a place not meant for human habitation, a safe haven or in an emergency shelter for at **least 12 months either continuously or on at least four separate occasions in the last 3 years where the cumulative total length of the four occasions is less than 12 months** and the CoC or CoC program recipient has **NOT identified a chronically homeless individual or head of household** who meets all the criteria of the definition for chronically homeless as having severe service needs.

RAPID REHOUSING

The following represents the uniform process utilized across the community for prioritizing placement into rapid rehousing for single individuals and/or families. Individuals and/or families

and/or between 4 and 7 on the VI- SPDAT version 2 Individuals, and/or 4-8 on the VI- SPDAT version 2 Families, will be prioritized through the process described below. Assessors should describe the core components to rapid rehousing through the following standardized messaging:

- Designed to facilitate movement into market rate housing as quickly as possible while providing the support needed to achieve that goal
- Assistance that does not provide a voucher
- Time-limited support and financial assistance to pay rent so that when the program ends, participants are able to pay the full rent independently. The length of rental assistance and support depends on each person's individual needs.
- Financial assistance provided is on a case-by-case basis
- Assistance in identifying and accomplishing other short term goals outside of housing, such as employment, connection to benefits, legal assistance/referrals, personal financial planning services, transportation services, etc.
- Able to connect participants with longer term community resources to help maintain housing as well.

Among rapid rehousing referrals, the following process will be used to prioritize for placement *(only going to the next level as needed to break a tie between two or more individuals):*

1. Date of VI-SPDAT Assessment: The first prioritization criteria will be the date of the individual's assessment, giving priority to the most recent date of assessment.

   Unsheltered Sleeping Location: The second prioritization criteria is the location where the individual sleeps based on the HUD universal data element 3.19 Living Situation and/or question 1 of the VI- SPDAT version 2. Unsheltered individuals will be given priority over sheltered individuals.

2. Length of Time Homeless: The third prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest, based on homelessness history present within HMIS and/or question 2 of the VI-SPDAT version 2.

Based on the quantity of available units, rapid rehousing will be targeted through an equal distribution of VI-SPDAT and/or SPDAT scores. If 4 rapid rehousing openings become available, 1 individual scoring 7, 1 individual scoring 6, 1 individual scoring 5 and 1 individual scoring 4 would be referred for placement.

The equal distribution of rapid rehousing placements will prioritize by scores recommending that intervention. If 3 rapid rehousing openings become available, 1 individual scoring 7, 1 individual scoring 6, and 1 individual scoring 5 would be referred. Similarly, if 5 openings became available,

2 individuals scoring 7, 1 individual scoring 6, 1 individual scoring 5 and 1 individual scoring 4 would be referred for placement.

For veterans served through SSVF, SSVF will continue to prioritize placements from the universal registry for all eligible individuals with military service history recommended for rapid rehousing 4-7 on VI-SPDAT version 2. Due to the amount of funding currently available for the program, a limited number of direct referrals may be made.

REFERRAL:

The following process describes how CES will be administered to community housing programs.

Step 1:

- Individuals and families seeking services will go to MHRC or visit a Mobile Outreach hot spot to be assessed for services.

Step 2:

- Intake Navigators complete Intake Workflow and collect Universal Client data in Client Track
- Intake Navigators will complete VISPDAT to assess housing needs
- Based on Client Information and VISPDAT scores, Navigators will refer client to appropriate Agency, Programs, and resources
- Navigators will gather all available supporting documentation needed
- Navigators will submit referral to agency or program

Step 3:

- Agency or Program Supervisor receiving referral will review information within 2 business days upon receipt and assign to appropriate Case Manager
- Case Manager will make contact with family to schedule a program intake appointment within 2 business days of receiving referral
- If Case Manager is unable to make contact after 3 documented attempts they will notify Program Supervisor who will contact Navigators within 1 business day. Navigators will place referral back on waitlist and reach out to outreach teams to assist with locating referral. **At this point a new referral will be issued to program to fill vacancy.**
- Case Manager will meet with individual and/or family and complete program enrollment to begin services.
- If referral is appropriate for program, Case Manager will notify Program Supervisor of program enrollment. Program supervisor will notify Intake Navigators of program enrollment.

- If referral is NOT appropriate for program, Case Manager will notify Program Supervisor immediately and Program Supervisor will refer back to Navigator within 24 hours.
- For housing programs, Case Manager will work to house individual and/or family within 30 days upon receipt of referral

Step 4:

- Individual and/or family receives services based on identified needs. And completes program as appropriate.

BY-NAME LIST/HOUSING PRIORITIZATION LIST

A by name registry and/or Housing Prioritization List is a report run through the Homeless Management Information System (HMIS) that generates client records whom have been screen by the CES team. This list is reviewed and updated weekly to ensure all recent client additions and client housing placements are captured accordingly.

This list includes an active and inactive list.

Active List

People who stay longer than one night at a shelter and are currently enrolled in a program or have been within the last 90 days are part of the active list. Clients engaged in with CES and Street Outreach teams are also considered to be actively homeless and will be included on the By Name List.

Inactive List

The Inactive Policy is a critical component of maintaining a real-time by-name master list as well as a robust coordinated entry system. To ensure an efficient assessment and referral process, it is important to ensure that the Coordinated Entry System Navigators and Outreach teams have the ability to contact and connect with households as soon as a housing opportunity is available. Without this policy, the Coordinated Entry System can experience delays in its referral procedures due to the time spent searching for households in the community who they have not been able to reach through multiple attempts, often for many months. Due to this loss of contact it is hard for the system to determine whether these households are still in need of housing. In some situations these households may have self-resolved their housing crisis or relocated to another area.

If a household has had no contact with any Coordinated Entry Access points, System Navigators and/or Community Outreach for 180 days, AND they have had no services or shelter stays in HMIS for the past 3 months, the household will be removed from the Active Homeless List and placed on the Inactive List.

For our Veteran population, the no contact threshold to remove a client form the active list is 90 days. We coordinate with our VA team members to access their HOMES and Remote Data Systems to see if the veteran has relocated or has accessed any other VA services locally. If a signed ROI was in place at the time the Veteran was moved to the Inactive List, our local VA team will provide any pertinent information available.

If a household on the inactive list makes contact with the homeless system including outreach workers, drop-in centers, shelters, meal lines, etc., they are moved from the inactive list to the active list and can be referred to housing openings once they have fully re-engaged with the system which may include re-assessment of their vulnerability.

SPECIAL POPULATIONS

DOMESTIC VIOLENCE SURVIVORS

People who are currently fleeing domestic violence and human trafficking along with those who have previously experienced domestic violence and/or human trafficking require a path through the CES that promotes and protects their confidentiality and safety. The following policies and procedures are incorporated into the Northeast Florida CES to protect the safety of every person and household impacted by domestic violence.

The first set of protocols relates to DV providers serving survivors of domestic violence and the second set of protocols relates to mainstream, non-DV providers serving survivors of domestic violence.

Domestic Violence Provider Protocols

There are several Domestic Violence (DV) Shelters in Northeast Florida. Survivors of Domestic Violence in current danger who are entering a DV shelter are screened using a tool specific to the single agency providing that service in Clay, Duval or Nassau counties. Shelter and outreach staff are familiar with their respective DV shelter's referral process; DV staff in turn provide safe access to their own intake process.

For the safety of those individuals and/or families who are fleeing or attempting to flee domestic violence, referrals are made to programs identified as victim service providers for assistance whenever those services are immediately available and desired by the household.

A client fleeing or attempting to flee domestic violence, dating violence, and/or human trafficking must be offered a choice to have their personally identifiable data entered into the HMIS conventionally or have it entered anonymously. Existing entries can be de-identified if a clients' status changes to fleeing and they are already in the HMIS.

Privacy and Safety

DV Providers which are primarily "victim services providers" are prohibited from contributing client-level data into HMIS. However these programs must record client-level data within a comparable database and be able to provide aggregate data for reporting.. When a household working with a DV provider is attempting to flee or experiencing literal homelessness having already fled domestic violence, the applicant shall be connected to a trained staff member (someone proficient with the VI-SPDAT or Family VI-SPDAT triage assessments).

DV Provider/DV Coordinated Entry System Roles

DV Provider

- Request consent to participate from the applicant. If the applicant has an HMIS record, do they want their information de-identified?
- Link Applicant to a trained staff member to review all consent options and complete the Coordinated Entry Assessment.
- Follow protocol regarding not using names of DV programs the Applicant participates in within the Standardized Housing Assessment
- All communication about the assessment should be conducted through the service provider to maintain client confidentiality.
- Match households as appropriate.

Housing Providers

- Accept referrals from the DV Coordinated Entry System and follow up with DV provider contact
- Follow up with DV provider contact and linked providers within two business days.
- Follow CES protocols including protecting the confidentiality of the household such as not disclosing to an emergency contact any information shared in the Standardized Housing Assessment.

Non-Domestic Violence Provider Protocol

If a non-victim service provider becomes aware that a household being served is fleeing or attempting to flee violence, the provider should:

1. Offer the household a warm handoff/referral to a victim services provider; and
2. Check HMIS to see if there is an existing record. Follow safety protocols and client choice.

CES Staff Member

- Review all HMIS consent options with the Applicant
- Complete Coordinated Entry Assessment and follow protocol to lock the file
- Follow protocol regarding not using names of DV programs the Applicant participates in within the Standardized Housing Assessment
- Match households as appropriate.
- Communicate with housing providers and DV providers to foster a linkage for households by e-mail after the match has been made via HMIS.

Housing Providers

- Accept referrals from the Coordinated Entry System and follow up with Applicant
- Follow up with Applicant and linked providers if the applicant shared contact information to request support with a linkage to the household within two business days.
- Follow CES protocols including protecting the confidentiality of the household such as not disclosing to an emergency contact any information shared in the Standardized Housing Assessment.

Non-DV providers may use HMIS and directly enter information while following protocol to lock the Applicant's file and other measures in place for safety and confidentiality. HMIS files of all Applicants presenting as survivors of domestic violence are locked in HMIS so that they can only be seen by the Coordinating Entities for the purpose of matching the household to a housing and/or service intervention.

Safeguards for Domestic Violence Survivors

All staff conducting DV providers or non-DV providers will be trained on the complex dynamics of domestic violence, trauma-informed care, privacy and confidentiality, safety planning and how to handle emergency situations.

UNACCOMPANIED YOUTH AND YOUNG ADULTS

The Department of Health and Human Services Administration for Children, Youth and Families emphasizes that youth who run away from home are often mistakenly portrayed as juvenile delinquents. In contrast, such behaviors often reflect society's failure to develop adequate support which includes homeless services. Unaccompanied youths are one of the fastest growing and most underserved sub- populations, in our community. In addition, it is important to note that Lesbian, Gay, Bisexual, Transgendered, Questioning, and Intersexed, as well as African American youth and young adults are disproportionately impacted when compared to other groups.

Clients:

Unaccompanied Youth and Young Adults are defined as youth (ages 13-17) and young adults (ages 18-24) who are unaccompanied by a parent or guardian and are without shelter where appropriate care and supervision are available, whose parent or guardian is unable or unwilling to provide shelter and care, or who lack a fixed , regular and adequate nighttime residence. Undocumented unaccompanied youth and young adults may also be served under these provisions except where exclusions are noted

Providers:

Providers of services for unaccompanied youth and young adults should be able to provide safe and high quality housing and supportive services (scattered-site independent apartments, host homes, and shared housing) to youth and young adults experiencing homelessness that involve an integrated constellation of affordable housing, intensive strengths-based case management, self-

sufficiency services, trauma informed care, and positive youth development approaches.

CES Lead Agency:

All housing service referrals for unaccompanied youth and young adults must be screened and assessed at a centralized intake hotspot. The Lead Agency is responsible for overseeing and ensuring that:

- Unaccompanied youth and young adults willingly engage with coordinated entry for a screening and an in person comprehensive assessment.
- Whenever possible, unaccompanied youth should be re-housed within the catchment area of their school of origin.
- Low barriers of entry for this highly vulnerable population are created.
- Navigators consult with expert providers of this population when conducting intake to properly match clients and providers, and reduce the risk of flight for this highly vulnerable population.

PROGRAM EVALUATION

The Coordinated Entry is one of many projects within our community that addresses the needs of individuals and families that are at risk or experiencing homelessness within our communities. The Lead Agency will evaluate the effectiveness as well as required HEARTH Act outcomes by utilizing data from HMIS. As recommended by the National Alliance to End Homelessness, the Lead Agency will track progress in the following areas to evaluate the Coordinated Intake and Assessment process:

- Length of stay, particularly in shelter: If consumers are referred to the right interventions and those interventions have the necessary capacity, fewer individuals and families should be staying in shelter waiting to move elsewhere. Also if clients are referred immediately to the right provider, over time, clients will likely spend less time jumping from program to program looking for help, which could reduce their overall length and/or repeated episodes of homelessness.

- New entries into homelessness: if every individual and family seeking assistance is coming through the front door to receive it and the front door has prevention and diversion resources available, more people should be able to access these resources and avoid entering a program unnecessarily.
- Repeat episodes of homelessness: If clients are sent to the intervention that is the best suited to meet their needs on the first time, families are more likely to remain stably housed.

To track the outcomes summarized above, the Lead Agency will analyze the following

Performance Measures annually.

1) Duval, Nassau and Clay County will reduce the number of person experiencing homelessness.
    a. Reduction in the total number of person experiencing homelessness
    b. Reduction in the total number of persons experiencing first time homelessness.
2) Duval, Nassau and Clay County will reduce the length of homelessness episodes
    a. Reduction in the mean length of homelessness episode for individuals
    b. Reduction in the mean length of homelessness episode for families with children
    c. Reduction in the men length of homelessness episode for youth
3) Duval, Nassau and Clay County will reduce the number of persons returning to homelessness.
    a. Reduction in return to homelessness within two years following exit
    b. Increase in exits to permanent housing
    c. Increase in income at exit

Measuring of the success of this system and transparency with the community and providers will be a key to the success of this project. The Lead Agency will summarize the data annually in conjunction with the annual Point in Time homeless census data report.

Moving forward, the Lead Agency will expand the evaluation of outcomes by establishing mechanisms to monitor the quality of service through system-wide monitoring. For example, once a client enters shelter an assessment is to be completed within 72 hours. Procedures will be built into the monitoring system to determine how often this goal is met. This will allow for ongoing monitoring of the quality of services and how the program and Providers are able to follow through with this goal.

As part of the evaluation process, as recommended by the National Alliance to End Homelessness, the Lead Agency will set a goal to establish an integrated feedback loop that involves using information gained from these assessments to make any necessary adjustments to the system. For example, if families are being referred to the right program, but the program cannot serve them due to capacity issues while other program types have an increasing number of empty beds, it may be appropriate to make system-wide shifts in the types of programs and services offered. Additionally, the Lead Agency will continue working to develop data tools to ensure overall system efficiency.

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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COMMUNITY SOLUTIONS

ORG CODE

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: 1

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	1 /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
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- income and source of it
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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.

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- 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;
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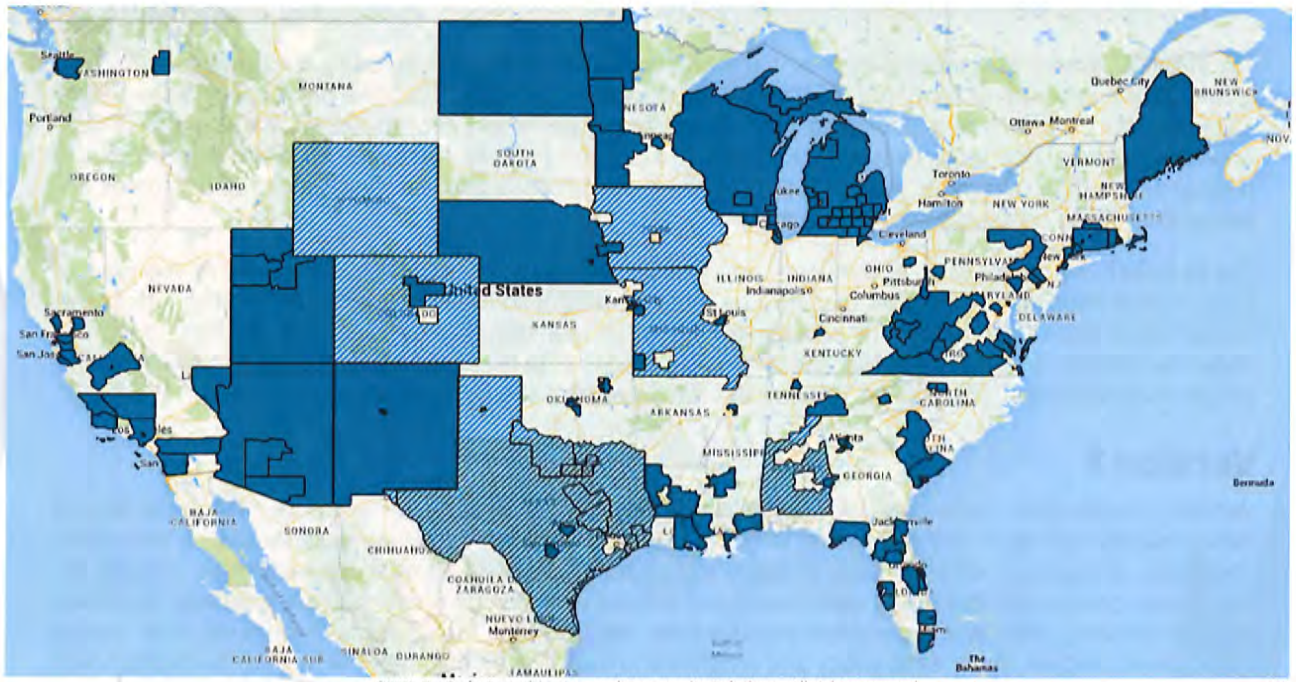

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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

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 Single Adults

AMERICAN VERSION 2.01

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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 ___/___/_____	__ __ __ __	_____

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: 0

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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: 0

2. How long has it been since you lived in permanent stable housing? ___ Years ☐ 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: 0

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: 0

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: 0

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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:** 0

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:** 0

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:** 0

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:** 0

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:** 0

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:** 0

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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:** 0

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:** 0

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:** 0

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY.** **SCORE:** 0

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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:** 0

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:** 0

Scoring Summary

DOMAIN	SUBTOTAL	
PRE-SURVEY	0	/1
A. HISTORY OF HOUSING & HOMELESSNESS	0	/2
B. RISKS	0	/4
C. SOCIALIZATION & DAILY FUNCTIONS	0	/4
D. WELLNESS	0	/6
GRAND TOTAL:	0	/17

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

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or 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

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- mobility issues
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- income and source of it
- current restrictions on where a person can legally reside
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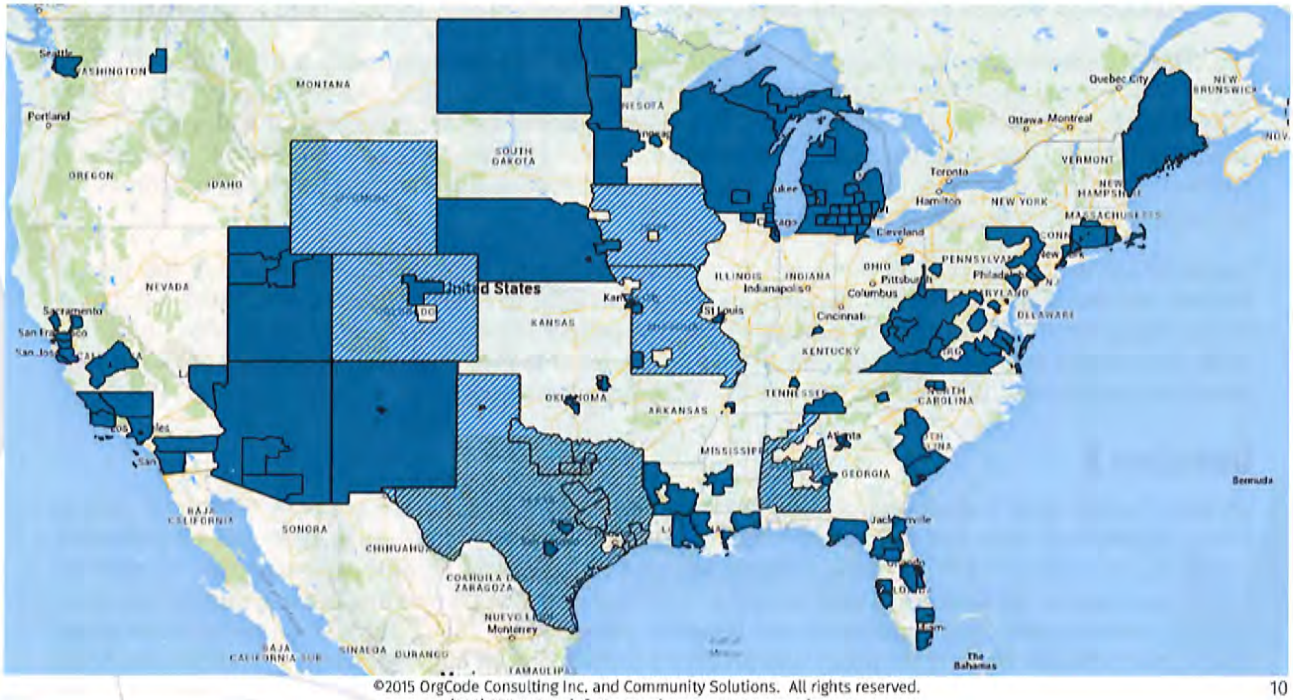
Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being 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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Youth

Service Prioritization Decision Assistance Tool

(Y-SPDAT)

Assessment Tool for Single Youth

VERSION 1.0

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

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A. Mental Health & Wellness & Cognitive Functioning

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

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

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B. Physical Health & Wellness

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

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

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

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C. Medication

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

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

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D. Substance Use

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

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

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

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E. Experience of Abuse & Trauma

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

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

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F. Risk of Harm to Self or Others

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

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

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G. Involvement in High Risk and/or Exploitive Situations

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

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

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H. Interaction with Emergency Services

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

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

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

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I. Legal

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

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

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J. Managing Tenancy

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

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

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

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K. Personal Administration & Money Management

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

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

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L. Social Relationships & Networks

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

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

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M. Self Care & Daily Living Skills

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

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

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N. Meaningful Daily Activity

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

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

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O. History of Homelessness & Housing

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

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

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Client:	Worker:	Version:	Date:

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

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Client:	Worker:	Version:	Date:

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

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Appendix A: About the SPDAT

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

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

SPDAT Design

The SPDAT is designed to:

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

The SPDAT is NOT designed to:

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

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

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

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Version 4

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

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

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

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

The major differences from Version 3 to Version 4 include:

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

Youth SPDAT

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

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

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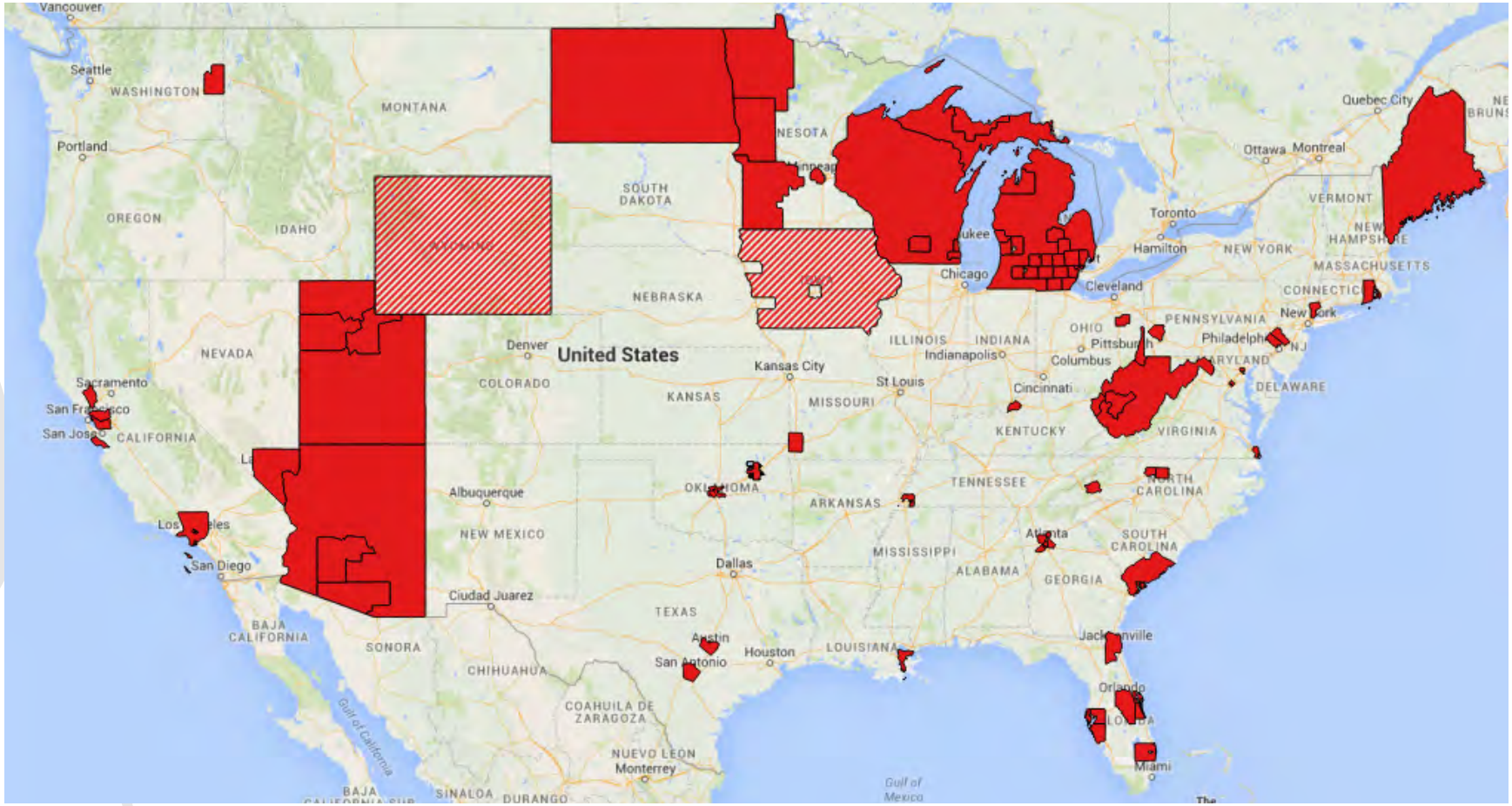
Appendix B: Where the SPDAT is being used (as of May 2015)

United States of America



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Arizona
- Statewide

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

District of Columbia
- District of Columbia CoC

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

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

Iowa
- Parts of Iowa Balance of State CoC

Kentucky
- Louisville/Jefferson County CoC

Louisiana
- New Orleans/Jefferson Parish CoC

Maryland
- Baltimore City CoC

Maine
- Statewide

Michigan
- Statewide

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

Missouri
- Joplin/Jasper, Newton Counties CoC

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

North Dakota
- Statewide

Nevada
- Las Vegas/Clark County CoC

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

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

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

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

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country CoC

Tennessee
- Memphis/Shelby County CoC

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

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

Virginia
- Virginia Beach CoC
- Arlington County CoC

Washington
- Spokane City & County CoC

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming is in the process of implementing statewide

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FL-510 Northeast Florida CoC

1E-1 Public Posting – 15 Day Notification Outside e-snaps Projects Accepted

- Ability Housing
- Changing Homelessness
- Hubbard House
- Mental Health Resource Center
- Presbyterian Social Ministries
- Sulzbacher
- Project Ranking

Monique Elton <melton@eshcnet.org>

FL-510 FY 2019 HUD CoC Application Notification

1 message

Monique Elton <MElton@changinghomelessness.org> Wed, Sep 11, 2019 at 12:09 PM

To: Shannon Nazworth <snazworth@abilityhousing.org>, Joseph Johnson <jjohnson@abilityhousing.org>
Cc: Matt Galnor <matt.galnor@myjaxchamber.com>

Dear Ms. Nazworth and Mr. Johnson,

On behalf of Matt Galnor, Northeast Florida Continuum of Care (CoC) Interim Board Chair, we are writing to inform you that the Ranking and Scoring Committee has submitted its recommendation and the Northeast Florida CoC Governance Board (FL-510) affirmed the following for your FY 2019 CoC Program Competition Program projects:

Tier 1 – Accepted

#6 - Villages PSH | $365,440

#8 – Housing Link PSH | $1,158,680

Tier 2 – Accepted

#16 – VE PSH 2019, New Bonus Project | $250,412

All Renewal Projects are ranked in Tier 1 as determined by the Northeast Florida CoC Governance Board.

Reminder: If your agency's projects are selected as part of the FY2019 HUD CoC Program Competition, your agency will be invoiced a grant writing fee ½ % of your total grant request.

PLEASE NOTE the Appeals Process: Any appeals will be considered by the Appeals Committee of the Northeast Florida CoC. Appeals must be submitted to matt.galnor@myjaxchamber.com and melton@changinghomelessness.org by 5:00 p.m. on September 13, 2019. Based on the review and findings of the Appeals Committee, the Northeast Florida CoC will provide a written response to the appellee by 5:00 p.m. on September 17, 2019. *Any project applicant that submitted a project that was rejected by the CoC in the local competition will be notified in writing by the CoC, outside of e-snaps, with an explanation for the decision to reject the project(s).*

Project applicants whose project was rejected may appeal to HUD regarding the local CoC competition decision if the project applicant believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner. The project applicant can submit a Solo application in e-snaps directly to HUD prior to the application deadline of September 30, 2019, 8 pm ET. Please review the HUD FY 2019 NOFA for more details on submitting a Solo application.

Sincerely,

Monique

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Monique Elton
Engagement and Outcome
Chief Community Engagement Officer

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904-683-2430 Fax
www.changinghomelessness.org

FY 2019 HUD CoC Affirmed Project Ranking_9.11.19.pdf
435K

Monique Elton <melton@eshcnet.org>

FL-510 FY 2019 HUD CoC Application Notification

1 message

Monique Elton <MElton@changinghomelessness.org> Wed, Sep 11, 2019 at 12:10 PM

To: Dawn Gilman <dgilman@changinghomelessness.org>
Cc: Matt Galnor <matt.galnor@myjaxchamber.com>

Dear Ms. Gilman,

On behalf of Matt Galnor, Northeast Florida Continuum of Care (CoC) Interim Board Chair, we are writing to inform you that the Ranking and Scoring Committee has submitted its recommendation and the Northeast Florida CoC Governance Board (FL-510) affirmed the following for your FY 2019 CoC Program Competition Program projects:

Tier 1 – Accepted

#3 – NEFIN HMIS Training and Analysis | $76,471

#4 – Northeast Florida Info Network | $65,600

#5 – Universal Linkage | $58,269

#9 – Homesafe | $538,408

#11 – Safe Spaces | $68,730

Tier 2 – Accepted

#17 – DV RRH 2019, New DV Bonus Project | $512,258

All Renewal Projects are ranked in Tier 1 as determined by the Northeast Florida CoC Governance Board.

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Sincerely

Monique

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HOMES FOR OUR BRAVE

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Monique Elton <melton@eshcnet.org>

FL-510 FY 2019 HUD CoC Application Notification

1 message

Monique Elton <MElton@changinghomelessness.org> Wed, Sep 11, 2019 at 12:16 PM

To: Gail Patin <gpatin@hubbardhouse.org>, Kristi Brandon <kbrandon@hubbardhouse.org>
Cc: Matt Galnor <matt.galnor@myjaxchamber.com>

Dear Ms. Patin and Ms. Brandon,

On behalf of Matt Galnor, Northeast Florida Continuum of Care (CoC) Interim Board Chair, we are writing to inform you that the Ranking and Scoring Committee has submitted its recommendation and the Northeast Florida CoC Governance Board (FL-510) affirmed the following for your FY 2019 CoC Program Competition Program projects:

Tier 1 – Accepted

#14 – DV Bonus Project | $496,014

All Renewal Projects are ranked in Tier 1 as determined by the Northeast Florida CoC Governance Board.

Reminder: If your agency's project is selected as part of the FY2019 HUD CoC Program Competition, your agency will be invoiced a grant writing fee ½ % of your total grant request.

PLEASE NOTE the Appeals Process: Any appeals will be considered by the Appeals Committee of the Northeast Florida CoC. Appeals must be submitted to matt.galnor@myjaxchamber.com and melton@changinghomelessness.org by 5:00 p.m. on September 13, 2019. Based on the review and findings of the Appeals Committee, the Northeast Florida CoC will provide a written response to the appellee by 5:00 p.m. on September 17, 2019. *Any project applicant that submitted a project that was rejected by the CoC in the local competition will be notified in writing by the CoC, outside of e-snaps, with an explanation for the decision to reject the project(s).*

Project applicants whose project was rejected may appeal to HUD regarding the local CoC competition decision if the project applicant believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner. The project applicant can submit a Solo application in e-snaps directly to HUD prior to the application deadline of September 30, 2019, 8 pm ET. Please review the HUD FY 2019 NOFA for more details on submitting a Solo application.

Sincerely

Monique

--

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FY 2019 HUD CoC Affirmed Project Ranking_9.11.19.pdf
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Monique Elton <melton@eshcnet.org>

Re: FL-510 FY 2019 HUD CoC Application Notification

1 message

Monique Elton <MElton@changinghomelessness.org> Wed, Sep 11, 2019 at 12:14 PM

To: Robert Sommers <rbhsadmin@bellsouth.net>, Carlos Laboy <claboy@rbhsinc.com>
Cc: Matt Galnor <matt.galnor@myjaxchamber.com>

We have attached the community ranking.

On Wed, Sep 11, 2019 at 12:12 PM Monique Elton <MElton@changinghomelessness.org> wrote:

> Dear Mr. Summers and Mr. Laboy,
>
> On behalf of Matt Galnor, Northeast Florida Continuum of Care (CoC) Interim Board Chair, we are writing to inform you that the Ranking and Scoring Committee has submitted its recommendation and the Northeast Florida CoC Governance Board (FL-510) affirmed the following for your FY 2019 CoC Program Competition Program projects:
>
> **Tier 1 – Accepted**
>
> #1 – Community Outreach Program | $254,553
>
> #2 – Coordinated Entry Expansion | $120,000
>
> *All Renewal Projects are ranked in Tier 1 as determined by the Northeast Florida CoC Governance Board.*
>
> **Reminder:** If your agency's projects are selected as part of the FY2019 HUD CoC Program Competition, your agency will be invoiced a grant writing fee ½ % of your total grant request.
>
> **PLEASE NOTE the Appeals Process**: Any appeals will be considered by the Appeals Committee of the Northeast Florida CoC. Appeals must be submitted to matt.galnor@myjaxchamber.com and melton@changinghomelessness.org by 5:00 p.m. on September 13, 2019. Based on the review and findings of the Appeals Committee, the Northeast Florida CoC will provide a written response to the appellee by 5:00 p.m. on September 17, 2019. *Any project applicant that submitted a project that was rejected by the CoC in the local competition will be notified in writing by the CoC, outside of e-snaps, with an explanation for the decision to reject the project(s).*
>
> Project applicants whose project was rejected may appeal to HUD regarding the local CoC competition decision if the project applicant believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner. The project applicant can submit a Solo application in e-snaps directly to HUD prior to the application deadline of September 30, 2019, 8 pm ET. Please review the HUD FY 2019 NOFA for more details on submitting a Solo application.
>
> Sincerely
>
> Monique
>
> --

Monique Elton
Engagement and Outcome
Chief Community Engagement Officer

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FY 2019 HUD CoC Affirmed Project Ranking_9.11.19.pdf
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Monique Elton <melton@eshcnet.org>

FL-510 FY 2019 HUD CoC Application Notification

1 message

Monique Elton <MElton@changinghomelessness.org> Wed, Sep 11, 2019 at 12:13 PM

To: Teri Ketchum <teriketchum@presbyteriansocialministries.org>
Cc: Matt Galnor <matt.galnor@myjaxchamber.com>

Dear Ms. Ketchum,

On behalf of Matt Galnor, Northeast Florida Continuum of Care (CoC) Interim Board Chair, we are writing to inform you that the Ranking and Scoring Committee has submitted its recommendation and the Northeast Florida CoC Governance Board (FL-510) affirmed the following for your FY 2019 CoC Program Competition Program projects:

Tier 1 – Accepted

#12 – Homesafe Extention | $71,132

All Renewal Projects are ranked in Tier 1 as determined by the Northeast Florida CoC Governance Board.

Reminder: If your agency's project is selected as part of the FY2019 HUD CoC Program Competition, your agency will be invoiced a grant writing fee ½ % of your total grant request.

PLEASE NOTE the Appeals Process: Any appeals will be considered by the Appeals Committee of the Northeast Florida CoC. Appeals must be submitted to matt.galnor@myjaxchamber.com and melton@changinghomelessness.org by 5:00 p.m. on September 13, 2019. Based on the review and findings of the Appeals Committee, the Northeast Florida CoC will provide a written response to the appellee by 5:00 p.m. on September 17, 2019. *Any project applicant that submitted a project that was rejected by the CoC in the local competition will be notified in writing by the CoC, outside of e-snaps, with an explanation for the decision to reject the project(s).*

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Sincerely

Monique

--

Monique Elton
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Chief Community Engagement Officer

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FY 2019 HUD CoC Affirmed Project Ranking_9.11.19.pdf
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Monique Elton <melton@eshcnet.org>

FL-510 FY 2019 HUD CoC Application Notification

1 message

Monique Elton <MElton@changinghomelessness.org> Wed, Sep 11, 2019 at 12:18 PM

To: Cindy Funkhouser <cindyfunkhouser@tscjax.org>, Andy Barber <AndyBarber@sulzbacherjax.org>
Cc: Matt Galnor <matt.galnor@myjaxchamber.com>

Dear Ms. Funkhouser and Mr. Barber,

On behalf of Matt Galnor, Northeast Florida Continuum of Care (CoC) Interim Board Chair, we are writing to inform you that the Ranking and Scoring Committee has submitted its recommendation and the Northeast Florida CoC Governance Board (FL-510) affirmed the following for your FY 2019 CoC Program Competition Program projects:

Tier 1 – Accepted

#7 – First Coast Rapid Rehousing | $66.474

#10 – North Florida Rapid Rehousing | $726,185

#13 – Homeward Bound | $261,104

#15 – Homeward Bound Expansion | 181,121

Not Selected for Funding

River City Rapid Rehousing 2019, New Bonus Project |

Based on the cumulative average score of the Ranking and Scoring Committee, the River City Rapid Rehousing 2019 was not selected to be considered for funding.

All Renewal Projects are ranked in Tier 1 as determined by the Northeast Florida CoC Governance Board.

Reminder: If your agency's projects are selected as part of the FY2019 HUD CoC Program Competition, your agency will be invoiced a grant writing fee ½ % of your total grant request.

PLEASE NOTE the Appeals Process: Any appeals will be considered by the Appeals Committee of the Northeast Florida CoC. Appeals must be submitted to matt.galnor@myjaxchamber.com and melton@changinghomelessness.org by 5:00 p.m. on September 13, 2019. Based on the review and findings of the Appeals Committee, the Northeast Florida CoC will provide a written response to the appellee by 5:00 p.m. on September 17, 2019. *Any project applicant that submitted a project that was rejected by the CoC in the local competition will be notified in writing by the CoC, outside of e-snaps, with an explanation for the decision to reject the project(s).*

Project applicants whose project was rejected may appeal to HUD regarding the local CoC competition decision if the project applicant believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner. The project applicant can submit a Solo application in e-snaps directly to HUD prior to the application deadline of September 30, 2019, 8 pm ET. Please review the HUD FY 2019 NOFA for more details on submitting a Solo application.

Sincerely

Monique

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Monique Elton
Engagement and Outcome
Chief Community Engagement Officer

904-354-1100 EXT 303 Office
904-318-9184 Cell
904-683-2430 Fax
www.changinghomelessness.org

FY 2019 HUD CoC Affirmed Project Ranking_9.11.19.pdf
435K

FY2019		Project Ranking	Grant Amount	Grant Total
		Annual Renewal Amount		***$ 4,508,181.00***
Tier 1	1	Mental Health Resource Center - Community Outreach Program (CES)	$ 254,553.00	$ 4,253,628.00
	2	Mental Health Resource Center - Coordinated Entry Expansion (CES)	$ 120,000.00	$ 4,133,628.00
	3	Changing Homelessness - NEFIN HMIS Training and Analysis (HMIS)	$ 76,471.00	$ 4,057,157.00
	4	Changing Homelessness - Northeast Florida Info Network (HMIS)	$ 65,600.00	$ 3,991,557.00
	5	Changing Homelessness - Universal Linkage (HMIS)	$ 58,269.00	$ 3,933,288.00
	6	Ability Housing - Villages Permanent Supportive Housing (PSH)	$ 365,440.00	$ 3,567,848.00
	7	Sulzbacher - First Coast Rapid Rehousing (RRH)	$ 66,474.00	$ 3,501,374.00
	8	Ability Housing - Housing Link PSH	$ 1,158,680.00	$ 2,342,694.00
	9	Changing Homelessness - Homesafe	$ 538,408.00	$ 1,804,286.00
	10	Sulzbacher - North Florida RRH	$ 726,185.00	$ 1,078,101.00
	11	Changing Homelessness - Safe Spaces	$ 68,730.00	$ 1,009,371.00
	12	Presbyterian Social Ministries - Homesafe Extention	$ 71,132.00	$ 938,239.00
	13	Sulzbacher - Homeward Bound	$ 261,104.00	$ 677,135.00
	14	Hubbard House - Domestic Violence (DV) Bonus Project	$ 496,014.00	$ 181,121.00
	15	Sulzbacher - Homeward Bound Expansion	$ 181,121.00	$ -
Tier 2	16	Ability Housing - VE PSH 2019 (New Bonus Project)	$ 250,412.00	$ (250,412.00)
	17	Changing Homelessness - DV RRH 2019 (New DV Bonus Project)	$ 512,258.00	$ (762,670.00)
Not Selected	18	Sulzbacher - River City RRH (New Bonus Project)	$ 256,050.00	
Not Selected	19	Catholic Charities - Jacksonville 2019 (New Bonus Project)	$ 154,883.00	

FL-510 Northeast Florida CoC

1E-1 Public Posting – 15 Day Notification Outside e-snaps Projects Rejected or Reduced

- Sulzbacher
- Catholic Charities
- Project Ranking

Monique Elton <melton@eshcnet.org>

FL-510 FY 2019 HUD CoC Application Notification

1 message

Monique Elton <MElton@changinghomelessness.org> Wed, Sep 11, 2019 at 12:18 PM

To: Cindy Funkhouser <cindyfunkhouser@tscjax.org>, Andy Barber <AndyBarber@sulzbacherjax.org>
Cc: Matt Galnor <matt.galnor@myjaxchamber.com>

Dear Ms. Funkhouser and Mr. Barber,

On behalf of Matt Galnor, Northeast Florida Continuum of Care (CoC) Interim Board Chair, we are writing to inform you that the Ranking and Scoring Committee has submitted its recommendation and the Northeast Florida CoC Governance Board (FL-510) affirmed the following for your FY 2019 CoC Program Competition Program projects:

Tier 1 – Accepted

#7 – First Coast Rapid Rehousing | $66.474

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Not Selected for Funding

River City Rapid Rehousing 2019, New Bonus Project |

Based on the cumulative average score of the Ranking and Scoring Committee, the River City Rapid Rehousing 2019 was not selected to be considered for funding.

All Renewal Projects are ranked in Tier 1 as determined by the Northeast Florida CoC Governance Board.

Reminder: If your agency's projects are selected as part of the FY2019 HUD CoC Program Competition, your agency will be invoiced a grant writing fee ½ % of your total grant request.

PLEASE NOTE the Appeals Process: Any appeals will be considered by the Appeals Committee of the Northeast Florida CoC. Appeals must be submitted to matt.galnor@myjaxchamber.com and melton@changinghomelessness.org by 5:00 p.m. on September 13, 2019. Based on the review and findings of the Appeals Committee, the Northeast Florida CoC will provide a written response to the appellee by 5:00 p.m. on September 17, 2019. *Any project applicant that submitted a project that was rejected by the CoC in the local competition will be notified in writing by the CoC, outside of e-snaps, with an explanation for the decision to reject the project(s).*

Project applicants whose project was rejected may appeal to HUD regarding the local CoC competition decision if the project applicant believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner. The project applicant can submit a Solo application in e-snaps directly to HUD prior to the application deadline of September 30, 2019, 8 pm ET. Please review the HUD FY 2019 NOFA for more details on submitting a Solo application.

Sincerely

Monique

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Monique Elton
Engagement and Outcome
Chief Community Engagement Officer

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FY 2019 HUD CoC Affirmed Project Ranking_9.11.19.pdf
435K

Monique Elton <melton@eshcnet.org>

FL-510 FY 2019 HUD CoC Application Notification

1 message

Monique Elton <MElton@changinghomelessness.org> Wed, Sep 11, 2019 at 12:19 PM

To: Lauren Hopkins <lhopkins@ccbjax.org>, Mike Belle <mbelle@ccbjax.org>
Cc: Matt Galnor <matt.galnor@myjaxchamber.com>

Dear Ms. Hopkins and Mr. Belle,

On behalf of Matt Galnor, Northeast Florida Continuum of Care (CoC) Interim Board Chair, we are writing to inform you that the Ranking and Scoring Committee has submitted its recommendation and the Northeast Florida CoC Governance Board (FL-510) affirmed the following for your FY 2019 CoC Program Competition Program project:

Not Selected for Funding

Catholic Charities Jacksonville 2019, New Bonus Project |

Based on the cumulative average score of the Ranking and Scoring Committee, the Catholic Charities Jacksonville 2019 project was not selected to be considered for funding.

All Renewal Projects are ranked in Tier 1 as determined by the Northeast Florida CoC Governance Board.

PLEASE NOTE the Appeals Process: Any appeals will be considered by the Appeals Committee of the Northeast Florida CoC. Appeals must be submitted to matt.galnor@myjaxchamber.com and melton@changinghomelessness.org by 5:00 p.m. on September 13, 2019. Based on the review and findings of the Appeals Committee, the Northeast Florida CoC will provide a written response to the appellee by 5:00 p.m. on September 17, 2019. *Any project applicant that submitted a project that was rejected by the CoC in the local competition will be notified in writing by the CoC, outside of e-snaps, with an explanation for the decision to reject the project(s).*

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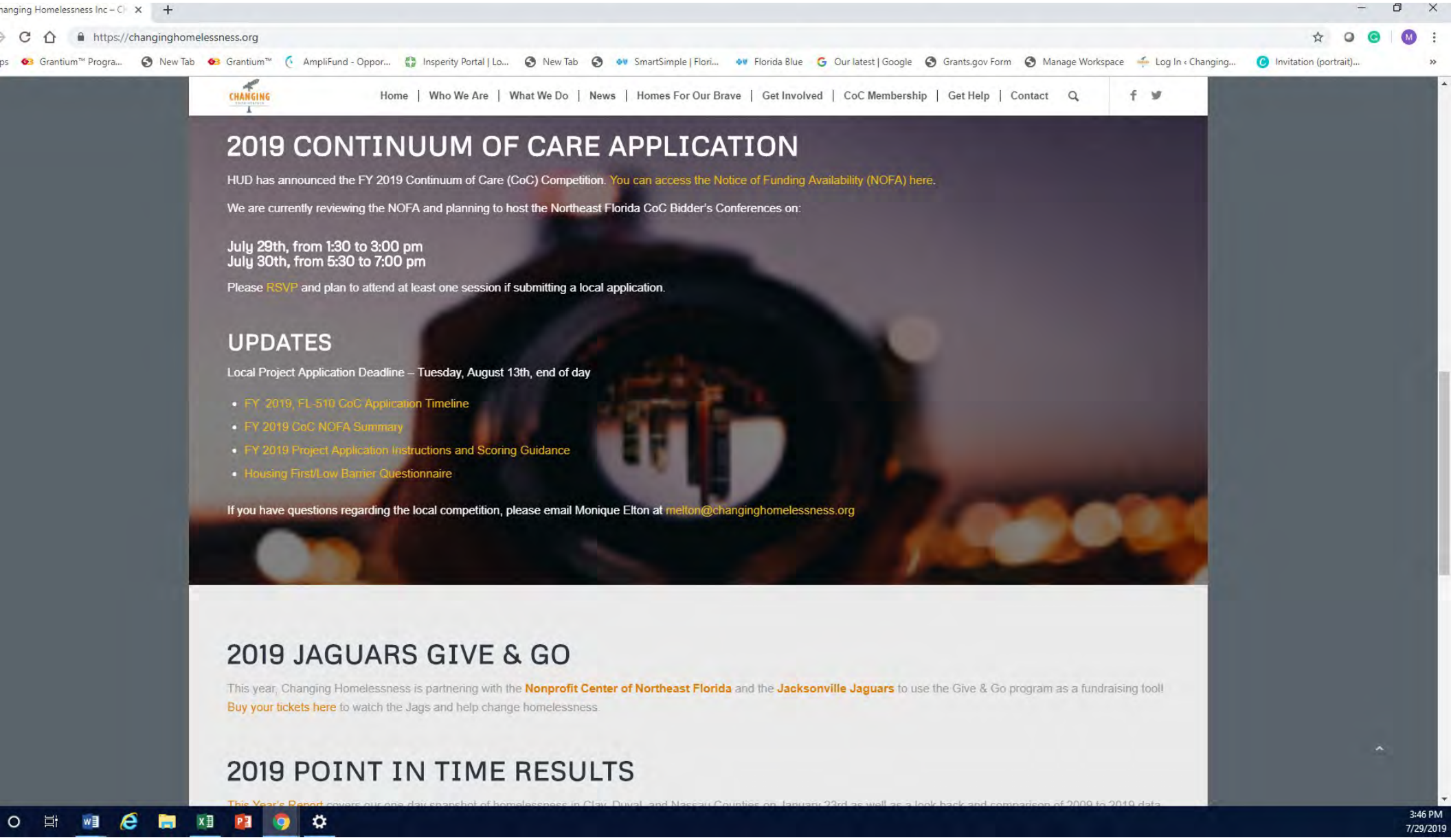
FL-510 Northeast Florida CoC

1E-1 Public Posting – 30-Day Local Competition Announcement

- Website Screenshot, 7/29/2019
- FY 2019, FL-510 CoC Application Timeline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2019 CONTINUUM OF CARE APPLICATION
HUD has announced the FY 2019 Continuum of Care (CoC) Competition. You can access the Notice of Funding Availability (NOFA) here.
We are currently reviewing the NOFA and planning to host the Northeast Florida CoC Bidder's Conferences on:
July 29th, from 1:30 to 3:00 pm
July 30th, from 5:30 to 7:00 pm
Please RSVP and plan to attend at least one session if submitting a local application.
UPDATES
Local Project Application Deadline – Tuesday, August 13th, end of day
FY 2019, FL-510 CoC Application Timeline
FY 2019 CoC NOFA Summary
FY 2019 Project Application Instructions and Scoring Guidance
Housing First/Low Barrier Questionnaire
If you have questions regarding the local competition, please email Monique Elton at melton@changinghomelessness.org
2019 JAGUARS GIVE & GO
This year, Changing Homelessness is partnering with the Nonprofit Center of Northeast Florida and the Jacksonville Jaguars to use the Give & Go program as a fundraising tool! Buy your tickets here to watch the Jags and help change homelessness
2019 POINT IN TIME RESULTS
This Year's Report covers our one day snapshot of homelessness in Clay, Duval, and Nassau Counties on January 23rd as well as a look back and comparison of 2009 to 2019 data
3:46 PM
7/29/2019

FL-510, Northeast Florida Continuum of Care (CoC) Application Timeline:

Week of July 8th

- Reviewing NOFA
- Share Notice of Funding (NOFA) and Bidder's Conference dates
- Begin soliciting volunteers for Ranking & Scoring Committee

Week of July 15th

- Socialize NOFA summary & CoC timeline
- Convene Task Force to review local priorities and application scoresheets

Week of July 22nd

- Local Task Force defines local priorities and application scoresheets

Week of July 29th

- Bidder's Conference
    - Thursday, July 29th, 1:30 to 3 pm
    - Friday, July 30th, 5:30 to 7 pm

Week of August 12th

- Applicants need to submit e-snaps applications by Tuesday, August 13th end of day
- CHI staff to review all e-snap submissions for completeness and send error notifications by Friday evening, August 16th

Week of August 19th

- Applicants required to correct errors no later than Wednesday, August 21st end of day

Week of August 26th

- Ranking and Scoring training session(s)
    - Monday, August 26th, 5:30 to 7 pm
- CHI will distribute all local project applications to the Ranking and Scoring Committee members for review and consideration

Week of September 2nd

- Ranking and Scoring Committee will meet to finalize scores
- Scores finalized by Wednesday, September 4th

Week of September 9th

- CoC will notify all applicants of accepted, ranked and/or rejected applications by Monday, September 9th
- CoC will work to finalize consolidated application draft and send to application review committee by Friday, September 13th

Week of September 16th

- CoC will receive feedback and suggested revisions from application reviewers no later than September 20th

Week of September 23rd

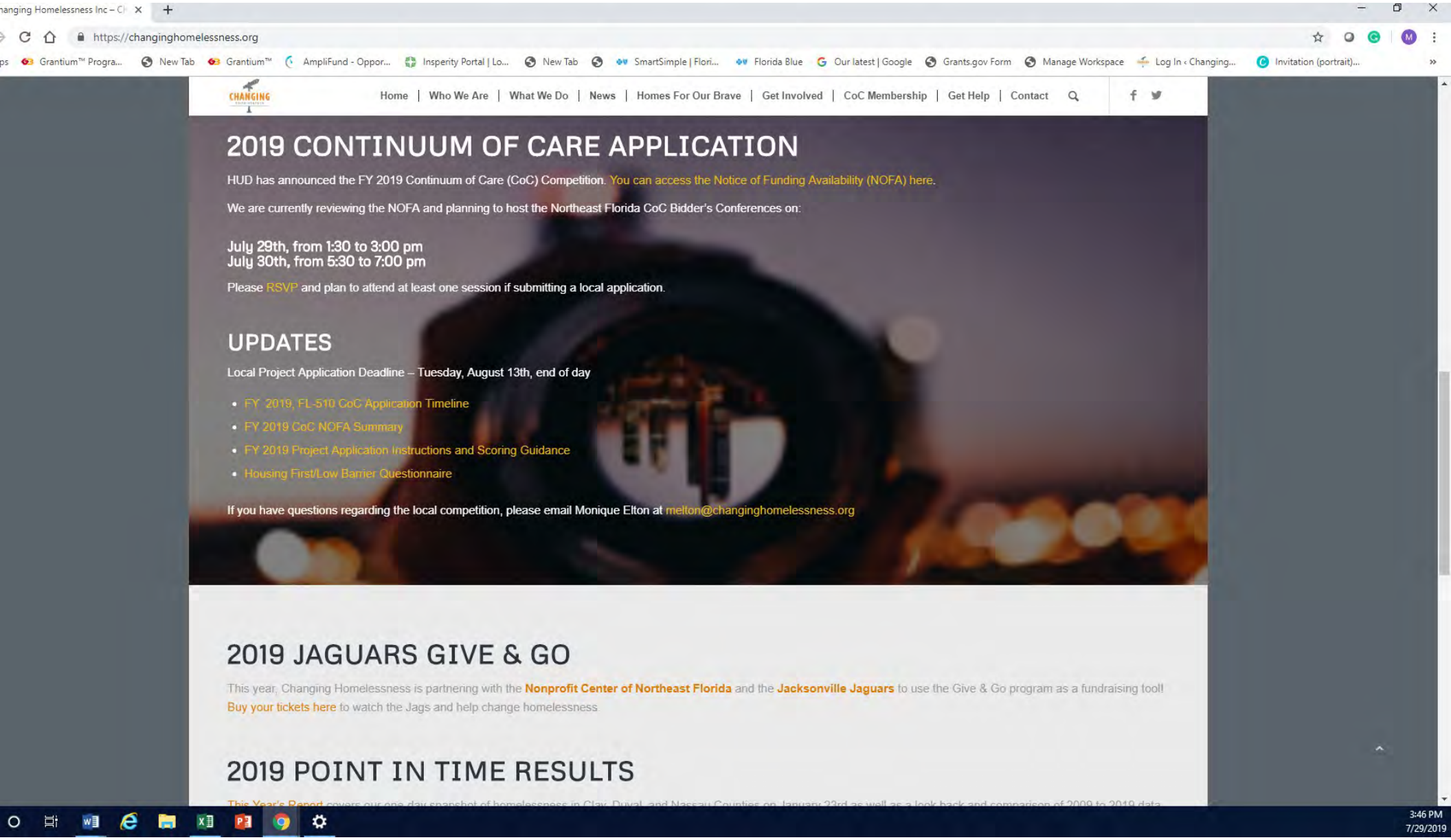
- CoC will submit application on September 26th
- CoC Application and Priority Listing to be posted on the Changing Homelessness' website on September 26th

HUD deadline of September 30, 2019, 8 pm

FL-510 Northeast Florida CoC

1E-1 Public Posting – Local Competition Announcement

- Website Screenshot
- FY 2019, FL-510 CoC Application Timeline
- FY 2019, CoC NOFA Summary
- FY 2019 Project Application Instructions and Scoring Guidance
- Constant Contact Email Notification and Summary
- Monthly CoC July Newsletter: Spark Change – see page 2 of 10
- FY 2019 Bidder's Conference Agenda and Invitations via social media and email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HUD deadline of September 30, 2019, 8 pm

FY2019 HUD CONTINUUM OF CARE

Program Office: Community Planning and Development Funding Opportunity Title:

Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2019 Continuum of Care Program Competition

Announcement Type: Initial

Funding Opportunity Number: FR-6300-N-25

Primary CFDA Number: 14.267 Due Date for Applications: 09/30/2019, 8 PM Eastern Time

Program Description. The Continuum of Care (CoC) Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.

Authority. The CoC Program is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act, (42 U.S.C. 11381–11389) (the Act), and the CoC Program rule found in 24 CFR part 578 (the Rule). The FY 2019 funds were authorized by the Consolidated Appropriations Act 2019, (Public Law 116-6, approved February 15, 2019), (FY 2019 HUD Appropriations Act).

The entire 2019 NOFA can be found at HUD Exchange and on the CHI website. If you have a specific question, please review the FAQs on the HUD Exchange and if you don't find the answer you're seeking, you can go to HUD Ask A Question (AAQ).

Please note the contents of this overview represents CHI's interpretation of the HUD NOFA and other supporting materials. The FY2019 HUD CoC NOFA and the CoC Program rule 24 CFR part 578 supersedes our analysis.

AVAILABLE FUNDS

- **Approximately $2.3 billion is available** in this FY 2019 CoC Program Competition NOFA, including up to $50 million available for Domestic Violence (DV) Bonus projects
- **HUD requires that all project applications submitted to the CoC for inclusion on the FY 2019 CoC Priority Listing as part of the CoC Consolidated Application must be reviewed and either accepted and ranked or rejected by the CoC**. All project applications approved by the CoC must be listed on the CoC Priority Listing in rank order.
- **FL-510**
    - Preliminary Pro Rata Need - $5,174,318

- Est. Annual Renewal Demand (ARD) - $4,508,181
- Est. ARD - $4,267,453 (total amount of all eligible renewal projects)
- CoC Planning - $155,230
- Bonus - $258,716 (5% of Final Pro Rata Need)
- DV Bonus - $517,432 (10% of Preliminary Pro Rata Need)

TIMELINE

- Bidder's Conferences
  - Monday, July 29th, 1:30 to 3 pm
  - Tuesday, July 30th, 5:30 to 7 pm
- Applicants submit e-snaps applications
  - Tuesday, August 13th, end of day
- CHI shares error notifications with applicants
  - Friday, August 16th
- Applicants required to correct and resubmit applications
  - Wednesday, August 21st, end of day
- CHI shares applications with Ranking and Scoring Committee
  - Monday, August 26h
- Ranking and Scoring Committee meets to finalize scores and rank projects
  - Wednesday, September 4th
- CoC will notify all applicants of accepted and ranked or reject applications
  - Monday, September 9th
- CoC will submit final application and publish on website
  - Thursday, September 26th, end of day

HUD'S HOMELESS POLICY AND PROGRAM PRIORITIES

1. **Ending homelessness for all persons**
   a. Identify, engage, and effectively serve all persons experiencing homelessness.
   b. Measure performance based on data taking into account the challenges faced by all subpopulations experiencing homelessness in the geographic area
   c. Comprehensive outreach strategy in place to identify and engage
   d. Use data to understand the population and develop services tailored to their needs.
   e. Use the reallocation process to create new projects that improve the overall performance and better respond to the needs of person who are homeless
2. **Creating a systemic response to homelessness**
   a. Use system performance measures (SPMs) to determine how effectively they are serving people experiencing homelessness
      i. Avg. length of homelessness
      ii. Rates of return to homelessness
      iii. Rates of exit to permanent housing

b. Use Coordinated Entry to promote participant choice, coordinate services, ensure rapid access, and make homelessness assistance open, inclusive, and transparent.

3. **Strategically allocating and using resources**
    a. Use cost, performance, and outcome data to improve resources allocation to end homelessness
    b. Review project quality, performance, and cost effectiveness
    c. Maximize the use of mainstream and other community-based resources.
    d. Review all projects eligible for renewal in FY 2019 to determine their effectiveness in serving people experiencing homelessness as well as their cost effectiveness
    e. Work to develop partnerships with PHA's to work toward helping CoC Program participant's exit permanent supportive housing through Housing Choice Vouchers and other available housing options
4. **Using an Evidence-Based approach**
    a. Prioritize projects that employ strong use of data and evidence, including cost-effectiveness and impact of homelessness programs
        i. Examples of evaluation measures that may be used:
            1. Rates of positive housing outcomes
                a. Length of time homeless
                b. Reduced rates of return to homelessness
            2. Improvements in employment
            3. Improvements in well-being
                a. Mental health
                b. Physical health
                c. Family connections
                d. Safety
5. **Increasing employment**
    a. Work with local employment agencies and employers to prioritize training and employment opportunities
    b. Promote partnerships with public and private organizations that promote employment
6. **Providing flexibility for Housing First with service participation**
    a. Rapid placement and stabilization in permanent housing
    b. Does NOT have service participation requirements or preconditions
    c. Once stably housed allow for service participation requirements which may promote positive outcomes (employment, increased income, reduced substance abuse, and strengthened connection)

RANKING AND SCORING

HUD requires CoCs to review and rank projects submitted by project applicants, except CoC

Planning, having them fall into two Tiers based on financial threshold. All projects must pass HUD's eligibility and threshold requirements to be funded, regardless of priority.

TIER 1

- Equal to 100% of the combined Annual Renewal Amounts (ARD) for all projects eligible for first time renewal and 94% of combined ARD for all other projects eligible for renewal
- Tier 1 projects will be conditionally selected from the highest-scoring to the lowest-scoring CoCs – provided projects pass eligibility and threshold requirements
- If there is insufficient funding, Tier 1 will be reduced proportionately

TIER 2

- Tier 2 is the difference between Tier 1 and the ARD plus any amount available for bonus projects – not including DV Bonus
- Projects in Tier 2 are less likely to be funded
- Each Tier 2 project will be scored using 100-point scale based on three factors (same as last year)
    - CoC Score – up to 50 (of 100) points awarded in direct proportion
    - CoC Project Ranking – up to 40 points (of 100) based on project ranking
    - Low barriers to entry (Housing First) – 10 points (of 100)

Review of CoC Rankings. CoCs will be required to rank all new reallocated, bonus, DV Bonus, and renewal project applications submitted by project applicants in e-snaps, except CoC planning and UFA Costs projects. Additionally, if a CoC's Renewal Project Listing includes a consolidated project application(s) HUD will follow the ranking process outlined in Section II.B.10. a and b of the NOFA. HUD will not review any project that is rejected by the CoC.

HUD Funding Process. HUD will continue the Tier 1 and Tier 2 funding process and HUD will establish each CoC's Tier 1 and Tier 2 amounts based on the total amount of funds requested by eligible renewal project applications on the Renewal Project Listing combined with the eligible renewal project amount(s) that were reallocated as listed on the reallocation forms in the CoC Priority Listing.

APPLICANTS

Eligible project applicants are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies, as such term is defined in 24 CFR 5.100. For-profit entities are not eligible to apply for grants or to be sub-recipients of grant funds. **Furthermore, to be eligible for funding applicants must meet all HUD statutory, regulatory and threshold requirements.**

Applications are submitted via e-snaps and all applicants must use this platform.

- DUNS/SAM Registrations
  - All project applicants must have a DUNS number and an active SAM registration (Sam.gov). **This year there is an additional step and applicants should begin their registration process immediately**
  - If you are a NEW project and have not signed up for e-snaps, you must let CHI know when you've completed your registration so that we can add you and your project
- Codes of Conduct
  - All applicants must have a current HUD-approved Code of Conduct.
    - CHI verified that all current Renewal projects have an updated Code of Conduct as required
    - If you are a new project applicant you will need to include your Code of Conduct in e-snaps
- Income as Match
  - Applicants that intent to use program income as match must provide an estimate of how much
- 2019 FMRs
  - Since the CoC Application is due prior to finalization of the FY 2019 FMRs, FY 2019 FMRs will be used
- Housing First
  - If an applicant indicates that it uses a Housing First approach, then – if awarded – the project must operate as Housing First
- Environmental Requirements
  - Scattered site projects (categorized in 24 CFR 58.35(b)(1)) both tenant-based rental assistance and tenant-based leasing projects where program participants choose their own unit. Previous guidance was only for tenant-based rental assistance. The Exempt/CENST is only required for each project, not every unit.
- Eligibility Requirements for Applicants of HUD's Grant Programs
  - Evidence of the following issues may prevent an award from being granted for otherwise successful applicants – see HUDs Funding Opportunities Page for detailed information on the following:

- Resolution of Civil Matters
- Outstanding Delinquent Federal Debts
- Debarments and/or Suspensions
- Pre-selection Review of Performance Sufficiency of Financial Management System
- False Statements
- Mandatory Disclosure Requirement
- Conducting Business in Accordance with Ethical Standards/Code of Conduct
- Prohibition Against Lobbying Activities
- Equal Protection for Faith-based and Community Organizations

- Project Applicant Resources
  - DUNS Number and SAM Resource
  - Project Applicant Profile Navigational Guide
  - Editing the Applicant Profile
  - Project Applicant Authorized Representative Update
  - How to Complete the HUD Form 2880 in e-snaps

NEW PROJECTS – MUST SUBMIT LETTER OF INTENT

- **Eligible New Projects**
  - e-snaps Navigational Guide
  - Project Application Detailed Instructions
- **New Projects Created through Reallocation or Bonus**
  - PH-PSH supportive housing projects
  - PH-RRH projects
  - Joint TH & PH-RRH component projects
  - HMIS for the costs of 24 CFR 578.37 carried out by HMIS Lead
  - Supportive services projects (SSO – Coordinated Entry)
- **New Projects for DV Bonus**
  - PH-RRH projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless at 24 CFR 578.3
  - Joint TH & PH-RRH component projects as defined in Section III.C.3.m of this NOFA dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless at 24 CFR 578.3
  - Supportive service only-coordinated entry project to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking

RENEWAL PROJECTS

- **Eligible for renewal for FY 2019** if currently in operation and have an executed grant agreement dated no later than Dec. 31, 2019 (and expires in Calendar Year 2020 (Jan. 1, to Dec. 31, 2020)
  - Renewal Project Application
    - e-snaps Navigational Guide
    - Renewal Project Application Detailed Instructions
- **Other important info**
  - Dedicated PLUS Projects
    - PSH 100% chronic may continue as such or become a Dedicated PLUS
    - If program becomes Dedicated PLUS must adhere to fair housing requirements
    - Projects that were awarded as Dedicated PLUS in a previous CoC Program Competition are required to include households with children in 2019
  - **Renewal Grants (Per UNIT Cost)**
    - Applicants are permitted to request a per-unit cost less than the FMR – if the actual rent per unit under lease is less than the FMR. This is to reduce the number of projects that request rental assistance having large unspent balances at the end of the year.
    - If less than FMR, applicants must provide copies of the leases to establish actual rents
  - **Rapid Rehousing Eligibility**
    - Certain renewal Rapid Rehousing projects may be allowed to serve participants beyond those proposed in the initial funding application
- **Consolidations**
  - HUD encourages the consolidation of eligible renewal grants
  - New for the FY 2019 CoC Program Competition, grant recipients have the option to consolidate up to four of their eligible renewal projects into one grant
  - If your agency is interested in consolidating projects, you need to contact the HUD Field Office to confirm eligibility
  - Read Consolidating Eligible Renewals instructions
- **Expansion Projects** The process by which a renewal project submits a new project application to expand its current program by adding units, beds, persons served, services provided to existing program participants. Applicant required to submit three (3) applications
  - Renewal project application that will be expanded

- New project application with just expansion info
- Renewal project that incorporates the renewal and new and combined budget
    - DV bonus funs can only be used to expand an existing renewal if the expansion project is dedicated to survivors of DV, dating violence, or stalking

Solo Applicants. Per 24 CFR 578.35, project applicants that believe they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and were rejected or reallocated by the CoC may appeal the rejection directly to HUD by submitting a Solo Applicant project application in e-snaps prior to the application deadline of September 30, 2019 by 8:00 PM Eastern time. Any project applicant that intends to submit as a Solo Applicant must adhere to the Solo Applicant submission information outlined in Section X.C of the NOFA to be considered. HUD will not consider any Solo Applicant that does not meet all requirements outlined in Section X.C of the NOFA.

HOW HUD EVALUATES APPLICATIONS

HUD will consider an applicant's past performance in managing funds. Items HUD may consider, but are not limited to:

1. Ability to account for funds
2. Timely use of funds
3. Timely submission and quality of reports
4. Meeting program requirements
5. Meeting performance targets established in grant agreement
6. Applicant's organizational capacity, including staffing structures and capabilities
7. Timelines for completion of activities and receipt of promised matching or leveraged funds
8. The number of persons to be served or targeted for assistance

COC CONSOLIDATED APPLICATION

1. **Collaborative Applicant**
    a. CoC plan with all charts and narratives completed as applicable
    b. All required attachments
        i. CoC Review, Scoring and Ranking Procedures
        ii. HMIS Policy, Procedures and Agreements
        iii. Governance Charter
        iv. PHA Admin Plan
        v. FY 2019 CoC Competition HDX Report
2. **Project Applications**
    a. Project application, charts, narratives and attachments
    b. SF-424 Application for Federal Assistance
    c. SF-424 Supplement, Survey on Ensuring Equal Opportunities
    d. Documentation of Applicant and Subrecipient Eligibility
    e. Applicant Certifications
    f. Form HUD-2880, Applicant and Subrecipient Eligibility
    g. SF-LLL, Disclosure of Lobbying
    h. Form HUD-50070, Cert for Drug-Free Workplace
    i. Disclosure of Lobbying Activities
    j. Applicant Code of Conduct
3. **Priority Listing**
    a. Project reallocation forms
    b. New Project Listing
    c. Renewal Project Listing
    d. UFA Costs Project Listing (NA)
    e. Planning Project Listing
    f. Form HUD-2991, Certification of Consistency with the Consolidated Plan

Project Application Instructions & Scoring Guidance | Attachment 2
FL-510 Northeast Florida Continuum of Care

These instructions outline the documents each project application will need to complete and submit to the CoC Rank and Score committee. Additionally, these instructions provide the detail of each project performance measurement and scoring range that will be scored including project performance outcomes, project populations served, data quality, Coordinated Entry compliance, overall grant management and CoC participation.

CoC Consolidated Applicant Project Threshold Criteria

All project applications must meet the following threshold criteria in order to be scored and ranked in the CoC consolidated application:

1. Projects must be in compliance with the eligibility requirements of the CoC Interim Rule, subsequent notices and must meet the threshold requirements outlined in the 2019 Notice of Funding Availability
2. Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence, or a legal services agency
3. Projects are required to participate in Coordinated Entry, when it is available for the project type
4. Project agrees to use Housing First principles and be low barrier
5. Project has documented the required matching funds (Match docs must be dated May 2019 or after)
6. Audit shows agency as a low risk auditee & no findings
7. Applicant has a Code of Conduct which complies with 2 CFR part 200
8. Member in good standing of Northeast Florida CoC

Required documents for a NEW CoC Project application

NEW Applicants must complete/provide the following documents:

1. Letter of Intent
2. eSnaps Project application
3. A copy of the agency's 2018 Audit Financials report and most recently submitted 990
4. Housing First/Low Barrier Questionnaire – Completed
5. A copy of Agency written policies and procedures for the program in which you are submitting a project application (can be from a similar project currently in place)

Project Application Instructions & Scoring Guidance | Attachment 2
FL-510 Northeast Florida Continuum of Care

New Project Score Card Overview

The New Project Score Card is divided into seven (7) sections with a maximum number of points of **210**. Outlined below are the section headers with the maximum points available. We have also included a brief description of the measurement and calculation for each section:

1. **Project Financial- Maximum points: 30**

    a. ***Financials:*** Review of Auditor's Report
    b. ***Unspent HUD Funds***: If less than 10% of grant funds then full points will be awarded
    c. ***Repay/Return Grant Funds:*** Applicant Returned funds to HUD or other federal or state agency within 2 years.
    d. ***HUD Unresolved Findings:*** Has outstanding obligation/debt to HUD in arrears or with payment schedule pending

2. **Project Performance- Maximum points: 50**

    a. ***PSH Housing Stability*:** Percentage of the Total number of Retained Clients + Clients with Positive Exits out of the Total Non-Deceased Clients Served.
    Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to housing stability such as number of persons placed in permanent housing, length of time in housing, etc.

    b. ***RRH and TH Housing Stability*:** Total persons exiting to positive housing destinations/Total person exited program.
    Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to housing stability such as number of persons placed in permanent housing, length of time in housing, etc.

    c. ***Exits to Homelessness*:** Percentage of exits to place not meant for human habitation, emergency shelter, including hotel or motel paid for with emergency shelter voucher, safe haven or transitional housing.
    Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to exits to homelessness

    d. ***Increase Income and Ability to Live Independently*:** Proposal describes how clients will be assisted to increase employment and other income and to access mainstream benefits (including healthcare) to maximize their ability to live independently.

3. **Serving Priority Populations- Maximum points: 20**

    a. ***Street Homeless Placements:*** The percentage of participants entering the project for the grant year that are from a place not meant for human or emergency shelter

Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to program entries from homelessness

b. ***Priority Population- Applicable Sub-Populations:***
   i. ***PSH:*** *Either Chronically Homeless Families with Children and/or Chronically Homeless Veterans in addition to at least one of the following: Persons with Substance Abuse Disorders, Persons with Severe Mental Illnesses, Survivors of Domestic Violence. NOTE all Beds must be dedicated to chronically homeless persons or DedicatedPLUS*
   ii. ***RRH:*** *Unaccompanied LGBTQ Youth, Youth Families with Children, Survivors of Domestic Violence/Victims of Human Trafficking*
   iii. ***Joint TH or TH-RRH:*** *DV or youth*

4. HMIS Data - Maximum points: 15

a. ***HMIS Capacity:*** Applicant demonstrates that the agency has the experience and organizational capacity to adhere to HMIS regulations and privacy policies, and agrees to input client and program information into HMIS within 24 hours of administered service provision. The agency has developed a well-defined comprehensive Data Integrity Plan that establishes an effective and continuous process to ensure high quality data entry and maintenance in HMIS.
b. ***If a DV Provider, use a comparable system and can report aggregate data.***

5. Agency Commitment to CoC Priorities- Maximum Points: 25

a. ***Alignment with Housing First Principles:*** To what extent do the project's written policies and procedures ensure that participants are not screened out based on the following criteria?
   i. Having too little or no income
   ii. Failure to participate in supportive services (with exception for HUD-mandated monthly case management meeting for RRH program participants).
   iii. Active, or history of, substance use or a substance use disorder
   iv. Having a criminal record (with exceptions for state-mandated restrictions)
   v. History or survivor of domestic violence

b. ***Coordinated Entry Process:***
Proposal describes how the project will comply with the COC's Coordinated Entry procedures and applicant demonstrates an understanding of the COC Coordinated Entry process and has described a clear project entry process that prioritizes rapid placement and stabilization in permanent housing.

6. CoC Participation- Maximum Points: 20

a. **2019 PIT Sign Ups and Participation**; Agency submission of 2019 HIC

b. ***COC membership participation:*** Sign Up Sheets for CoC General Membership Participation
c. ***COC committee participation:*** Sign Up Sheets for CoC Committees Participation

7. Project Design- Maximum Points: 45

a. ***Access to Mainstream Benefits:*** Housing where participants will reside is fully described and appropriate to the program design proposed.
    i. Is the project staffed appropriately trained to operate the housing?
    ii. Is the housing accessible to community amenities such as grocery stores, pharmacy, schools, jobs and healthcare?
    iii. Will the program be physically accessible to persons with disabilities?
b. ***Supportive Services Plan:*** Supportive Services plan includes provision of comprehensive case management and appropriate supportive services of the type, scale and location to meet the needs of program participants (as well as transportation if necessary), using a Housing First model and Applicant demonstrates staff experience and commits to Trauma-Informed Care and use of a Victim-Centered approach.
    i. Is the project staffed appropriately and are staff trained to provide the services?
    ii. Is the program design to be accessible to all eligible clients?
    iii. Will the project use evidence-based practices?
c. ***Project Implementation Timeline:*** Proposed timeline for project implementation and occupancy is reasonable. Activities are described for 60 days, 90 days, 120 and 180 days after award. First client will be housed within 90 days of award and all clients will be housed within 180 days of award.
d. ***Cost Effectiveness:*** Project is cost effective
    i. Considered Elements: Cost effective (number of persons served/requested total) as compared to other projects or proposals providing the same component
e. ***Access to Mainstream Benefits:*** Applicant or project partner has process in place to ensure enrollment in mainstream benefits
f. ***School Liaison:*** Project partner has committed to have a designated staff person whose responsibilities include ensuring children are enrolled in school and receive appropriate services as required
g. ***Client Satisfaction Surveys:*** Applicant demonstrates that they elicit feedback from client participants
h. ***Participation by population served:*** Does the agency have written policies and procedures submitted by the project and/or a narrative response demonstrating client participation in program design and policy-making? Yes and the maximum points will be awarded; No and zero points will be awarded
i. ***Gender Inclusion/Non-Discrimination Policy:*** Applicant ensures inclusion and non-discrimination based on equal access criteria

Project Application Instructions & Scoring Guidance | Attachment 2
FL-510 Northeast Florida Continuum of Care

Required documents for a RENEWAL CoC Project application

RENEWAL Applicants must complete/provide the following documents:

1. eSnaps Project application

2. Most recent CoC APR for the renewal project printed from the SAGE Repository

3. Canned HUD Data Quality report printed from Client Track (date range must match the APR date range for most recent submitted APR report in SAGE)

4. A printout from the project's eLOCCS account of the General, Budget and Vouchers tab for the most recently ended grant term. *(See Instructions for Finding Project's eLOCCS Information Guide).* Most recently ended grant term is defined as the grant term in which APR and final eLOCCS draw timeframe has passed

5. A copy of the agency's 2018 Audit Financials report and most recently submitted 990

6. Housing First/Low Barrier Questionnaire – Completed

7. A copy of Agency written policies and procedures for the program in which you are submitting a project renewal application

Renewal Project Score Card Overview

The Renewal Project Score Card is divided into seven (7) sections with a maximum number of points of **210**. Outlined below are the section headers with the maximum points available. We have also included a brief description of the measurement and calculation for each section:

8. **Project Financial- Maximum points: 30**

    a. ***Financials:*** Review of Auditor's Report
    b. ***Unspent HUD Funds***: LOCCS report
    c. ***Repay/Return Grant Funds***
    d. ***HUD Unresolved Findings***

9. **Project Performance- Maximum points: 50**

    a. ***PSH Housing Stability*****:** % of persons who remain in any current PSH project or exited to a permanent housing destination managed by the applicant at the end of the last 12 month period Measurement and calculation: Financials; Review of Auditor's Report
    b. ***RRH and TH Housing Stability*****:** % of persons who exited any current RRH or TH project managed by the applicant to a positive housing destination over the last 12 month period

c. ***Exits to Homelessness*:** % of program exits to another homeless destination
d. ***Earned Income Total*:** % of program participants who increased their earned income as shown on the last APR
e. ***Unearned Income Total*:** % of program participants who increased their non-employment income (including non-cash benefits) as shown on the last APR
f. ***Utilization Rate*:** % of utilization reported on HIC

10. Serving Priority Populations- Maximum points: 25

a. ***Street Homeless Placements:*** The percentage of participants entering the project for the grant year that are from a place not meant for human habitation or Emergency Shelter
b. ***Priority Population- PSH:*** For PSH: Percentage of beds dedicated to/prioritized for chronically homeless persons
c. ***Priority Population- RRH:*** For RRH: Percentage of beds dedicated to/prioritized for Families with Children, Persons fleeing Domestic Violence or for Unaccompanied Youth
d. ***Priority Population- TH:*** Percentage of beds dedicated to/prioritized Youth
e. ***Priority Population- Applicable Sub-Populations:***
    i. ***PSH:*** Either Chronically Homeless Families with Children and/or Chronically Homeless Veterans NOTE all PSH Beds must be dedicated to chronically homeless persons or DedicatedPLUS
    ii. ***RRH:*** Unaccompanied LGBTQ Youth, Youth Families with Children, Survivors of Domestic Violence/Victims of Human Trafficking
    iii. ***TH or TH-RRH:*** DV or youth

11. HMIS Data Quality- Maximum points: 20

a. ***Project's Data Timeliness:*** % of records between 0-3 days
b. ***Project's Data Quality:*** % of error rate for Personal Identifiable Information and Disabling Condition
c. ***HUD Universal Data Element***: % of error rate for Project Start Date and Exit Data
d. ***Project's Data Quality:*** % of error rate for Income at Annual Assessment

12. Agency Commitment to CoC Priorities- Maximum Points: 30

a. ***Alignment with Housing First Principles:*** To what extent do the project's written policies and procedures ensure that participants are not screened out based on the following criteria?
    i. Having too little or no income
    ii. Failure to participate in supportive services (with exception for HUD-mandated monthly case management meeting for RRH program participants).
    iii. Active, or history of, substance use or a substance use disorder
    iv. Having a criminal record (with exceptions for state-mandated restrictions)

v. History or survivor of domestic violence

b. ***Coordinated Access Referral:*** Extent to which clients were assigned by CES
c. ***Coordinated Access Referral:*** Length of Time from Referral to Project Intake
d. ***Filing of APR:*** Applicant timely and successfully filed APR

13. CoC Participation- Maximum Points: 20

a. ***PIT and HIC Involvement:*** 2019 PIT Sign Ups and Participation; Agency submission of 2019 HIC
b. ***COC membership participation:*** Sign Up Sheets for CoC General Membership Participation
c. ***COC committee participation:*** Sign Up Sheets for CoC Committees Participation

14. Project Design- Maximum Points: 30

a. ***Access to Mainstream Benefits:*** Applicant or project partner has process in place to ensure enrollment in mainstream benefits
b. ***School Liaison:*** Project partner has committed to have a designated staff person whose responsibilities include ensuring children are enrolled in school and receive appropriate services as required
c. ***Cost Effectiveness:*** Cost per person served is comparable to COC average within project type
d. ***Client Satisfaction Surveys:*** Applicant demonstrates that they elicit feedback from client participant
e. ***Gender Inclusion/Non-Discrimination Policy:*** Applicant ensures inclusion and non-discrimination based on equal access criteria
f. ***Participation by population served:*** Agency has written policies and procedures submitted by the project and/or a narrative response demonstrating client participation in the program design and policy-making

Dear Stakeholders,

HUD has announced the FY 2019 Continuum of Care (CoC) Competition. You can access the Notice of Funding Availability (NOFA) here.

We are currently reviewing the NOFA and planning to host the Northeast Florida CoC Bidder's Conferences on July 29th, 1:30 to 3:00 pm and July 30th, 5:30 to 7:00 pm. Please save the dates and plan to attend at least one session if submitting a local application.

We will share updates and more detail via our website, email and social media.

NEW for FY 2019

•Youth Homelessness Demonstration Program (YHDP) renewals - if awarded in 2016
•Expansion Projects - The application process for renewals that want to submit an expansion project has changed - see Section III.C.2.j of the NFOA.
•DV Bonus - Up to $50 million (additional from 2018), many of the FY2018 DV bonus projects are up for renewal.
•CoC Bonus - Calculated differently in FY 2019. $258,716 (see https://files.hudexchange.info/resources/documents/FY-2019-CoC-Program-Estimated-ARD.pdf see page 6., FL-510 Jacksonville -Duval, Clay Counties CoC)

CONNECT WITH US!

EMAIL SEND INFORMATION

Preview | Print

FY 2019 Continuum of Care Program Competition is Now Open

SENT on Tue, Jul 9, 2019 at 4:40 pm EDT

Lists 2018 CHI Staff, General Interest, General Membership

From Name Changing Homelessness, Inc

From Address info@changinghomelessness.org

Reply-to Address info@changinghomelessness.org

Email Link https://conta.cc/2JpEcMa

Resend to Non-Openers Sent Fri, Jul 12, 2019 at 4:40 pm EDT

EMAIL STATS

Open Rate

27.4%

Desktop 72.7% | Mobile 27.3%

Click Rate

11.8%

Activity	Original	Resend	Total
Opens	306	92	391
Sent	1632	1183	1632
Bounces	193	40	204
Successful Deliveries	1439	1143	1439

Activity	Original	Resend	Total
Clicks	36	10	46
Did Not Open	1133	1051	1037
Unsubscribed	3	1	4
Spam Reports	0	0	0

Like 0 Share

Share:

Tweet

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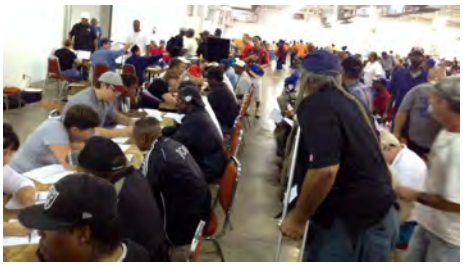
Northeast Florida CoC | July 2019

Homelessness News: Spark Change!



Jacksonville Receives Federal Grant To Support Homeless...

Jacksonville's Military Affairs and Veterans Department (MAVD) is receiving a $231,750 grant from the U.S. Department of Labor to support homeless veterans.

Guest Column: Working families in Northeast Florida need ...

The federal award will go towards funding MAVD's Homeless Veterans' Reintegration Program ...

Read more
news.wjct.org

Recently the National Low Income Housing Coalition issued "Out of Reach," an annual report identifying the needs for affordable rental housing across America.The report shows that even though apartment construction is booming in Northeast...

Read more
www.jacksonville.com

Jacksonville's Military Affairs and Veterans Department (MAVD) received a grant from the U.S. Department of Labor to support their Homeless Veterans' Reintegration Program (HVRP). HVRP provides valuable services to Veterans who are experiencing housing instability in our city.

Ability Housing's CEO, Shannon Nazworth, describes the importance of having adequate affordable housing for our community.

FY 2019 Continuum of Care (CoC) Competition Announced

HUD has announced the FY 2019 Continuum of Care (CoC) Competition with approximately $2.3 billion available which includes $50 million for Domestic Violence Bonus Projects. You can access the Notice of Funding Availability (NOFA) here.

HUD's Homeless Policy and Program Priorities (see page 5 of the NOFA for more details)

1. Ending homelessness for all persons
2. Creating a systemic response to homelessness
3. Strategically allocating and using resources
4. Using an Evidence-Based approach
5. Increasing employment
6. Providing flexibility for Housing First with service participation requirements

Here are a few key days!

If your organization is interested in learning more about the CoC Competition, please plan to attend at least one of the two **Northeast Florida CoC Bidder's Conferences:**

July 29th, 1:30 to 3:00 pm
July 30th, 5:30 to 7:00 pm.

RSVP today.

All New and Renewal applications are due on **Tuesday, August 13th** into e-snaps by end of day.

The Ranking and Scoring Committee will finalize scores on **Wednesday, September 4th** .

We will publish the Consolidated Application on our website **September 26th at www.changinghomelessness.org .**

Stay tuned for more details via our website, email and social media.

Do you HMIS?

VETERANS EXPERIENCING HOMELESSNESS, NEFL PIT COUNTS

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Homeless Veterans	647	513	345	292	324	224	184	130	125	121	118

This year's August Surge Count will focus efforts on the Veteran population as we work to reach functional zero for Veteran homelessness by the end of this year. See the number of Veterans counted in January during the Point in Time Count above. Read more in the 2019 Point in Time Report here .

Join Today! Be a CoC Member

The Northeast Florida Continuum of Care began as a grassroots effort with passionate, community and religious leaders guiding the way. And we've made substantial progress.

What does it take to affect change? Driven and determined stakeholders like YOU!

If you care about homelessness and want to be a part of the solution, please join us.

The general membership meets monthly on the 2nd Thursday at the First United Methodist Church, Fellowship Hall at 225 East Duval Street, 8:30 to 10:00 am. Our next meeting is August 8th.

You can learn more about CoC Membership here .

We Know YOU know - Knowledge is Power

Member training…

On August 2nd, join us for the monthly HMIS New User and HMIS Report training.

- HMIS New User is 9 am - 12 pm
- Report training is 1 - 3 pm

Please email the HMIS Team for more information.

Help is on the Way!

Client programs | training | workforce opportunities...

Have you heard of Project Safe Horizon?

It's a new program that works with clients that are at risk for or already experiencing homelessness due to substance abuse and/or mental illness.

Currently, they are accepting clients into the program.

Want to learn more?

Contact Erica Thomas , MA
Case Manager with Project Safe Horizon at Community Rehab Center

Are you interested in the Veterans Reintegration Program?

- Walk-ins accepted
  - Monday-Friday, 8 to 4:30 pm
  - 117 West Duval Street (City Hall) Suite 175
- For more info call
  - 904.630.3680

Women's Transformation Program

The Women's Transformation Program provides support services and one-on-one coaching activities that promote personal and professional growth.

This FREE 6 to 12 month program builds capacity and encourages women to increase their household income, start new businesses, retain and/or obtain quality jobs, become more self-sufficient and thriving in their lives and communities.

Program Qualifications

- Women 18 years of age and older
- Interest in Family Wellness, Career Development and/or Change
- Family Income at or Below Poverty Level
- Monthly Check-ins
- 32206, 32208, 32209, and 32218 zip codes

Support Services
Coaching/Mentoring
Personal/Professional Growth
Resource Connectivity
Career Readiness

- Define your vision for your life and family, and make it a reality.
- Create an action plan that leverages your strengths.
- Gain the proper tools and techniques that help you get to the next level.

CATHOLIC CHARITIES

Crystal Taylor
904-354-4846 x299
ctaylor@ccbjax.org

WOMEN'S GIVING ALLIANCE

WORKFORCE
VOCATIONAL TRAINING
ONE-STOP SHOP

EARN WHILE YOU LEARN!

CLARA WHITE MISSION

NO COST TO YOU - Classes Limited

This 7-week program is designed for job training and employment for low-income, homeless and ex-offenders ages 16-24

ENROLL TODAY!!

CERTIFICATIONS INCLUDE:
OSHA TRAINING
HAZWOPER
FORKLIFT TRAINING
ENVIRONMENTAL TRAINING
INDUSTRIAL TRAINING
NCCER CONSTRUCTION & SITE SAFETY TRAINING

Join us TODAY as a STUDENT, PARTNER or EMPLOYER

For more information Call Us TODAY at (904) 354-4162 ext 1127
or visit the Clara White Mission Training Center
613 W. Ashley Street, Jacksonville, FL 32202. www.clarawhitemission.org

National Certification by NCCER

citi COXMEDIA Florida Blue

The Best Way to Show We Care - Be There!

Duval County Public Schools
Youth Leadership Explosion
August 8th

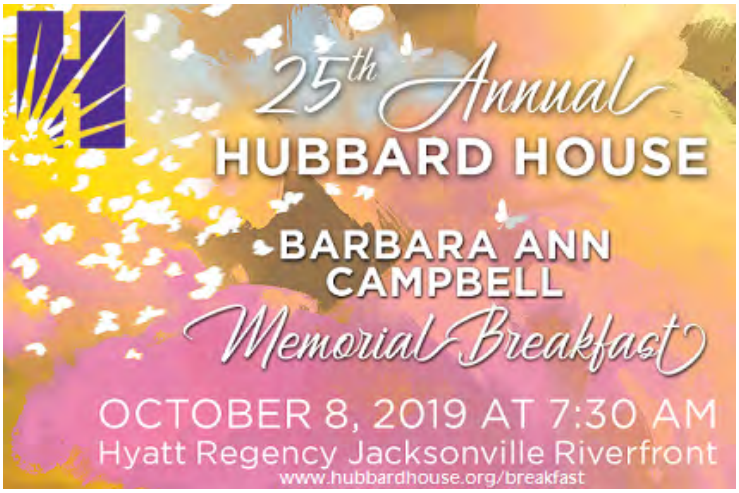
BEAM
Beam of Light Ball
August 24th
RSVP here .

City Rescue Mission
11th Annual Champions Challenge
August 26th
Register here .

Changing Homelessness
August Surge: Veterans
August 27th
Register here .

Sulzbacher
August Surge: Veterans
September 19th
Register here .

Mission House
Compassion by the Sea
September 26th
Register here .



Hubbard House
25th Annual Barbara Ann Campbell Memorial Breakfast
October 8th
Register here .

Salvation Army
Red Shield Ball
October 19th
Register here .

Catholic Charities
Festival d'Vine
October 25th
Register here .

Don't Miss the General Membership Meeting, August 8th!

225 East Duval Street,
First United Methodist Church, Fellowship Hall

Northeast Florida CoC

STAY CONNECTED

Confirm that you like this.

Click the "Like" button.

FY 2019 HUD CoC Bidder's Conference

Hosted at Changing Homelessness- 660 Park St. Large Conference Room
Session 1: July 29, 2019 1:30 to 3 pm I Session 2: July 30, 2018 5:30 to 7 pm

Agenda

1. **Welcome & Introductions**
2. **Overview**
    a. **FY 2019 HUD CoC Bidder's Conference Overview, Attachment 1**
        i. **Available Funds, pg. 2**
        ii. **Timeline, pg. 2**
        iii. **HUD's Policy and Program Priorities, pg. 2 & 3**
        iv. **Ranking and Scoring, pg. 3**
3. **Applicants**
    a. **Project Application Instructions and Scoring Guidance, Attachment 2**
        i. **New Projects, pg. 1**
        ii. **Renewal Projects, pg. 5**
4. **CoC Consolidated Application**
5. **Questions**
6. **Adjourned**

when it starts and get tickets.

Import

Changing homelessness
Published by Rebecca Ewing Entwistle [?] · July 29 ·

Bidder's Conference begin today! RSVP here:
https://www.eventbrite.com/e/northeast-florida-coc-bidders-...

Changing homelessness
Published by Hootsuite [?] · July 15 ·

RSVP to the NEFL CoC Bidder's Conference here:

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93	4	
People Reached	Engagements	Boost Unavailable

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89	**2**	
People Reached	Engagements	**Boost Unavailable**

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84
People Reached

7
Engagements

Boost Unavailable

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78
People Reached

16
Engagements

Boost Post

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Dear Stakeholders,

We will be hosting the Northeast Florida CoC Bidder's Conferences on July 29th, 1:30 to 3:00 pm and July 30th, 5:30 to 7:00 pm. Please plan to attend at least one session if submitting a local application.

Please RSVP here.

You can access the Notice of Funding Availability (NOFA) here.

Thank you.

Preview | Print

Northeast Florida CoC Bidder's Conferences

SENT on Fri, Jul 12, 2019 at 2:30 pm EDT

Lists 2018 NE FL CoC Governance Board, General Interest, General Membership

From Name Changing Homelessness, Inc

From Address info@changinghomelessness.org

Reply-to Address info@changinghomelessness.org

Email Link https://conta.cc/2NNFcxJ

Resend to Non-Openers Sent Tue, Jul 16, 2019 at 2:30 pm EDT

EMAIL STATS

Open Rate

23.7%

Desktop 71.6% | Mobile 28.4%

Click Rate

12%

Activity	Original	Resend	Total
Opens	258	85	333
Sent	1615	1169	1615
Bounces	204	4	208
Successful Deliveries	1411	1165	1411

Activity	Original	Resend	Total
Clicks	32	8	40
Did Not Open	1153	1080	1074
Unsubscribed	2	2	3
Spam Reports	0	1	1

CoC Approved Consolidated Application

1E-4

- Website Screenshot
- Email Notification
- Social Media Notification
- Project Ranking
- New Project Score Tool
- Renewal Project Score Tool

Care (CoC) Grant, we provide training and foster communications between our 50 member agencies that provide direct service to those in need.

FY 2019 CONTINUUM OF CARE APPLICATION

- FL-510 FY 2019 CoC Application Sections 1-4
- FL-510 FY 2019 CoC Application Priority Listing
- FL-510 FY 2019 CoC Application Attachments

If you have questions regarding the competition, please email Monique Elton at melton@changinghomelessness.org

2019 JAGUARS GIVE & GO

This year, Changing Homelessness is partnering with the **Nonprofit Center of Northeast Florida** and the **Jacksonville Jaguars** to use the Give & Go program as a fundraising tool! Buy your tickets here to watch the Jags and help change homelessness.

2019 COMMUNITY NEEDS ASSESSMENT

The 2019 Needs Assessment Report On Homelessness will assist the Northeast Florida Continuum of Care (CoC), the CoC Governance Board, local government and community service providers to successfully plan an effective system of care for persons at risk of or experiencing homelessness to achieve the goal of ending homelessness in Northeast Florida.

2019 POINT IN TIME RESULTS

Monique Elton <melton@eshcnet.org>

Your campaign FY 2019 CoC Application Published has been sent

1 message

Constant Contact <support@constantcontact.com> Thu, Sep 26, 2019 at 11:25 AM
Reply-To: support@constantcontact.com
To: melton@changinghomelessness.org

Constant Contact

[redacted]

Your campaign **'FY 2019 CoC Application Published'** was sent on 9/26/2019 around 11:25 AM EDT.

Below is a copy of the message your subscribers received. See how your campaign is doing by visiting Reports in your account to get real-time results and stats.

Subject: FY 2019 CoC Application Published

Dear Stakeholders,

We are pleased to inform you that we have published the completed FY 2019 CoC Application to our website homepage.

We will submit the application to HUD momentarily and look forward to our results!

A huge shout out and thank you to our CoC Governance Board for their leadership and guidance, to the Ranking and Scoring Committee Volunteers for their commitment and patience and to Hurricane Dorian for staying off the Florida coast.

The effort put forth is a testament to everyone working together for the greater good.

Thank you.

CONNECT WITH US!

[redacted]

Changing Homelessness, Inc | 660 Park Street, Jacksonville, FL 32204

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Changing homelessness
Published by Hootsuite [?] · 11 mins ·

We are pleased to inform you that we have published the completed FY 2019 CoC Application to our website homepage.

http://changinghomelessness.org/

We will submit the application to HUD momentarily and look forward to our results!

Get More Likes, Comments and Shares
Boost this post for $20 to reach up to 3,300 people.

8 People Reached | 0 Engagements | Boost Post

Like | Comment | Share

WSB
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The youngest generation headed into the workforce is unique — and powerful. Our new ebook highlights #GenZ and other trends defining workplace and culture.

Recent Posts

"We are pleased to inf that we have published
September 26 at 11:25 AM

Boost Post

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S. Dianne, Sharon and 119 others have used Marketplace.

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Chat (21)

Grants.gov Form

Help | David

Sections | Search Attachments in Sections

Size
11,560 KB
3,431 KB
6,111 KB

11:36 AM
9/26/2019

FY2019		Project Ranking	Grant Amount	Grant Total
		Annual Renewal Amount		***$ 4,508,181.00***
Tier 1	1	Mental Health Resource Center - Community Outreach Program (CES)	$ 254,553.00	$ 4,253,628.00
	2	Mental Health Resource Center - Coordinated Entry Expansion (CES)	$ 120,000.00	$ 4,133,628.00
	3	Changing Homelessness - NEFIN HMIS Training and Analysis (HMIS)	$ 76,471.00	$ 4,057,157.00
	4	Changing Homelessness - Northeast Florida Info Network (HMIS)	$ 65,600.00	$ 3,991,557.00
	5	Changing Homelessness - Universal Linkage (HMIS)	$ 58,269.00	$ 3,933,288.00
	6	Ability Housing - Villages Permanent Supportive Housing (PSH)	$ 365,440.00	$ 3,567,848.00
	7	Sulzbacher - First Coast Rapid Rehousing (RRH)	$ 66,474.00	$ 3,501,374.00
	8	Ability Housing - Housing Link PSH	$ 1,158,680.00	$ 2,342,694.00
	9	Changing Homelessness - Homesafe	$ 538,408.00	$ 1,804,286.00
	10	Sulzbacher - North Florida RRH	$ 726,185.00	$ 1,078,101.00
	11	Changing Homelessness - Safe Spaces	$ 68,730.00	$ 1,009,371.00
	12	Presbyterian Social Ministries - Homesafe Extention	$ 71,132.00	$ 938,239.00
	13	Sulzbacher - Homeward Bound	$ 261,104.00	$ 677,135.00
	14	Hubbard House - Domestic Violence (DV) Bonus Project	$ 496,014.00	$ 181,121.00
	15	Sulzbacher - Homeward Bound Expansion	$ 181,121.00	$ -
Tier 2	16	Ability Housing - VE PSH 2019 (New Bonus Project)	$ 250,412.00	$ (250,412.00)
	17	Changing Homelessness - DV RRH 2019 (New DV Bonus Project)	$ 512,258.00	$ (762,670.00)
Not Selected	18	Sulzbacher - River City RRH (New Bonus Project)	$ 256,050.00	
Not Selected	19	Catholic Charities - Jacksonville 2019 (New Bonus Project)	$ 154,883.00	

2019 HUD CoC New or Bouns Project Applicant Score Sheet	Project Score: 0

Agency Name:

Program Name:

Reviewer Name:

Review Date:

Scoring Overview

As determined by HUD and the CoC Governance Board, community priority will be given to eligible projects in the following order:

Priority 1: Renewal Coordinated Entry System (CES) and Homeless Management Information (HMIS) System Projects
Priority 2: Renewal Permanent Housing (PH) Projects
Priority 3: Renewal Reallocation Permanent Housing Projects
Priority 4: New Permanent Housing Projects
Priority 5: New CES and HMIS Projects
Priority 6: New Joint TH-PH Housing Projects

All new projects and any renewal projects with less than 6 months of HMIS data will be scored utilizing the following materials: Project application, Agency policies and procedures, agency fiscal information, 2019 HIC and 2018-19 CoC membership report.

Section A: Project Application Threshold

Eligilbilty Criteria	Yes	No	Scoring Values
1. Projects must be in compliance with the eligibility requirements of the CoC Interim Rule, subsequent notices and must meet the threshold requirements outlined in the 2019 Notice of Funding Availability			**If any response is 'No' project is not eligible for review**
2. Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence, or a legal services			
3. Projects are required to participate in Coordinated Entry, when it is available for the project type.			
4. Project agrees to use Housing First principles and be low barrier			
5. Project has documented the required matching funds (Match must be dated May 2019 or after)			
6. Audit shows agency as a low risk auditee & no major findings.			
7. Applicant has a Code of Conduct which complies with 2 CFR part 200			
8. Member in good standing of Northeast Florida CoC			

Section B: Project Financials- 30 Points

Measurement	Source	Data Calculations	Scoring Values	Score
Financials	2018 Audit Financials and 990 submitted	Review of Auditor's Report	**Total Points Possible: 10** If there were no findings: 10pts If minor findings: 5pts If major or significant applicant ineligible	
Unspent HUD Funds	LOCCS	If less than 10% of grant funds then project will receive 10 points. Otherwise zero points will be awarded	**Total Points Possible: 10**	

Repay/Return Grant Funds	HUD CoC Spending Report	Applicant Returned funds to HUD or other federal or state agency within 2 years.	**Total Points Possible: 5** No funds returned: 5 pts. *If Yes:* Explanation addresses all concerns: 3pts Explanation addresses some concerns: 1pt Explanation fails to address concerns: 0pts	
HUD Unresolved Findings		Has outstanding obligation/debt to HUD in arrears or with payment schedule pending	**Total Points Possible: 5** No unresolved findings: 5 pts. *If Yes:* Explanation addresses all concerns: 2pts Explanation fails to address concerns: 0pts	
			Section B: Sub-Total	0
Section C: Project Performance 50 Points				
Measurement	**Source**	**Data Calculations**	**Scoring Values**	**Score**
PSH Housing Stability: % of persons who remain in any current PSH project or exited to a permanent housing destination managed by the applicant at the end of the last 12 month	HUD CoC APR or Agency Data	Percentage of the Total number of Retained Clients + Clients with Positive Exits out of the Total Non-Deceased Clients Served. ***Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to housing stability such as number of persons place in permanent housing, length of time in housing, etc.***	**Total Points Possible: 20** 90% + = 20 pts 85% -89% = 15 pts 80% - 84% = 10pts 79%-70% = 5 pts < 69% or no data = 0 pts	
RRH and TH Housing Stability: % of persons who exited any current RRH or TH project managed by the applicant to a positive housing destination over the last 12 month period	HUD CoC APR or Agency Data	Total persons exiting to positive housing destinations/Total person exited program ***Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to housing stability such as number of persons place in permanent housing, length of time in housing, etc.***	**Total Points Possible: 20** 90% + = 20 pts 89% - 80% = 15 pts 79% - 75% = 10pts 74% - 70% = 5pts < 69% or no data = 0 pts	
Exits to Homelessness: % of program exits to another homeless destination	HUD CoC APR or Agency Data	Percentage of exits to place not meant for human habitation, emergency shelter, including hotel or motel paid for with emergency shelter voucher, safe haven or transitional housing ***Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to exits to homelessness***	**Total Points Possible: 10** 5% or less = 10 pts 6% - 10% = 8 pts 11% - 15% = 6 pts 16% - 20% = 4 pts > 19% or no data= 0 pts	

Increase Income and Ability to Live Independently	Project Application	Proposal describes how clients will be assisted to increase employment and other income and to access mainstream benefits (including healthcare) to maximize their ability to live independently.	**Total Points Possible: 20** Awarded by scoring review staff scaled from 0 to 20	
			Section C: Subtotal	0
Section D: Serving Priority Populations (20 pts)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Street Homeless Placements:	HUD CoC APR or Agency Data	The percentage of participants entering the project for the grant year that are from a place not meant for human or Emergency Shelter ***Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to program entries from homelessness***	**Total Points Possible: 10** **IF PSH or RRH Project** 80% + = 10 pts 79.9%-70 = 7 pts 69.9% - 60 = 4 pts < 60% = 0 pts **IF TH Project** 70% + = 10 pts 69.9%-60 = 7 pts 59.9%-50 = 7 pts < 50% = 0 pts	
Priority Population-Applicable Sub-Populations Project Start Date	HUD CoC APR	**PSH:** Either Chronically Homeless Families with Children and/or Chronically Homeless Veterans in addition to at least one of the following: Persons with Substance Abuse Disorders, Persons with Severe Mental Illnesses, Survivors of Domestic Violence. NOTE all Beds must be dedicated to chronically homeless persons or DedicatedPLUS **RRH:** Unaccompanied LGBTQ Youth, Youth Families with Children, Survivors of Domestic Violence/Victims of Human Trafficking **TH or TH-RRH:** DV or youth	**Total Points Possible: 10** For each project type if yes to serving a priority population the applicant will receive 10 pts.	
			Section D: Subtotal	0
Section E: HMIS Data (15 Points)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
HMIS Capacity	Project Application	Applicant demonstrates that the agency has the experience and organizational capacity to adhere to HMIS regulations and privacy policies, and agrees to input client and program information into HMIS within 24 hours of administered service provision. The agency has developed a well-defined comprehensive Data Integrity Plan that establishes an effective and continuous process to ensure high quality data entry and maintenance in HMIS	**Total Points Possible: 15** **Yes** to all and the project will be awarded maximum points; **No** to any and the project will score zero	
			Section E: Subtoal	0

Section F: Agency Commitment to COC Priorities (25 points)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Alignment with Housing First Principles	Project Application	**To what extent do the project's written policies and procedures ensure that participants are not screened out based on the following criteria?** • Having too little or no income • Failure to participate in supportive services (with exception for HUD-mandated monthly case management meeting for RRH program participants). • Active, or history of, substance use or a substance use disorder • Having a criminal record (with exceptions for state-mandated restrictions) • History or survior of domestic violence	**Total Points Possible: 15** Yes to all and the project will be awarded maximum points; No to any and the project will score zero	
Coordinated Entry Process	Project Application	Proposal describes how the project will comply with the COC's Coordinated Entry procedures and applicant demonstrates a understanding of the COC Coordinated Entry process and has described a clear project entry process that prioritizes rapid placement and stabilization in permanent housing.	**Total Points Possible: 10** Awarded by scoring review staff scaled from 0 to 10	
			Section F: Subtotal	0
Section G: COC Participation (20 Points)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
COC Participation	PIT and HIC Involvement	**2019 PIT Sign Ups and Participation; Agency submission of 2019 HIC**	**Total Points Possible: 10** PIT Participation = 5 pts HIC Submission = 5 pts	
COC Participation	COC Membership participation	**Sign Up Sheets for CoC General Membership Participation**	**Total Points Possible: 5** If attended 2-3: 2 pts. If attended 4-7: 4 pts If attended 8+: 5 pts	
COC Participation	COC committee participation	**Sign Up Sheets for CoC Committees Participation**	**Total Points Possible: 5** If attended 2-3: 2 pts. If attended 4-7: 4 pts If attended 8+: 5 pts	
			Section G: Subtotal	0

Section H: Project Design - 45 Possible Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Design of Housing	Project Application	**Housing where participants will reside is fully described and appropriate to the program design proposed.** • Is the project staffed appropriately and trained to operate the housing? • Is the housing accessible to community amenities such as grocery stores, pharmacy, schools, jobs and healthcare? • Will the program be physically accessible to persons with disabilities?	**Total Points Possible: 5** Awarded by scoring review staff scaled from 0 to 5	
Supportive Services Plan	Project Application	**Supportive Services plan includes provision of comprehensive case management and appropriate supportive services of the type, scale and location to meet the needs of program participants (as well as transportation if necessary), using a Housing First model and Applicant demonstrates staff experience and commits to Trauma-Informed Care and use of a Victim-Centered approach** • Is the project staffed appropriately and are staff trained to provide the services? • Is the program design to be accessible to all eligible clients? • Will the project use evidence-based practices?	**Total Points Possible: 5** Awarded by scoring review staff scaled from 0 to 5	
Project Implementation Timeline	Project Application	Proposed timeline for project implementation and occupancy is reasonable. Activities are described for 60 days, 90 days, 120 and 180 days after award. First client will be housed within 90 days of award and all clients will be housed within 180 days of award.	**Total Points Possible: 5** Awarded by scoring review staff scaled from 0 to 5	
Cost Effectiveness	Project Application Summary Budget	Project is cost effective Considered Elements: Cost effective (number of persons served/requested total) as compared to other projects or proposals providing the same component	**If YES, ADD 5 pts.**	
Access to Mainstream Benefits	Project Application	Applicant or project partner has process in place to ensure enrollment in mainstream benefits	**If YES, ADD 5 pts.** **If NO, but will perform same function, ADD 3 pts.**	
School Liaison	Project Application	Project partner has committed to have a designated staff person whose responsibilities include ensuring children are enrolled in school and receive appropriate services as required	**If YES, ADD 5 pts.**	

Client Satisfaction Surveys	Project Application	Award 5 points for a “Yes” response. If resonse is "No" then the project will score zero	**If YES, ADD 5 pts.**	
Participation by population served	Agency writtten policies and procedures	**Does the agency have written policies and procedures submitted by the project and/or a narrative response demonstrating client participation in program design and policy-making?** Yes and the maximum points will be awarded; No and zero points will be awarded	**If YES, ADD 5 pts.**	
Gender Inclusion/Non-Discrimination Policy	Project Application	Applicant ensures inclusion and non-discrimination based on equal access criteria	**If YES, ADD 5 pts.**	
			Section H: Subtotal	**0**
Section H: Project Design - 45 Possible Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Representation at RFP Workshop	Workshop sign in	Yes attended or No did not attend from Sign in Sheet	**If YES, ADD 5 pts.**	

2019 HUD CoC Renewal Project Applicant Score Sheet	Project Score: 0

Agency Name:

Program Name:

Reviewer Name:

Review Date:

Scoring Overview

As determined by HUD and the CoC Governance Board, community priority will be given to eligible projects in the following order:

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Priority 3: Renewal Reallocation Permanent Housing Projects
Priority 4: New Permanent Housing Projects
Priority 5: New CES and HMIS Projects
Priority 6: New Joint TH-PH Housing Projects

All new projects and any renewal projects with less than 6 months of HMIS data will be scored utilizing the following materials: Project application, Agency policies and procedures, agency fiscal information, 2019 HIC and 2018-19 CoC membership report.

Section A: Project Application Threshold

Eligilbilty Criteria	Yes	No	Scoring Values
1. Projects must be in compliance with the eligibility requirements of the CoC Interim Rule, subsequent notices and must meet the threshold requirements outlined in the 2019 Notice of Funding Availability			**If any response is 'No' project is not eligible for review**
2. Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence, or a legal services			
3. Projects are required to participate in Coordinated Entry, when it is available for the project type.			
4. Project agrees to use Housing First principles and be low barrier			
5. Project has documented the required matching funds (Match must be dated May 2019 or after)			
6. Audit shows agency as a low risk auditee & no major findings.			
7. Applicant has a Code of Conduct which complies with 2 CFR part 200			
8. Member in good standing of Northeast Florida CoC			

Section B: Project Financials- 30 Points

Measurement	Source	Data Calculations	Scoring Values	Score
Financials	2018 Audit Financials and 990 submitted	Review of Auditor's Report	**Total Points Possible: 10** If there were no findings: 10pts If minor findings: 5pts If major or significant applicant ineligible	
Unspent HUD Funds	LOCCS	If less than 10% of grant funds then project will receive 10 points. Otherwise zero points will be awarded	**Total Points Possible: 10**	

Repay/Return Grant Funds	HUD CoC Spending Report	Applicant Returned funds to HUD or other federal or state agency within 2 years.	**Total Points Possible: 5** No funds returned: 5 pts. *If Yes:* Explanation addresses all concerns: 3pts Explanation addresses some concerns: 1pt Explanation fails to address concerns: 0pts	
HUD Unresolved Findings		Has outstanding obligation/debt to HUD in arrears or with payment schedule pending	**Total Points Possible: 5** No unresolved findings: 5 pts. *If Yes:* Explanation addresses all concerns: 2pts Explanation fails to address concerns: 0pts	
			Section B: Sub-Total	0
Section C: Project Performance- 50 Points				
Measurement	**Source**	**Data Calculations**	**Scoring Values**	**Score**
PSH Housing Stability: % of persons who remained in the PH project at the end of the operating year or exited to a permanent housing destination	HUD CoC APR	**Percentage of the Total number of Retained Clients + Clients with Positive Exits out of the Total Non-Deceased Clients Served.**	**Total Points Possible: 20** 90% + = 20 pts 85% -89% = 15 pts 80% - 84% = 10pts 79%-70% = 5 pts < 69% or no data = 0 pts	
RRH and TH Housing Stability: % of persons who exited to a positive housing destination	HUD CoC APR	**Total persons exiting to positive housing destinations/Total person exited program**	**Total Points Possible: 20** 90% + = 20 pts 89% - 80% = 15 pts 79% - 75% = 10pts 74% - 70% = 5pts < 69% or no data = 0 pts	

Earned Income Total: % of program participants who increased their earned income as shown on the last APR	HUD CoC APR	**The percentage of stayers/leavers that increase cash earned income from entry to latest annual assessment/exit, excluding all stayers without annual assessments**	**Total Points Possible: 5** *IF PSH Project* 25% + = 5 pts 20% - 24% =4 pts 15% - 19% =3 pts 14% - 10% =2 pts < 10% = 0 pts *IF RRH or TH Project* 50% + =5 pts 49% -40% = 4 pts 39% - 30% =3 pts 29% - 20% =2 pts < 20% = 0 pts	
Unearned Income Total: % of program participants who increased their non-employment income (including non-cash benefits) as shown on the last APR	HUD CoC APR	**The percentage of stayers/leavers with noncash benefit sources, excluding all stayers without annual assessments.**	**Total Points Possible: 5** 40% + = 5 pts 30% - 39% =4 pts 20% - 29% =2 pts < 19.9% = 0 pts	
Utilization Rate: % of utilization reported on HIC	2019 HIC	**Enter the utilization rate for applicant program as reported on 2019 HIC report**	**Total Points Possible: 10** 95%+ = 10 pts <95%-90% = 8 pts <90%-85% = 5 pts <85%-80% = 2 pts < 80% = 0 pt	
			Section C: Subtotal	**0**
Section D: Serving Priority Populations- 25 Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Street Homeless Placements:	HUD CoC APR	**The percentage of participants entering the project for the grant year that are from a place not meant for human or Emergency Shelter**	**Total Points Possible: 10** **IF PSH or RRH Project** 80% + = 10 pts 79.9%-70 = 7 pts 69.9% - 60 = 4 pts < 60% = 0 pts **IF TH Project** 70% + = 10 pts 69.9%-60 = 7 pts 59.9%-50 = 7 pts < 50% = 0 pts	

Priority Population-PSH	HIC	For PSH: Percentage of beds dedicated to/prioritized for chronically homeless persons.	**Total Points Possible: 10** 100% = 10 pts 90%-80 = 7 pts 85% - 70 = 4 pts	
Priority Population-RRH	HIC	Percentage of beds dedicated to/prioritized for Families with Children, Persons fleeing Domestic Violence or for Unaccompanied Youth	**Total Points Possible: 10** 90% + = 10 pts 89.9%-80 = 7 pts 79.9% - 70 = 4 pts < 70% = 0 pts	
Priority Population-TH	HIC	Percentage of beds dedicated to/prioritized Youth	***If 100%* dedicated to youth, ADD 10 pts.** ***If less than 100%* dedicated to youth, ADD 0 pts**	
Priority Population-Applicable Sub-Populations	Project Application	**PSH:** Either Chronically Homeless Families with Children and/or Chronically Homeless Veterans NOTE all PSH Beds must be dedicated to chronically homeless persons or DedicatedPLUS **RRH:** Unaccompanied LGBTQ Youth, Youth Families with Children, Survivors of Domestic Violence/Victims of Human Trafficking **TH or TH-RRH:** DV or youth	**Total Points Possible: 5 pts.** For each project type if yes to serving a priority population the applicant will receive 5 pts.	
			Section D: Subtotal	**0**

Section E: HMIS Data Quality - 20 Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Project's Data Timeliness	HMIS HUD DQ Report	**% of records between 0-3 days**	**Total Points Possible: 5** 85% +: 5 pts 70% to 84 %: 3 pts 55% to 69 %: 2 pts < 54.9% : 0 pts	
Project's Data Quality: Personal Identifiable Information and Disabling Condition	HMIS HUD DQ Report	**Enter "% of Error Rate" for PII & Disabling Condition Data**	**Total Points Possible: 5** Less then 5 %: 5 pts 5% to 9.99 %: 3 pts 10% to 14.99%: 2 pts 15% or more: 0 pts	
HUD Universal Data Element: Project Start Date and Exit Data	HMIS HUD DQ Report	**Enter "% of Error Rate" for 'Project Start and Exit Data'**	**Total Points Possible: 5** Less then 5 %: 5 pts 5% to 9.99 %: 3 pts 10% to 14.99%: 2 pts 15% or more: 0 pts	

Project's Data Quality: Income at Annual Assessment	HMIS HUD DQ Report	**Enter "% of Error Rate" for 'Income and Sources at Annual Assessment'**	**Total Points Possible: 5** Less then 5 %: 5 pts 5% to 9.99 %: 3 pts 10% to 14.99%: 2 pts 15% or more: 0 pts	
			Section E: Subtoal	**0**
Section F: Agency Commitment to COC Priorities (30 points)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Alignment with Housing First Principles	CoC Project Application	**To what extent do the project's written policies and procedures ensure that participants are not screened out based on the following criteria?** • Having too little or no income • Failure to participate in supportive services (with exception for HUD-mandated monthly case management meeting for RRH program participants). • Active, or history of, substance use or a substance use disorder • Having a criminal record (with exceptions for state-mandated	**Total Points Possible: 10** Yes to all and the project will be awarded maximum points; No to any and the project will score zero	
Coordinated Access Referral	Coordinated Access Report	**Extent to which clients were assigned by CES**	**100% of referrals from CES = 10 pts.** For every 5% below 100%, subtract 3 pts.	
Coordinated Access Referral	Coordinated Access Report	**Length of Time from Referral to Project Intake** Less than 30 days will be awarded maximum points. More than 30 days will result in a score of zero	**Total Points Possible: 5**	
Filing of APR	SAGE APR Report	Applicant timely and successfully filed APR	**Total Points Possible: 5** If filed on time receive full pts. If filed late receive zero pts.	
			Section F: Subtotal	0
Section G: COC Participation (20 Points)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
COC Participation	PIT and HIC Involvement	**2019 PIT Sign Ups and Participation; Agency submission of 2019 HIC**	**Total Points Possible: 10** PIT Participation = 5 pts HIC Submission = 5 pts	

COC Participation	COC Membership participation	**Sign Up Sheets for CoC General Membership Participation**	**Total Points Possible: 5** If attended 2-3: 2 pts. If attended 4-7: 4 pts If attended 8+: 5 pts	
COC Participation	COC committee participation	**Sign Up Sheets for CoC Committees Participation**	**Total Points Possible: 5** If attended 2-3: 2 pts. If attended 4-7: 4 pts If attended 8+: 5 pts	
			Section G: Subtotal	0
Section H: Project Design - 30 Possible Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Access to Mainstream Benefits	Project Application	Applicant or project partner has process in place to ensure enrollment in mainstream benefits	**If YES, ADD 5 pts. If NO, but will perform same function, ADD 3 pts.**	
School Liaison	Project Application	Project partner has committed to have a designated staff person whose responsibilities include ensuring children are enrolled in school and receive appropriate services as required	**If YES, ADD 5 pts.**	
Cost Effectiveness	Project Application	Project is cost effective Considered Elements: Cost effective (number of persons served/requested total) as compared to other projects or proposals providing the same component	**If YES, ADD 5 pts.**	
Client Satisfaction Surveys	Project Application	Award 5 points for a “Yes” response. If resonse is "No" then the project will score zero	**If YES, ADD 5 pts.**	
Gender Inclusion/Non-Discrimination Policy	Project Application	Applicant ensures inclusion and non-discrimination based on equal access criteria	**If YES, ADD 5 pts.**	
Participation by population served	Agency writtten policies and procedures	**Does the agency have written policies and procedures submitted by the project and/or a narrative response demonstrating client participation in program design and policy-making?** Yes and the maximum points will be awarded; No and zero points will be awarded	**If YES, ADD 5 pts.**	
			Section H: Subtotal	**0**

Bonus Point Section - 5 Possible Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Representation at RFP Workshop	Workshop sign in	Yes attended or No did not attend from Sign in Sheet	**If YES, ADD 5 pts.**	

FL-510 Northeast Florida CoC

3A. Written Agreement with Local Education or Training Organization

- Sulzbacher – Florida State College at Jacksonville, GED

SULZBACHER
HOUSING • HEALTHCARE • HOPE

June 13, 2019

Florida State College at Jacksonville
Financial Services
Accounts Receivable
501 W. State Street
Jacksonville, FL 32202

To Whom It May Concern:

Please allow this correspondence to serve as a Letter Of Intent that the High School Equivalency Classes taught by Florida State College at Jacksonville can be billed to the I.M. Sulzbacher Center for the Homeless, Inc. on a monthly basis to cover the tuition and exam costs of Sulzbacher clients participating in the program. Therefore, payment arrangements will be done by invoice. The term of this letter is for the entire calendar year, covering January 1, 2019 – December 31, 2019. Billing will need to be sent to the following address:

I.M. Sulzbacher Center for the Homeless, Inc.
Attn: Brian Snow, Chief Program Officer
5455 Springfield Avenue
Jacksonville, FL 32208

Thank you for your assistance with this matter. Please contact Brian Snow, Chief Program Officer, at 904-394-1358 or via email at briansnow@sulzbacherjax.org if you have any questions.

Sincerely,

Cindy Funkhouser

Cindy Funkhouser, MSW
President and CEO
I.M. Sulzbacher Center for the Homeless, Inc.

A COPY OF THE OFFICIAL REGISTRATION (CH4758) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION OF THE STATE.

FL-510 Northeast Florida CoC

3A. Written Agreement with Local Workforce Organization

- Sulzbacher, Hubbard House and Goodwill Industries of North Florida, Inc.
- Ability Housing, Goodwill Industries of North Florida, Inc., Employment and Education Referrals

MEMORANDUM OF AGREEMENT

Sulzbacher Village, Hubbard House
AND
Goodwill Industries of North Florida, Inc.
Women's Giving Alliance Grant (2019-2020)

This Memorandum of Agreement (MOA) is made and entered into as of the 1st day of December, 2018 (the "Agreement") by and between Sulzbacher Villages (hereinafter referred to as "Sulzbacher"), Hubbard House Women's Shelter (hereinafter referred to as Hubbard "Hubbard House") and Goodwill Industries of North Florida, Inc. (hereinafter referred to as "Goodwill") and is executed pursuant to the terms and conditions set forth herein. Sulzbacher, Hubbard House and Goodwill, hereinafter collectively referred to as "Parties", in consideration of mutual undertakings and covenants, agree as follows:

1. **PURPOSE**

This MOA is entered into by parties in order that, in two years of the Women's Giving Alliance Grant (WGA Grant) Goodwill will provide services with the implementation of a College Navigator in the launch of the Steps to Success self sufficiency program for women served by both Sulzbacher and Hubbard House. Additionally the second year of this agreement Hubbard House will provide one year of services of an Economic Empowerment Advocate to support the grant initiatives. The Parties agree to the division of responsibilities as outlined in Sections IV, V, VI and VII.

2. **AUTHORITY**

Goodwill enters into this MOA pursuant to the authority found in the bylaws and articles of incorporation of Goodwill Industries of North Florida, Inc. Sulzbacher enters into this MOA pursuant to the authority found in the bylaws and articles of incorporation of Sulzbacher Homeless Center Inc. Hubbard House enters into this MOA pursuant to the authority found in the bylaws and articles of incorporation of Hubbard House Inc.

3. **TERM OF THE AGREEMENT.**

- The term of this Agreement shall become effective on December 1, 2018, and shall remain in effect through November 30th 2020, renewable for subsequent periods upon mutual agreement of both Parties. The Agreement will automatically renew for successive annual periods under the same terms and conditions: (i) unless one of the Parties provides the other party with 30 days prior written notice of its intent not to renew this Agreement; or (ii) this Agreement is terminated at an earlier date in accordance with the terms hereof.
- Administration and funding terms, requirements and limitations: Sulzbacher agrees to reimburse Goodwill for the 24 months of grant funding at $46,000 annually.
- ($3,833.33/month) for the College Navigator position, who will fulfill the responsibilities as enumerated in Section 4 of this Agreement.
- Administration and funding terms, requirements and limitations: Sulzbacher agrees to reimburse Hubbard House for the 12 months of grant funding at $46,000 annually. Starting November 1st 2019, ending October 31st 2020
- ($3,833.33/month) for the Economic Empowerment Advocate position, who will fulfill the responsibilities as enumerated in Section 5 of this Agreement.

MEMORANDUM OF AGREEMENT

- Invoicing: Goodwill will/ Hubbard House will invoice Sulzbacher monthly for reimbursement of expenses for the College Navigator and Economic Empowerment Advocate services.
- This Agreement may be terminated by either party when that party provides the other party with 30 days prior written notice.

4. GOODWILL RESPONSIBILITIES

a. Goodwill shall have the following responsibilities:

- Administration of all matters related to The Sulzbacher Center participant's education and employment needs.
- Coordination of all classes, workshops and resources on the Sulzbacher Villages.
- Collaboration with Sulzbacher and Hubbard House to provide additional necessary resources to participants in the areas of education and employment.
- Accountability for management and performance evaluation of program staff, with feedback provided by all parties.
- Refer survivors of intimate partner domestic violence to Hubbard House.
- The following services will be made available to the above-referenced target population:
  - Identify and implement workshops and classes that will enhance education and employment opportunities.
  - Schedule mandatory and non-mandatory classes held on campus.
  - Collaborate with other social serving agencies working on campus.
  - Work with Goodwill Chief Development/Career Services Officer and A-STEP College Navigators to identify participants who may be eligible candidates for the program.
  - Coordinate with Goodwill Temps and other external employers to execute recruitment and training events.
  - Work with educational institutes to identify educational and training opportunities in workforce development.
  - Work one on one with participants to create an educational and/or employment plan.
  - Monitor both the participation and effectiveness of services offered.
  - Serve as a role model for the residents and staff in demonstrating positive attitude, appropriate attire and grooming, and effective work ethic.

b. Goodwill acknowledges and agrees that no provisions herein shall be construed as modifying the funding terms, requirements or limitations of any previously executed agreement, understanding or contract between Goodwill and Ability Housing.

5. HUBBARD HOUSE REPSONSIBILTIES

Hubbard House will be responsible for the following:

a. Scope of work

- Hubbard House will arrange transportation for program participants from the shelter to Sulzbacher Village
- Hubbard House will be responsible for identifying and referring survivors of domestic violence seeking assistance with gaining employment or entrepreneurial self-employment at a living income.

- Lead, organize, manage and supervise the Economic Empowerment Advocate according to FCADV employment laws and regulations.
- Management and accountability for personnel that includes recruitment and selection, supervision coaching, performance evaluations, establishing and monitoring work schedules and providing overall directions.
- Provide wraparound services for survivors of intimate partner domestic violence as requested.

6. SULZBACHER RESPONSIBILITIES

Sulzbacher shall have the following referral policies:

a. Scope of work

1. Sulzbacher shall refer participants to Goodwill who are in need of the above services provided by Goodwill.
2. Services shall be provided for participants currently residing in Duval County who are served by Sulzbacher.
3. Referred participants shall meet the following qualifications:
   - Eligibility criteria to participate in the services provided by Sulzbacher.
   - Referral from the participant's case manager.
4. Refer survivors of intimate partner domestic violence to Hubbard House

7. MUTUAL RESPONSIBILITIES

- Each party shall cooperate and meet with the other party as necessary to further the objectives of the MOA.

- Each party agrees to meet quarterly and provide any information or documentation necessary to fulfill the responsibilities of Goodwill, Sulzbacher or Hubbard House under this MOA.

8. SECURITY AND PRIVACY OF INFORMATION

Goodwill, Sulzbacher and Hubbard House acknowledge their mutual obligations and shall comply with all applicable standards, rules and regulations according to city, state and federal laws regarding confidentiality of participants.

9. MODIFICATION OF AGREEMENT

This Agreement may be modified at any time by a written modification, upon mutual agreement by both Parties.

10. INDEMNITY

- Sulzbacher and Hubbard House shall defend, indemnify, and hold harmless Goodwill, its successors and assignees, and its Directors, officers, agents, and employees from all claims, demands, suits, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of attorneys and other professionals and court costs), actions or proceedings of any kind or nature, including but not limited to workers' compensation claims, resulting or arising from negligence or misconduct by Sulzbacher and Hubbard House in the performance of this Agreement.

- Goodwill shall defend, indemnify, and hold harmless, its Sulzbacher and Hubbard House successors and assignees, and its Directors, officers, agents, and employees from all claims, demands, suits, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of attorneys and other professionals and court costs), actions or proceedings of any kind or nature, including but not limited to workers' compensation claims, resulting or arising from negligence or misconduct in the performance of this Agreement.

11. INDEPENDENCE OF PARTIES

Each party shall perform its responsibilities and activities described herein as an independent contractor and not as an officer, agent, employee, or volunteer of the other party hereto. Each party shall be solely responsible for the acts and omissions of its officers, agents, and employees. No party to this Agreement may make a financial commitment or other obligation in the name of the other party. No service provided by either party to the other is to be considered an expense unless both parties agree to the charges prior to rendering the service.

12. INSURANCE

All parties are responsible for providing the following insurance coverages for their respective employees:

Workers Compensation:	Florida Statutory Coverage
Employers Liability:	$100,000 Each Accident $500,000 Disease Policy Limit $100,000 Each Employee/Disease
Sexual Misconduct Liability	$1,000,000 per claim $2,000,000 Aggregate
Automobile Liability	$1,000,000 Combined Single Limit

13. TERMINATION OF AGREEMENT

This Agreement may be terminated by Goodwill, Sulzbacher or Hubbard House upon 30 days of written notice. In the event of termination, Goodwill shall reimburse Sulzbacher if advance

payments are made; Sulzbacher will pay Goodwill for the services provided up to the date of termination.

14. EFFECTIVE DATE

This MOA is effective on December 1, 2018. The Parties, having read and understood the terms of this memorandum do, by their respective signatures below, hereby agree to the terms and conditions thereof.

15. NON-COLLUSION AND ACCEPTANCE

The undersigned attests, subject to the penalties for perjury, that he/she is the agreeing party, or that he/she is the representative, agent, member or officer of the agreeing party, that he/she has not, nor has any other member, employee, representative, agent or officer of the division, firm company, corporation or partnership representative by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and he/she has not received or paid any sum of money or other consideration for the execution of this Agreement other than that which appears upon the face of this Agreement.

16. SIGNATURES

In witness whereof, Goodwill Industries of North Florida, Inc. Hubbard House and Sulzbacher have, through dually authorized representatives, entered into this Agreement. The Parties having read and understood the foregoing terms of the Agreement do by their representative signatures dated below hereby agree to the terms thereof.

Goodwill Industries of North Florida, Inc.
4527 Lenox Ave
Jacksonville, FL 32205

_____
Robert Thayer
CEO

Date: ____/____/2019

Sulzbacher
1 Adams Street E
Jacksonville, FL 32212

Cindy Funkhouser
Cindy Funkhouser
CEO/President

Date: 2/5/2019

Hubbard House
6629 Beach Blvd.
Jacksonville FL 32216

Gail Patin
Gail Patin
CEO
Date: 2/4/2019

MEMORANDUM OF AGREEMENT

Ability Housing, Inc.
AND
Goodwill Industries of North Florida, Inc.
Employment and Education Referrals

This Memorandum of Agreement (MOA) is made and entered into as of the 1st day of December, 2018 (the "Agreement") by and between Ability Housing, Inc. (hereinafter referred to as "Ability Housing") and Goodwill Industries of North Florida, Inc. (hereinafter referred to as "Goodwill") and is executed pursuant to the terms and conditions set forth herein. Goodwill and Ability Housing, hereinafter collectively referred to as "Parties", in consideration of mutual undertakings and covenants, agree as follows:

1. **PURPOSE**

   This MOA is entered into by Goodwill and Ability Housing in order that, Goodwill may consult and provide access to a Goodwill Employment Specialist to assist with a maximum of 12 monthly referrals (or Ability Housing residents seeking employment) from Ability Housing case managers. The Parties agree to the division of responsibilities as outlined in Sections IV, V, VI and VII.

2. **AUTHORITY**

   Goodwill enters into this MOA pursuant to the authority found in the bylaws and articles of incorporation of Goodwill Industries of North Florida, Inc. Ability Housing enters into this MOA pursuant to the authority found in the bylaws and articles of incorporation of Ability Housing, Inc.

3. **TERM OF THE AGREEMENT**

   - The term of this Agreement shall become effective on December 1, 2018, and shall remain in effect through November 30th 2019, renewable for subsequent periods upon mutual agreement of both Parties. The Agreement will automatically renew for successive annual periods under the same terms and conditions: (i) unless one of the Parties provides the other party with 30 days prior written notice of its intent not to renew this Agreement; or (ii) this Agreement is terminated at an earlier date in accordance with the terms hereof.

   - Administration and funding terms, requirements and limitations: Ability Housing agrees to pay a monthly access fee of $1,200 per month for services up to 12 referrals monthly, at an estimated time of 7-10 hours weekly) .

   - Invoicing: Goodwill will invoice Ability Housing monthly for services provided.

   - This Agreement may be terminated by either party when that party provides the other party with 30 days prior written notice.

4. **GOODWILL RESPONSIBILITIES**

a. Goodwill shall have the following responsibilities:

- Administer the Career Services Department.
- Lead, organize, manage and supervise Goodwill Employment Specialist according to Florida employment laws and regulations.
- Management and accountability for personnel that includes recruitment and selection, supervision coaching, performance evaluations, establishing and monitoring work schedules and providing overall directions.
- Work with Ability Housing staff to monitor and ensure that residents referred to the Employment Specialist is provided with all resources needed.
- Goodwill Employment Specialist will host a minimum of 4 educational/employment events annually at an Ability Housing site
- Notify and assist the Ability Housing administration and appropriate emergency personnel of any emergency and potentially dangerous or unusual situations.
- All Goodwill staff will display the highest ethical and professional behavior in working with residents, staff and outside agencies associated with Ability Housing.
- Serve as a role model for the residents and staff in demonstrating positive attitude, appropriate attire and grooming, and effective work ethic.

b. Goodwill acknowledges and agrees that no provisions herein shall be construed as modifying the funding terms, requirements or limitations of any previously executed agreement, understanding or contract between Goodwill and Ability Housing.

5. **ABILITY HOUSING RESPONSIBILITIES**

- Ability Housing will be responsible for identifying and referring residents in need to Goodwill services.
- Ability Housing will work in communication with the Goodwill Emplyment Specialist to create best results for the resident.
- Ability Housing will meet with the Goodwill Chief Development/Career Services Officer on a quarterly basis to provide an overview of services and progress.
- Ability Housing shall pay each Goodwill invoice within fifteen (15) calendar days following the date received. Ability Housing shall have adequate controls in place to approve and reconcile statements/invoices presented for payment by Goodwill. Payments not received timely may be assessed a 1.5% late charge.

6. **MUTUAL RESPONSIBILITIES**

- Each party shall cooperate and meet with the other party as necessary to further the objectives of the MOA.

- Each party agrees to meet quarterly and provide any information or documentation necessary to fulfill the responsibilities of Goodwill or Ability Housing under this MOA.

MEMORANDUM OF AGREEMENT

7. SECURITY AND PRIVACY OF INFORMATION

Ability Housing and Goodwill acknowledge their mutual obligations and shall comply with all applicable standards, rules and regulations according to city, state and federal laws regarding confidentiality of participants.

8. MODIFICATION OF AGREEMENT

This Agreement may be modified at any time by a written modification, upon mutual agreement by both Parties.

9. INDEMNITY

- Ability Housing shall defend, indemnify, and hold harmless Goodwill, its successors and assignees, and its Directors, officers, agents, and employees from all claims, demands, suits, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of attorneys and other professionals and court costs), actions or proceedings of any kind or nature, including but not limited to workers' compensation claims, resulting or arising from negligence or misconduct by Ability Housing in the performance of this Agreement.

- Goodwill shall defend, indemnify, and hold harmless Ability Housing, its successors and assignees, and its Directors, officers, agents, and employees from all claims, demands, suits, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of attorneys and other professionals and court costs), actions or proceedings of any kind or nature, including but not limited to workers' compensation claims, resulting or arising from negligence or misconduct in the performance of this Agreement.

10. INDEPENDENCE OF PARTIES

Each party shall perform its responsibilities and activities described herein as an independent contractor and not as an officer, agent, employee, or volunteer of the other party hereto. Each party shall be solely responsible for the acts and omissions of its officers, agents, and employees. No party to this Agreement may make a financial commitment or other obligation in the name of the other party. No service provided by either party to the other is to be considered an expense unless both parties agree to the charges prior to rendering the service.

11. INSURANCE

Ability Housing is responsible for providing the following insurance coverages for their respective employees:

Accidental Death & Dismemberment Benefits:	Aggregate Limit of Indemnity -$500,000 - See Policy for a Schedule of Covered Losses
Sexual Misconduct Liability:	$1,000,000 per claim $2,000,000 Aggregate
Non-Profit Primary Liability:	$3,000,000 Combined Policy Year Annual Aggregate $1,000,000 Bodily Injury/Property Damage Each Occurrence $1,000,000 Personal/Adv. Injury Policy Year Annual Aggregate Each Accident If there is ever a need for a rental vehicle, liability coverage will be purchased (rental requirement needs approval from Ability Housing)

Goodwill is responsible for providing the following insurance coverages for their respective employees:

Workers Compensation:	Florida Statutory Coverage
Employers Liability:	$100,000 Each Accident $500,000 Disease Policy Limit $100,000 Each Employee/Disease
Sexual Misconduct Liability	$1,000,000 per claim $2,000,000 Aggregate
Automobile Liability	$1,000,000 Combined Single Limit

12. TERMINATION OF AGREEMENT

This Agreement may be terminated by Goodwill or Ability Housing upon 30 days of written notice. In the event of termination, Goodwill shall reimburse Ability Housing if advance payments are made; Ability Housing will pay Goodwill for the services provided up to the date of termination.

13. EFFECTIVE DATE

This MOA is effective on December 1, 2018. The Parties, having read and understood the terms of this memorandum do, by their respective signatures below, hereby agree to the terms and conditions thereof.

14. NON-COLLUSION AND ACCEPTANCE

The undersigned attests, subject to the penalties for perjury, that he/she is the agreeing party, or that he/she is the representative, agent, member or officer of the agreeing party, that he/she has not, nor has any other member, employee, representative, agent or officer of the division, firm company, corporation or partnership representative by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and he/she has not received or paid any sum of money or other consideration for the execution of this Agreement other than that which appears upon the face of this Agreement.

MEMORANDUM OF AGREEMENT

SIGNATURES

In witness whereof, Goodwill Industries of North Florida, Inc. and Ability Housing, Inc. have, through dually authorized representatives, entered into this Agreement. The Parties having read and understood the foregoing terms of the Agreement do by their representative signatures dated below hereby agree to the terms thereof.

Goodwill Industries of North Florida, Inc.
4527 Lenox Ave
Jacksonville, FL 32205

Robert Thayer

Robert Thayer
CEO

Date: ____/____/2018

Ability Housing, Inc.
3740 Beach Boulevard, Suite 304
Jacksonville, FL 32207

Shannon Nazworth
CEO/President

Date: 11/29/2018

FL-510 Northeast Florida CoC

3B. Summary of Racial Disparity Assessment

- Racial and Ethnic Disparities Analysis
- HUD VISPDAT Summary
- National Alliance to End Homelessness Racial Disparities Tool

RACIAL AND ETHNIC DISPARITIES ANALYSIS

Northeast Florida CoC, FL-510

ABSTRACT

Staff review of racial and ethnic population distributions.

Monique Elton

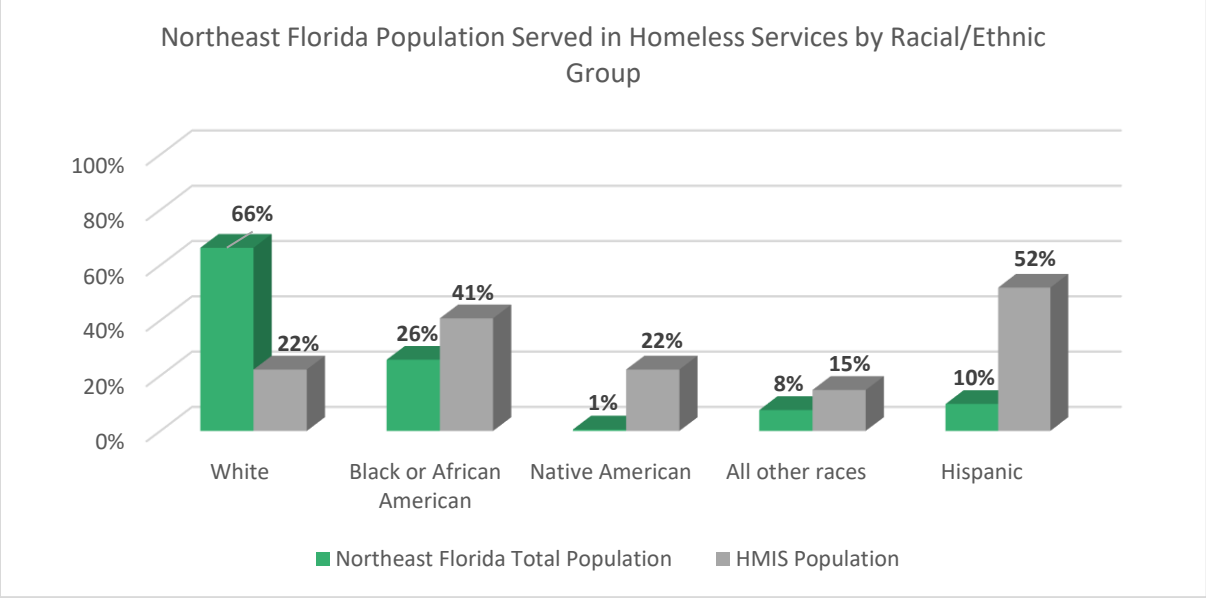
Racial and Ethnic Disparities Analysis

Changing Homelessness, as Lead Agency for the FL-510 CoC, conducted an analysis of racial and ethnic disparities in the homeless system. Staff compared the racial and ethnic distributions of the populations of:

- all people living in Northeast Florida CoC (Duval, Nassau, and Clay counties),
- people in poverty (based on the federal poverty definition)
- people's VI-SPDAT assessment scores (i.e., determines system access)
- individuals participating in all homeless programs, emergency shelter, safe haven, transitional housing, and permanent supportive housing programs as recorded in HMIS in CY 2018
- those exiting to permanent housing and returning to homelessness

The results presented in the graphs below show that when comparing homeless program participants to the general population, the largest disparities occur in the following racial and ethnic groups:

- White (less frequent in the homeless population)
- Black or African American (more frequent in the homeless population)
- Native Americans (more frequent in the homeless population)
- All other races combined[1] (more frequent in the homeless population)
- Hispanic (more frequent in the homeless population)

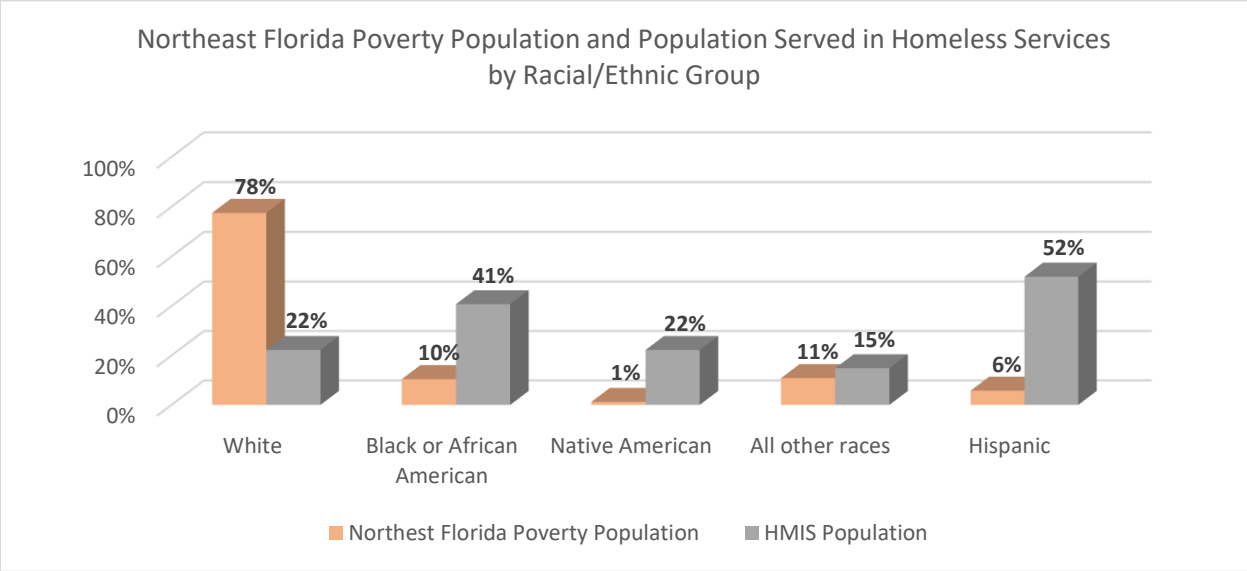


When comparing the population of people in poverty to those participating in homeless programs, the same racial disparities occur as when comparing those in the general population. Specifically:

- White (less frequent in the homeless population)

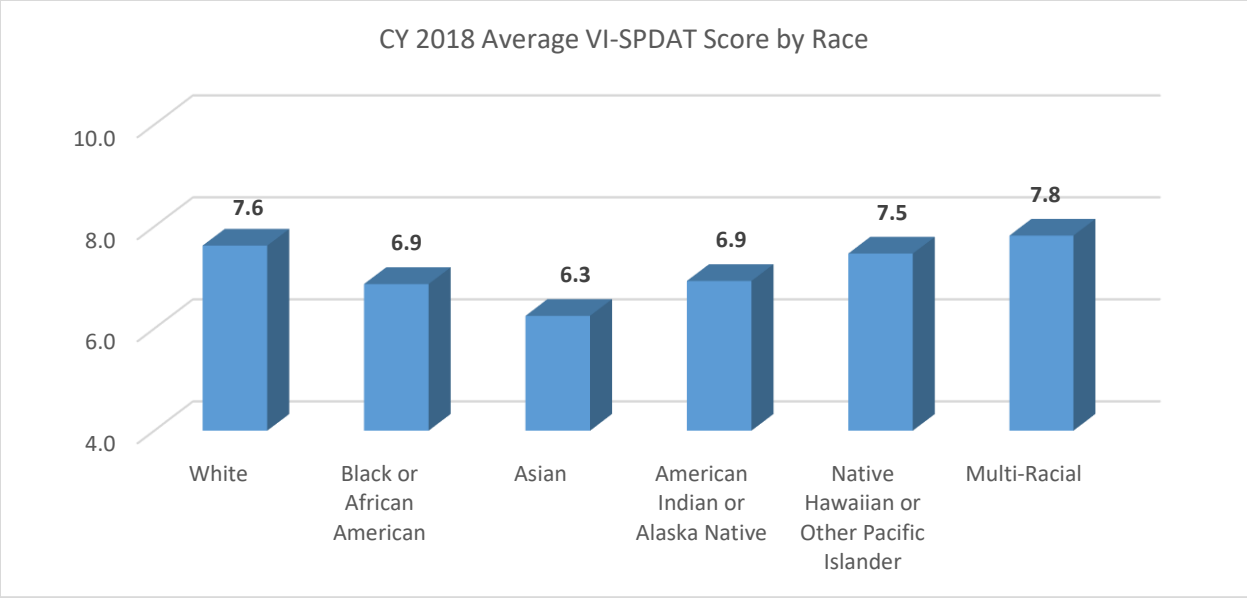
[1] NAEH Racial Disparities Tool combines Asian, Native Hawaiian or Other Pacific Islander, and multiple races into one category "all other races".

- Black or African American (more frequent in the homeless population)
- Native Americans (more frequent in the homeless population)
- All other races combined[2] (more frequent in the homeless population)
- Hispanic (more frequent in the homeless population)



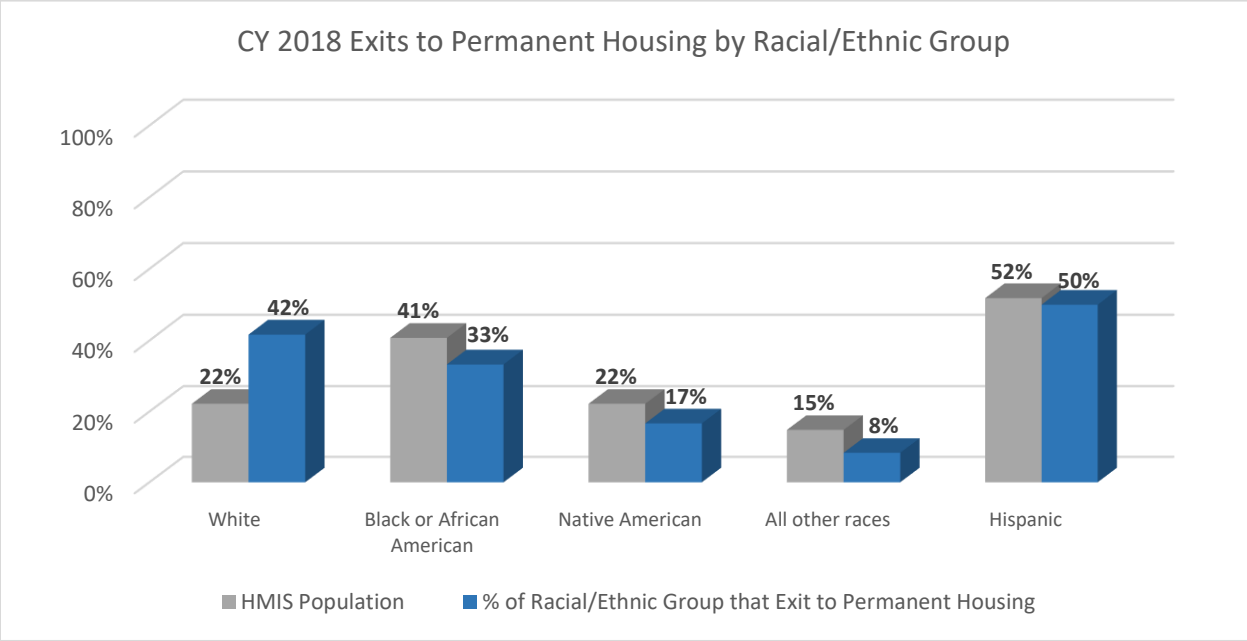
Therefore, regardless of whether the general or poverty populations are examined, African Americans, Native Americans and those of Hispanic ethnicity appear to be overrepresented in the homeless population served in FL-510. The next graph illustrates the distribution of average VI-SPDAT scores by race and ethnicity. The data indicate that those identifying as White, multi-racial and Native Hawaiian or Other Pacific Islander have somewhat higher scores indicating more vulnerability. Contrary to what one might expect, those identifying as African American and Native American had lower average scores than those identifying as White (data were not available to determine average VI-SPDAT scores for those identifying as Hispanic). Therefore, there does not appear to be a relationship between the overrepresentation of African Americans and Native Americans in the homeless system and their vulnerability scores which impact access to that system.

[2] NAEH Racial Disparities Tool combines Asian, Native Hawaiian or Other Pacific Islander, and multiple races into one category “all other races”.

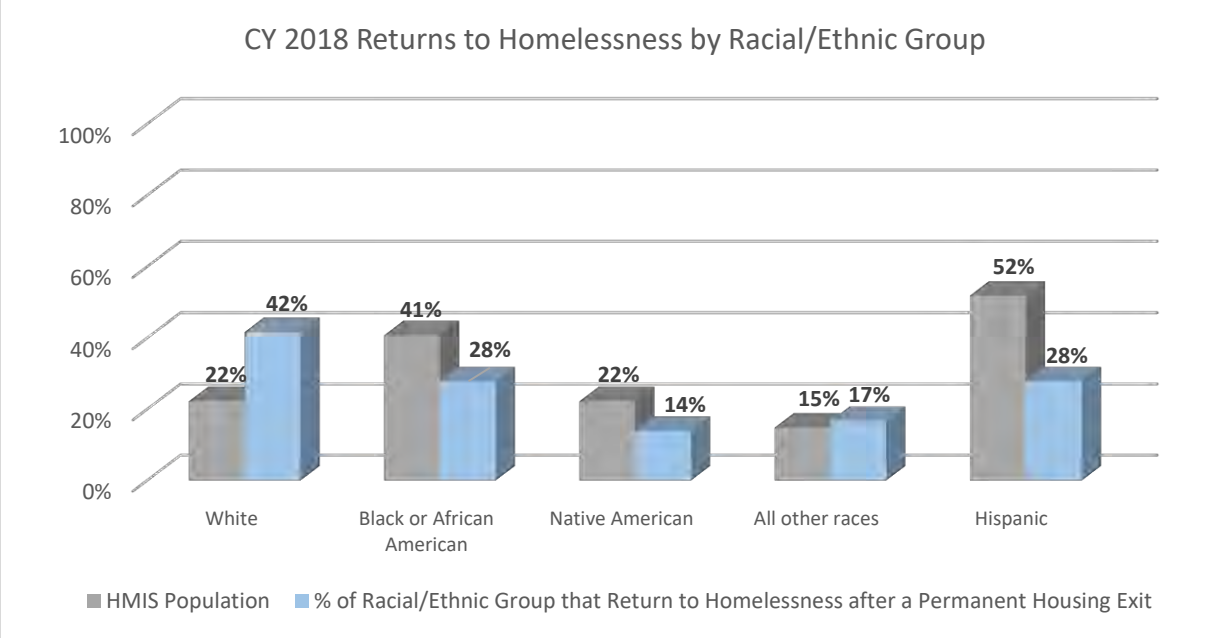


The final two graphs indicate whether racial disparities exist for those who are served in the homeless system; that is for those who receive services do the outcomes appear equitable? First, the racial distribution of those served in HMIS compared to the racial distribution of those exiting homeless projects to permanent housing shows disparities in the following racial groups:

- White (more likely to exit to permanent housing)
- Black or African American, Native American, and all other races combined (less likely to exit to permanent housing)



On the other hand, the next graph illustrates that those identifying as White are much more likely to return to homeless after a permanent housing exit and that Black or African Americans and Native Americans return to homelessness after a permanent housing exit at a lower rate compared to their overall representation in the homeless services population.



In summary, African Americans and Native Americans are more likely to:

- Be overrepresented in the homeless system when compared to the general and poverty populations
- Score lower on the vulnerability index associated with accessing the homeless system
- Be somewhat less likely to exit homeless programs to permanent housing
- Be less likely to return to homelessness after a permanent housing exit

VISPDAT

VISPDAT by Gender	Average Score	Stdev	Count of Clients
Female	7.71	2.94	1486
Gender Non-Conforming (i.e. not exclusiv	6.00	#####	1
Male	6.77	2.81	1782
Trans Female (MTF or Male to Female)	8.80	2.28	5
Grand Total	**7.20**	**2.91**	**3274**

Males score by almost a point lower than Females in the VISPDAT, while the Male population size is bigger than the Female population size, if we try to standardize the populatin size by taking a random sample of n=250 and do a conf. interval of 95% we still get a lower average for males than females. On average Females will score 0.507 to 1.932 higher on the VISPDAT than males in a randomized sample.

VISPDAT by Race	Average Score	Stdev	Count of Clients
American Indian or Alaska Native	6.93	3.22	15
Asian	6.25	2.82	8
Black or African American	6.87	2.90	1885
Multi-Racial	7.82	2.93	142
Native Hawaiian or Other Pacific Islander	7.47	2.15	17
White	7.63	2.87	1192
Grand Total	**7.19**	**2.91**	**3259**

Whites and Multi Racial score on average higher than the other largerst group Black or African American by one point. Again, since the population sizes are different for the two largest groups, if we take a random sample of n=250 of each group, Whites will score between -0.023 (white lower max and black upper max overlap) and 1.407 higher than Black/African American.

RaceDesc	All
Gender	All

VISPDAT by Sheltered/Unsheltered	Average Score	Stdev	Count of Clients
No Data	7.74	2.82	413
Outdoors	8.11	2.83	1121
Sheltered	6.48	2.79	1740
Grand Total	**7.20**	**2.91**	**3274**

As expected Clients that identified sleeping Outdoors during the VISPDAT assessment score higher than their Sheltered counterparts by a point and a half on average. Using random samples of n=250 again, unsheltered persons will score on average 1.15 to 2.545 higher.

The highest overall average Score if we add filters were white females that reported most commonly sleeping Outdoors, scoring a 9 on average in the VISDPAT.

If we look at gender counts, 25.7% of Females report sleeping outdoors/unsheltered vs 42.4% for Males, and 59% of Females report being sheltered vs 49.58% for males.

Looking at Racial disparity, 31.68% of Black/African Americans report as being unshlelterd/outdoors vs. 39.52% for Whites.

VISPDAT Shelter/Unshelter by Gender	Column Labels		
Row Labels	**Female**	**Male**	**Grand Total**
No Data	238	174	412
Outdoors	369	715	1084
Sheltered	845	836	1681
Grand Total	**1432**	**1686**	**3118**

VISPDAT Shelter/Unshelter by Race	Column Labels						
Row Labels	**American India**	**Asian**	**Black or African A**	**Multi-Racial**	**Native Hawaiian or Other Pacific Islande**	**White**	**Grand Total**
No Data	2	1	236	29	3	139	410
Outdoors	4	4	569	48	7	449	1081
Sheltered	9	3	1025	64	7	569	1677
Grand Total	**15**	**8**	**1796**	**138**	**16**	**1136**	**3109**

Housing

Housing Enrollments by Race	Column Labels						
Row Labels	**American India**	**Asian**	**Black or African A**	**Multi-Racial**	**Native Hawaiian or Other Pacific Islande**	**White**	**Grand Total**
Permanent Supportive Housing	4	1	526	10	1	284	826
Rapid Re-Housing	5	5	635	22	6	341	1014
Grand Total	**9**	**6**	**1143**	**30**	**7**	**602**	**1797**

Housing Enrollments by Gender	Column Labels			
Row Labels	**Female**	**Male**	**Trans Female (M**	**Grand Total**
Permanent Supportive Housing	408	413	9	830
Rapid Re-Housing	421	594	1	1016
Grand Total	**815**	**978**	**10**	**1803**

63.68% of PSH enrollments were Black/African American vs. 34.38% for Whites
similarly for RRH enrollments, 62.62% were Black/African Americans vs. 33.63 for Whites

49.16% of RRH enrollments were Female vs. 49.76% Male,
while 41.44% of RRH enrollments were female vs. 58.46% Male
> a couple of things to consider on this point, this is for HoH only and a larger percentage of RRH clients are Male due to our SSVF RRH programs and a larger percentage of Veterans being represented by Males.

Racial Equity Tool

Start Date: End Date:

1-Who Experiences Homelessness?

Enter the unduplicated total number of people in HMIS for each racial and ethnic group below

White	African American	Native American	All Other Races	Total
1485	2787	30	218	*4520*
33%	62%	1%	5%	

Hispanic	Not Hispanic	Total
213	4307	*4520*
5%	95%	

2-Who Gets into Crisis Housing?

*Enter the total number of each group entering **Emergency Shelter***

White	African American	Native American	All Other Races	Total
690	1187	20	123	*2020*
34%	59%	1%	6%	

Hispanic	Not Hispanic	Total
100	1920	*2020*
5%	95%	

*Enter the total number of each group entering **Transitional Housing***

White	African American	Native American	All Other Races	Total
233	269	1	16	*519*
45%	52%	0%	3%	

Hispanic	Not Hispanic	Total
24	495	*519*
5%	95%	

3-Who Gets into Permanent Housing?

Enter the total number of exits to Permanent Housing from all project types by group

White	African American	Native American	All Other Races	Total
516	1253	6	69	*1844*
28%	68%	0%	4%	

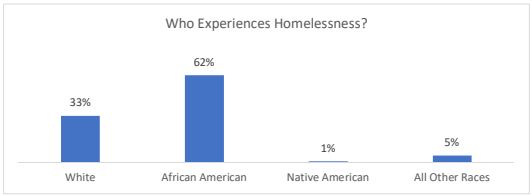
Hispanic	Not Hispanic	Total
107	1737	*1844*
6%	94%	

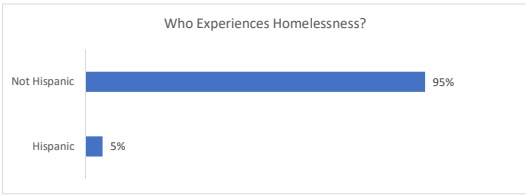
4-Who Returns to Homelessness?

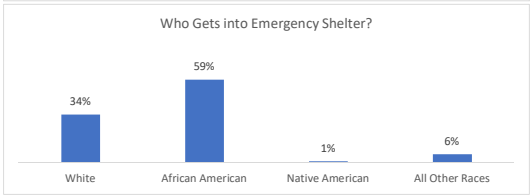
Enter the total number of returns to homelessness by race below

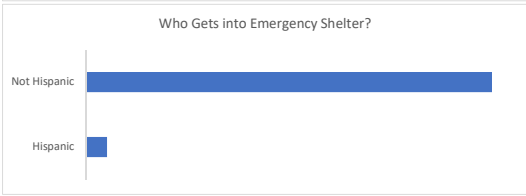
White	African American	Native American	All Other Races	Total
236	410	3	18	*667*
35%	61%	0%	3%	

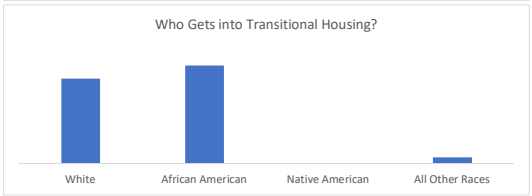
Hispanic	Not Hispanic	Total
21	646	*667*
3%	97%	

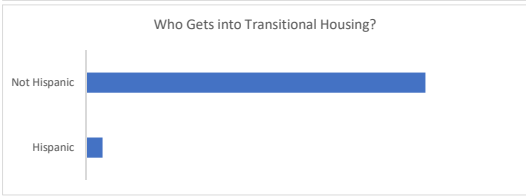


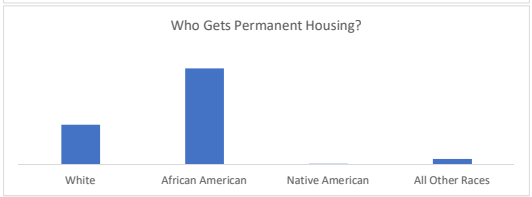


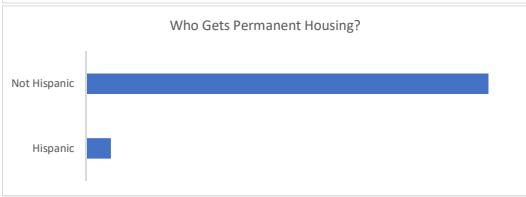


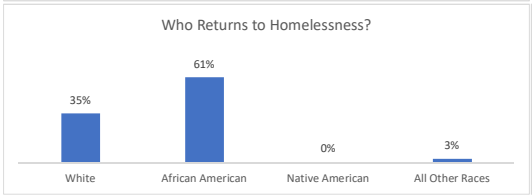


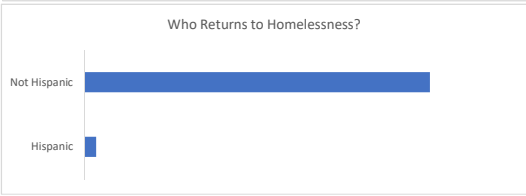












Other – Attachment 1

1B-1a

- 2018 August Surge
- 2019 Point-In-Time Count Report
- 2019 Needs Assessment Report On Homelessness In Northeast Florida

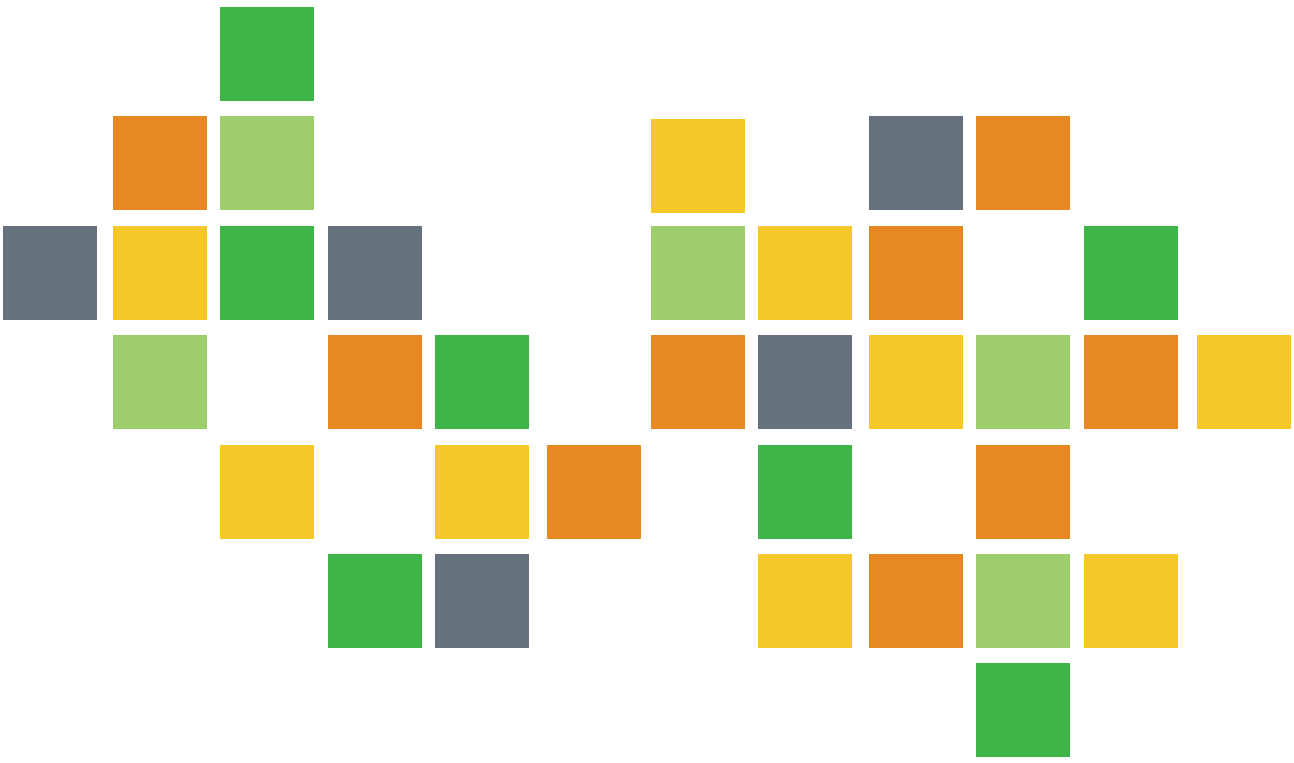
1B-2

- 2019 State of Homelessness and Volunteer Appreciation Breakfast Presentation

CHANGING homelessness

THE STREETS DON'T LIE: **2018 AUGUST SURGE**

Northeast Florida | November 12, 2018



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EXECUTIVE SUMMARY

Changing Homelessness leads, advocates and manages funding to prevent and end homelessness. In partnership with local, state, and federal agencies; we administer, monitor as well as collect and report on data. We are one organization in the Northeast Florida Continuum of Care with numerous partners concentrating on different aspects of homelessness ranging from short, medium and long-term support. Working together, we address the nation's "one fundamental goal to end homelessness in America" by focusing on Clay, Duval, and Nassau Counties.

Because there is diversity in experience, challenges, household composition, and ages, our community must evaluate the various sub-populations as well[1]:

- To end homelessness among Veterans
- To end chronic homelessness among people with disabilities
- To end homelessness among families with children
- To end homelessness among unaccompanied youth
- To end homelessness among all other individuals

HOW ARE WE DOING?

In January, Northeast Florida reported 1,794 people who were homeless during the Point-In-Time Count, a decrease of 27% since 2009. Most significant is the reduction in veterans who are homeless at 81% and the decrease of people who are chronically homeless at 57%. People defined as chronically homeless have a documented disability and have been continuously homeless for more than a year or have experienced four or more episodes that total 12 months or more.

On August 28, Changing Homelessness joined forces with our partner agencies and conducted the community's 2nd Annual Surge with a primary focus on people who were living on the streets in the urban core and at the beaches. On that day, nearly 100 volunteers interviewed and observed 315 people that identified as homeless. The 2nd Surge provided a better understanding of the data as we compared the previous year's count, the Point-In-Time counts and the Downtown Street counts.

WHAT ARE WE CONCERNED ABOUT?

Both the Point-In-Time and the Surge, highlight an increase in the number of youth who are homeless. From 2017 to 2018, the Point-In-Time showed a 65% increase for youth living on the streets while the Surge revealed a shocking 145% increase during the same period.

WHY SHOULD YOU CARE?

Change is possible and homelessness is solvable. Our vision to end homelessness is a bold aspiration but without clarity of focus we cannot affect change. We've witnessed a dramatic reduction with the number of veterans who are homeless. Now it is time to implement our best practices and data-driven, evidenced-based solutions to do the same for youth.

Ending homelessness impacts the lives of real people, your family, your friends, and your neighbors. The report data, insights, and conclusions are the result of dedicated and committed community representatives, stakeholders, staff, volunteers, and provider agencies. We can change homelessness together.

[1] Home Together: Federal Strategic Plan to Prevent and End Homelessness, July 19, 2018, the U.S. Interagency Council on Homelessness (USICH)

POINT-IN-TIME, JANUARY 2017

United States Total | 553,742

Household Type
- Individuals | 369,081
- Families w/children | 184,661

Subpopulation
- Veterans | 40,056
- Chronic | 86,962
- Youth | 40,799

Florida Total | 32,109

Household Type
- Individuals | 22,768
- Families w/children | 9,422

Subpopulation
- Veterans | 2,817
- Chronic | 4,951
- Youth | 2,019

Northeast Florida Total | 1,869

Household Type
- Individuals | 874
- Families w/children | 425 (135 HH*)

Subpopulation
- Veterans | 130
- Chronic | 319
- Youth | 135

*HH = Households

U.S. and Florida Totals - Part 1: Point-in-Time Estimates of Homelessness The 2017 Annual Homeless Assessment Report (AHAR) to Congress
Northeast Florida Continuum of Care (Clay, Duval and Nassau) – The 2017 Annual Point-in-Time Report

HOMELESSNESS IN NORTHEAST FLORIDA

In our community, the population of people who are homeless comprises five categories: unaccompanied youth, individuals (all other), families with children, chronic, and Veterans. We've made progress with chronic and Veterans, **and with the right resources we know how to make the same advances with youth homelessness.**

THREE WAYS WE TRACK OUR PROGRESS.

1. Annual Point-In-Time Count, began in early 1990s | targets people who are sheltered and unsheltered

In January 2017, we counted 1,869 people who were homeless. In January 2018, we counted 1,794 people, 75 fewer people or a 4% decrease from the prior year.

2. Annual August Surge, started in 2017 | targets people who are unsheltered

During the 2017 Veterans Surge (first ever), we counted 291 of people with no place to call home. This year at our 2nd annual Street Surge we counted 315 people, or an 8.3 percent increase from the prior year.

3. Monthly Downtown Street Count, implemented in 2018 | targets people who are unsheltered

In April 2018, we partnered with Downtown Vision and Friends of Hemming Park to conduct a Downtown Monthly Street Count. At the first monthly count, we identified 25 people who were homeless. In May and September, we counted 15 people for each month. In addition to confirming the impact of the # of volunteers to people counted ratio, we have identified at least 13 people that are new to database, 14 people that we do not have enough information to validate and 28 people who were already in the Homeless Management Information System (HMIS).

YOUTH HOMELESSNESS

The next generation of homelessness has emerged. Unaccompanied youth ages 18-to-24 years old and unaccompanied children (under age 18) are the fastest growing segment of people living **unsheltered** on our streets.

POINT-IN-TIME

During our 2017 count, the baseline year for the youth count, we found a total of 126 youths who were homeless. In Florida, only two other CoCs, Miami-Dade and Pasco Counties, reported more youth homelessness than our community. In the 2018 count, we identified a total of 138 youth, which depicts a 10% increase from year to year.

More concerning is the steady increase of youth who are homeless. Since the first youth count in 2015, we have witnessed a 31% increase (approximately 10% each year) in the overall total number (in shelter and on the streets). **But even more disturbing is the number of youth living on the streets, which increased by 65% from the 2017 to 2018 Point-In-Time counts.**

YOUTH STREET HOMELESSNESS
2017 TO 2018

POINT-IN-TIME COUNT

65%

INCREASE

AUGUST SURGE

145%

INCREASE

AUGUST SURGE

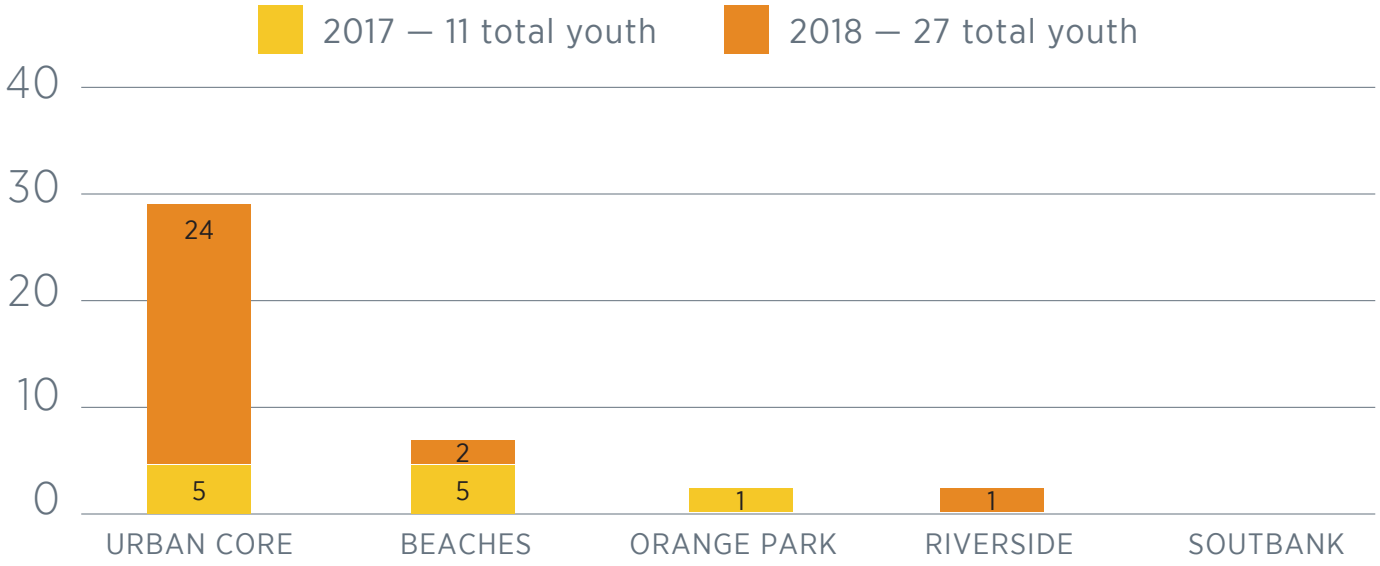
During our 2017 Veterans Surge, we identified a total of 11 youth who were living on the streets. Twelve months later, during the 2018 Surge, we counted 27 youth.

Now, we find ourselves facing an even more staggering milestone as the **number of youth living on the streets increased by 145% from the 2017 to 2018.**

DOWNTOWN STREET COUNT

During the Street Counts held in April, May and September, we identified a total of 3 youth in the Central Business District as defined by Downtown Vision. On previous counts, this area is not a known location for youth to congregate.

TOTAL YOUTH BY SURGE LOCATION



INDIVIDUALS HOMELESSNESS

All other individuals represent individuals who were not counted as one of the four defined subpopulations (youth, families with children, chronic or Veterans).

POINT-IN-TIME

In 2009, Changing Homelessness counted 499 individuals that were homeless. During our 2018 Point-in-Time Count, we identified 824 individuals which represents a dramatic 65% increase from 2009, and a 5.7% decrease from 2017 to 2018.

AUGUST SURGE

The 2017 Veterans Surge revealed a total of 214 individuals who were homeless while the 2018 count identified 252 individuals, an 18% increase from the prior year.

DOWNTOWN STREET COUNT

During the Street Counts held in April, May and September, we identified a total of 42 individuals in the Central Business District.

INDIVIDUALS REPRESENT THE BIGGEST UNMET NEED
at 50% of the total number of people who are homeless!

VETERANS HOMELESSNESS

With more than 50,000 military personnel serving in seven installations across the first coast, Veterans represent approximately 25% of the total population.

POINT-IN-TIME

In 2009, Changing Homelessness counted 647 veterans who were homeless. Since then the number of veterans who are homeless has declined dramatically. During our 2018 Point-in-Time count, we identified 120 veterans, or a dramatic 81% reduction in the number of veterans who are homeless in and around Jacksonville, and a 2.4% decrease from 2017 to 2018.

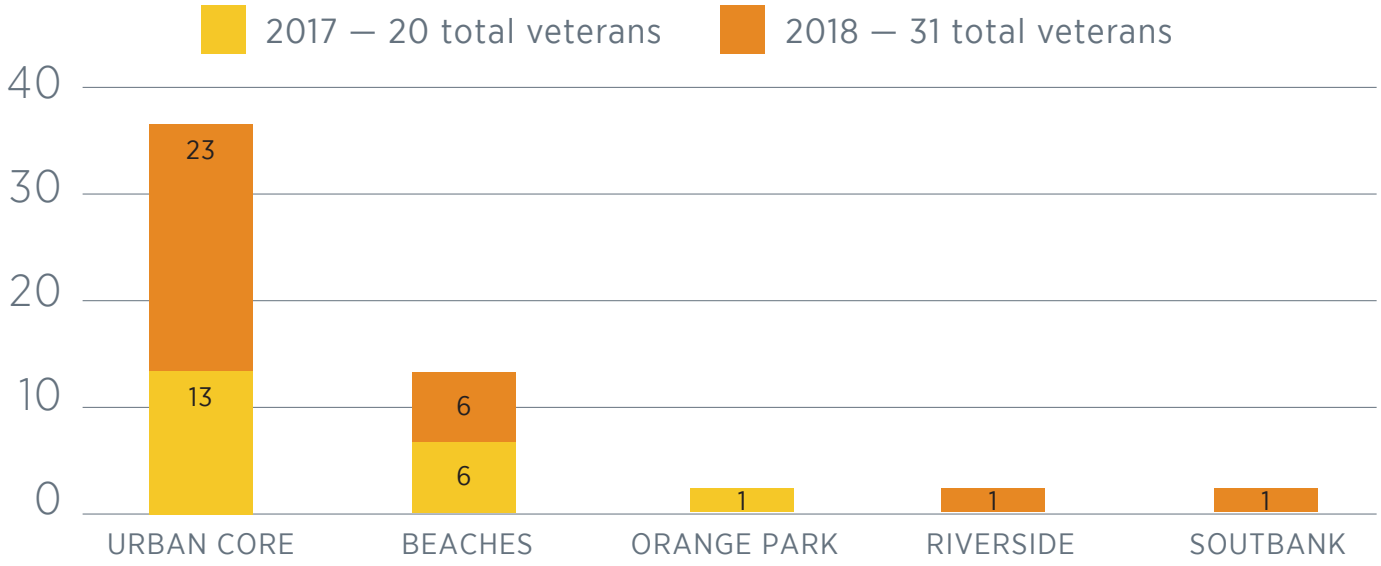
AUGUST SURGE

During our 2017 Veterans Surge, we identified 20 people who claimed to be veterans. However, the Veterans Administration only verified 11 veterans. The remaining nine individuals did not provide enough information to confirm their veteran status. The 2018 August Street Surge identified 31 people who claimed to be veterans, with 20 being verified by the Veterans Administration, revealing a 45% increase from 2017 to 2018 in the number of veterans who are unsheltered.

DOWNTOWN STREET COUNT

During the Street Counts held in April, May and September, we counted a total of 5 veterans in the Central Business District.

TOTAL VETERANS BY SURGE LOCATION



CHRONIC HOMELESSNESS

People who are chronically homeless are those individuals who have a documented disabling condition and have been continuously homeless for one year or more, or have been homeless four or more times in a three-year period with a total of 12 months or more for all occasions. In other words, these people are the most vulnerable members of the homeless population and without intervention could literally die on our streets.

POINT-IN-TIME

In 2009, there was a total of 756 people defined as chronically homeless peaking at 1,104 in 2011. The 2018 Point-In-Time count found 327 people who are chronically homeless, a 56% decrease since 2009, but a slight 2.5% increase since 2017.

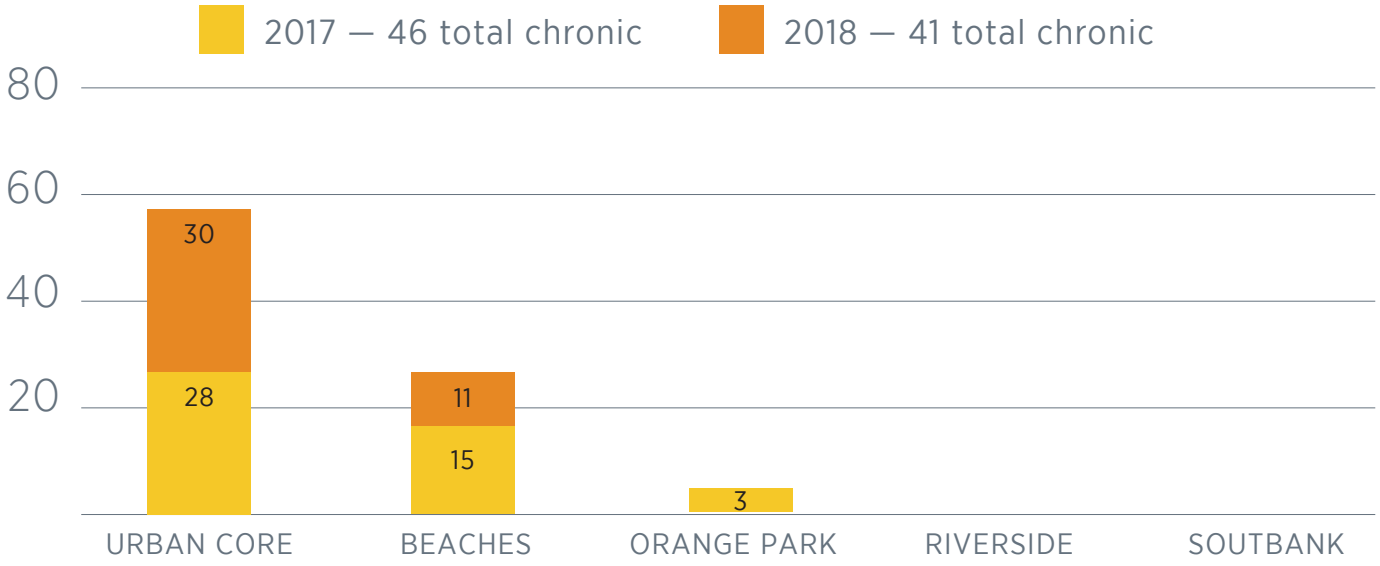
AUGUST SURGE

The 2017 Veterans Surge Count revealed a total of 46 people who were chronically homeless while the 2018 count identified 41 people, an 11% decrease since the prior year.

DOWNTOWN STREET COUNT

During the Street Counts held in April, May and September, we identified a total of 5 people who are chronically homeless in the Central Business District.

TOTAL CHRONIC BY SURGE LOCATION



FAMILIES WITH CHILDREN HOMELESSNESS

Word in the community is that agencies providing emergency shelter such as Sulzbacher, City Rescue Mission, Trinity Rescue Mission, Salvation Army and Hubbard House are seeing increasing numbers of single women with multiple children needing access to emergency housing. According to these agencies, they are sleeping people on the floor to accommodate them.

POINT-IN-TIME

The 2009 Point-In-Time count identified 150 households of families with children which represented 540 people. During the 2018 Point-In-Time, we counted 126 households of families with children which represented 384 people who were homeless, a 16% decrease in number of households and a 29% decrease in the number of people. From 2017 to 2018, the number of households decreased by 6.7% and 9.6% in the number of people.

AUGUST SURGE

The families with children subpopulation does not present during the Surge as we are counting the unsheltered (at least not in the Surges conducted so far).

DOWNTOWN STREET COUNT

As with the Surge, the same is true for the Street Count. We are not finding families with children because we are counting people who are unsheltered. However, we are hearing repeatedly of an increase in housing needs for this subpopulation and it is our recommendation that we implement a more in depth review and evaluation.

RECOMMENDATIONS

It is the whole system working together that will create a visible difference in our community — just as it takes multiple agencies collaborating to serve the most vulnerable populations and move them into housing.

To mirror the success demonstrated with the veteran population, which included collaboration and best practice initiatives, we must build or strengthen the features best suited for each subpopulation of Northeast Florida's system of care.

THE SEVEN ELEMENTS OF A ROBUST SYSTEM OF CARE.

1. Diversion — Access to flexible spending that diverts and keeps people out of the homeless system of care.

2. Emergency Shelter — Provide temporary shelter.

3. Expanded Outreach coupled with Low-barrier Shelter — Engage with people who are experiencing a housing crisis after hours or on the weekend with a safe place for them to go.

4. Host Homes — Offer family-like environments for youth who are homeless

5. Transitional Housing — Deliver a place to stay for up to 24 months (with supportive services).

6. Rapid Re-housing Assistance — Approach to housing for persons who are not veterans and do not have minor children in their households.

7. Permanent Supportive Housing — Expand this type of housing stock to quickly move the most vulnerable individuals and families off the street.

METHODOLOGIES

We evaluate our numbers in real-time snapshots. These appraisals include interviews and observations. With the interviews, we can categorize subpopulation type while observations simply provide the observers' best estimate of ages and ethnicities. To ensure the integrity and consistency of data, all teams have an experienced staff member accompany them and are trained to count incidentally most volunteers are employed with provider agencies.

POINT-IN-TIME:

The U.S. Department of Housing and Urban Development (HUD) requires Continuums of Care (CoC) to conduct an annual Point-In-Time count of all sheltered individuals every year. For Northeast Florida (FL-510), which represents Clay, Duval and Nassau Counties, we must report to HUD all people who are residing in our local shelters including all Emergency Shelters, Transitional Housing, Rapid Rehousing and Permanent Supportive Housing. The Housing Inventory Count (HIC) characterizes an inventory of ALL the beds and units serving various homeless populations within our CoC regardless of funding support.

Every other year, CoCs are required to count the number of people living on the streets/unsheltered. In our CoC, we choose to count both the sheltered and unsheltered populations every year and have done so since the early 1990s. In fact, our community was one of the first three to implement the Point-In-Time count. Each Point-In-Time averages more than 100 volunteers.

AUGUST SURGE:

On August 28, 2017, the Northeast Florida CoC carried out our first Surge, which concentrated on three key areas: the Urban Core, Beaches and Clay County. Additionally, the first Surge focused on Veterans as our community was closing in on nearly ending homelessness for this population. While there was a focus on finding Veterans, all people who were homeless and living on the streets were counted. This year's Surge targeted people who were living on the streets in the Urban Core, Riverside, San Marco and the Beaches. Each Surge had approximately 100 volunteers.

DOWNTOWN MONTHLY STREET COUNT:

On April 24, 2018, the Northeast Florida CoC partnered with Downtown Vision and Friends of Hemming Park to conduct a Downtown Monthly Street Count in the Central Business District as defined by Downtown Vision. At the first monthly count, there were 25 volunteers and in subsequent months there were 8 volunteers.

HOUSING EXAMPLES

EMERGENCY SHELTER
- City Rescue Mission
- Family Promise
- Hubbard House (Domestic Violence - DV)
- Sulzbacher
- Micah's Place (DV)
- Quigley House (DV)
- Salvation Army
- Trinity Rescue Mission
- Youth Crisis Center

TRANSITIONAL HOUSING
- Clara White Mission
- City Rescue Mission
- Daniel Inc.
- Gateway Community Services
- Jacksonville Reentry Center
- Mercy Network of Clay County
- Salvation Army
- Trinity Rescue Mission
- Volunteers of America
- Youth Crisis Center

RAPID REHOUSING
- Sulzbacher
- Changing Homelessness
- Catholic Charities
- Hubbard House (DV)
- Micah's Place (DV)
- Quigley House (DV)
- Salvation Army

PERMANENT SUPPORTIVE
- Ability Housing
- Presbyterian Social Ministries
- River Region
- Sulzbacher
- Jacksonville Housing Authority

DEFINITIONS

CHRONIC HOMELESSNESS —

homelessness that involves a person (individual or head of household) with a documented disabling condition who has been continuously homeless for one year or more or has been homeless four or more times in a three-year period and those occasions total more than 12 months.

COORDINATED ENTRY —

standardization of the entry process for individuals and families at risk of or experiencing homeless to ensure quick and easy access.

CONTINUUM OF CARE (COC) —

community-wide collaboration committed to ending homelessness which includes local government staff/officials, law enforcement, jails, hospitals, mental health service organizations, substance abuse service organizations, affordable housing developers, disability service organizations, public housing authorities, youth-focused organizations, school administrators, domestic violence organizations, LGBTQ organizations and other community representatives and advocates.

DOWNTOWN MONTHLY STREET COUNT —

a non-mandated population-specific Point-in-Time count to validate the number of unsheltered people who were homeless at a specific time.

HOUSING FIRST —

an approach to ending homelessness that focuses on providing housing as quickly as possible. Once housing is secured supportive services are added as needed and agreed upon. The guiding principle ofthe "housing first" model is that people are better able to overcome problems in their lives if they are housed first.

POINT-IN-TIME COUNT (PIT) —

an annually mandated count of both sheltered (sleeping at night in temporary shelters) and unsheltered homeless people on a single, designated night in January. The Department of Housing and Urban Development requires that Continuums of Care conduct an annual PIT count.

SHELTERED —

refers to people who are staying in emergency shelters or transitional housing

SURGE —

a non-mandated population-specific Point-in-Time count to validate the number of unsheltered people who were homeless at a specific time.

UNSHELTERED —

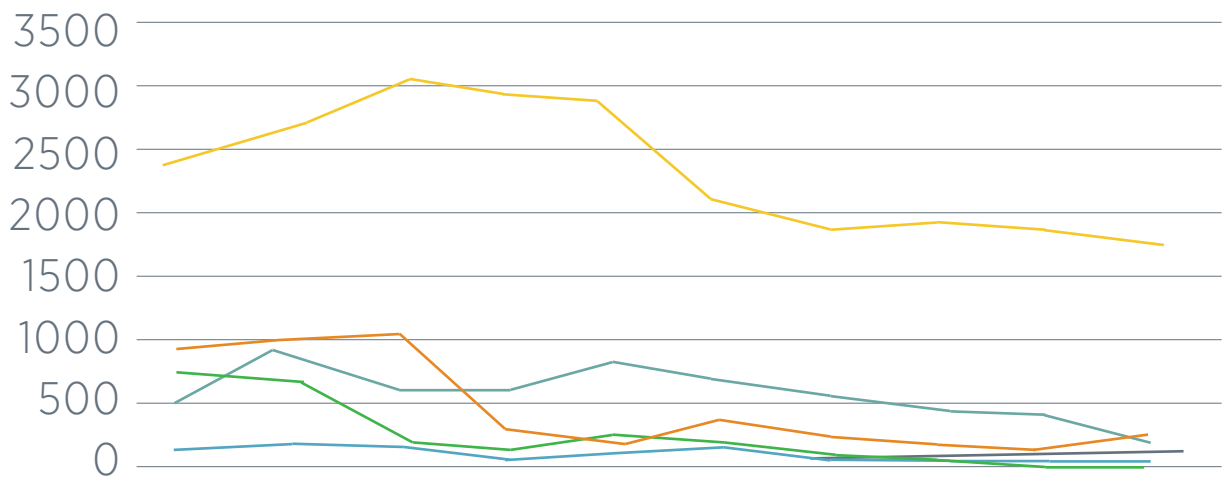
refers to people whose primary nighttime location is not meant for human habitation such as streets, parks or vehicles.

YOUTH HOMELESSNESS —

impacts individuals between the ages of 18 and 24 who lack a fixed, regular, nighttime residence or who have primary nighttime residences that are public shelters or facilities providing only temporary shelter.

APPENDIX A: YEAR OVER YEAR POINT-IN-TIME TOTALS

YEAR OVER YEAR POINT-IN-TIME TOTALS



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	2442	3241	3025	2861	2768	2049	1853	1959	1869	1794
Chronic	756	998	1104	363	276	399	327	325	319	327
Veterans	647	513	345	292	324	224	184	130	125	121
Families (with child) Households	150	237	220	202	232	242	170	164	135	126
Families (with child) # of people	540	896	648	567	830	674	513	493	425	384
Youth							105	107	126	138

CHANGING homelessness

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2019

POINT-IN-TIME COUNT

Northeast Florida
05.08.2019

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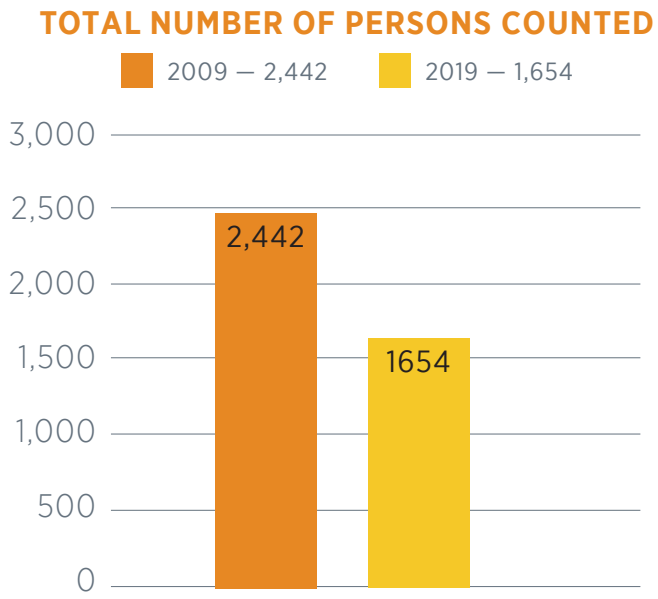
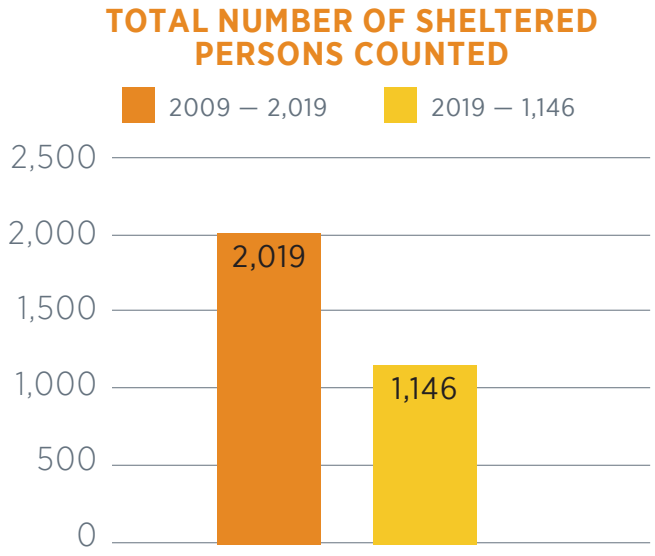
EXECUTIVE SUMMARY

On Wednesday, January 23, 2019, the Northeast Florida Continuum of Care (CoC) joined together with our stakeholders throughout the community to conduct the annual Point-In-Time Count (PIT). It is named a Point-In-Time Count because it offers a snapshot of who was homeless on that one day – a point-in-time. Like reporting the weather on just one day out of an entire year, the PIT Count offers a limited portrayal of a dynamic condition. This year's PIT report includes 10-year trends, highlighting the positive changes we have experienced. It also includes additional information to develop a more comprehensive understanding of how homelessness *is* changing in Northeast Florida. Data in this report demonstrate how long-term investments and commitment to policy changes result in lasting community improvements.

The **total number** of persons experiencing homelessness in Northeast Florida has **decreased by 32%** over the past 10 years:

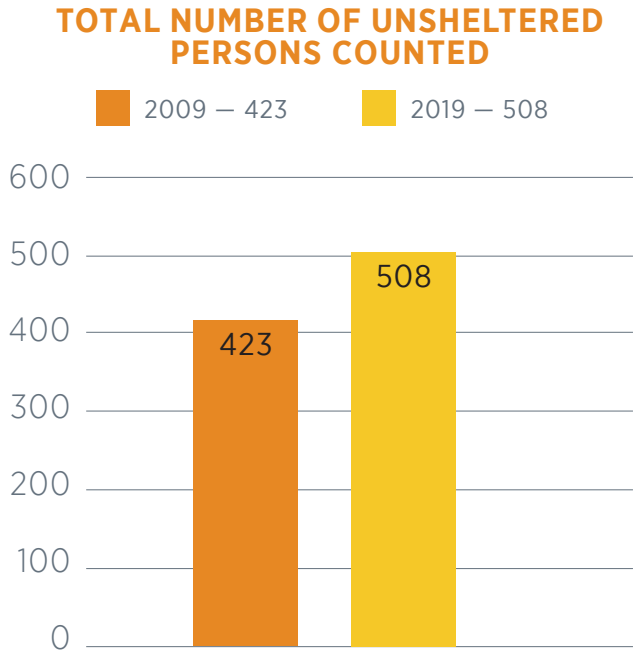


Similarly, the **number of sheltered persons** has **decreased by 43%**:



But we're cautiously optimistic. Of note this year is an **18% increase** in unsheltered over 2018. This year's PIT Count found 79 more persons sleeping on the streets or other places not meant for human habitation.

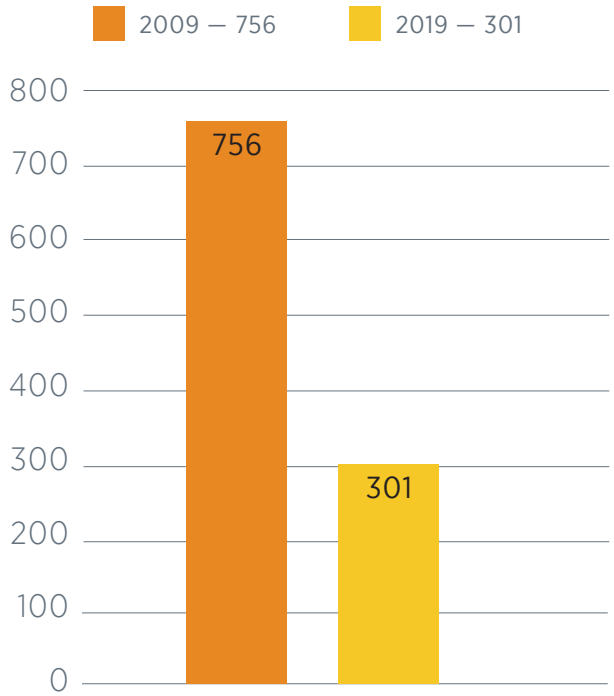
The 10-year trend for unsheltered appears stable.



EXECUTIVE SUMMARY

PIT Count trend shows success in assisting two subpopulations. First, a steady drop in the number of persons experiencing chronic homelessness emerges. This represents a positive trend for individuals who are often difficult to engage with and assist.

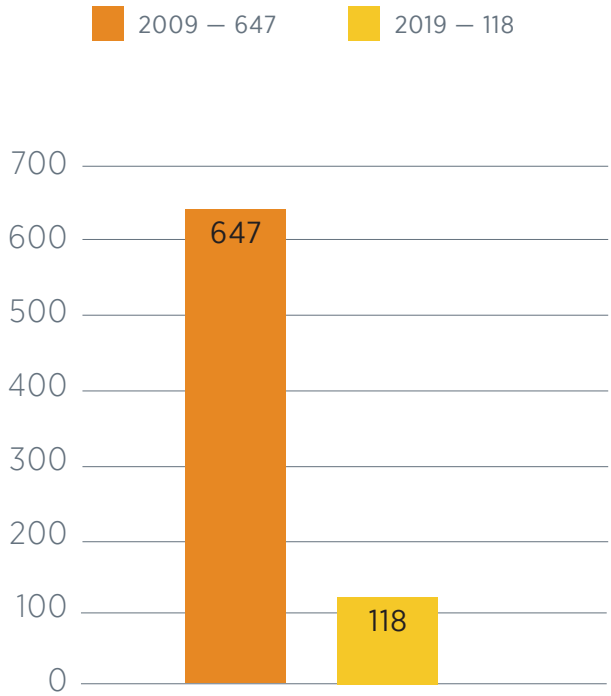
TOTAL NUMBER OF CHRONIC PERSONS



60%
DECREASE

Finally, the number of veterans experiencing homelessness has dropped significantly:

TOTAL NUMBER OF VETERAN PERSONS



82%
DECREASE

THE BOTTOM LINE:

NORTHEAST FLORIDA STAKEHOLDERS ARE WORKING TOGETHER TO REDUCE HOMELESSNESS.

POINT-IN-TIME COUNT IN NORTHEAST FLORIDA

In 1974, a group of social service agencies and faith leaders formed the Emergency Services and Homeless Coalition to coordinate efforts at ending homelessness. Twenty-seven years later, in 2001, the Emergency Services and Homeless Coalition was designated by U.S. Housing and Urban Development (HUD) as the planner and coordinator of the HUD-funded Continuum of Care projects dedicated to ending homelessness in Duval, Clay, and Nassau counties. At that point, the organization became a nonprofit organization, and fifteen years later, the agency became Changing Homelessness.

Changing Homelessness coordinates data collection and service provision within HUD's Continuum of Care (CoC) agreement. CoCs operate throughout the U.S. and since the early 1990s conducted Point-In-Time (PIT) Counts.

This report is based on information pulled from over 40 regional social service agencies offering overnight emergency beds, transitional housing, and supportive services. It also relies on results of a one-day, volunteer-driven survey of people living in woods, streets, and cars—places not fit for human habitation.

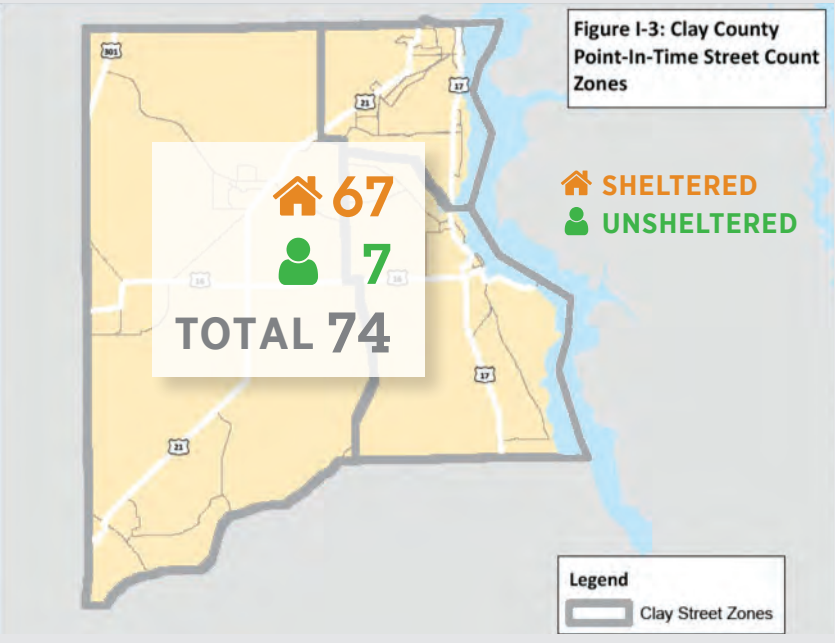
Figure 1 shows that more than twice the number of people experiencing homelessness had some kind of shelter as compared to those who were unsheltered.

FIGURE 1

SHELTERED	UNSHELTERED	TOTAL
1,146	508	1,654

Working in teams, 140 volunteers collected survey data from unsheltered people for the 2019 Point-In-Time Count. Different areas were canvassed at different times, with volunteers asking each respondent whether they had completed a survey already. Every effort was made to ensure individuals were counted once. Areas canvassed were selected based on local knowledge of concentrations of unsheltered people. Figures 2, 3, and 4 show the number of sheltered and unsheltered documented in each county.

FIGURE 2
Clay County



POINT-IN-TIME COUNT IN NORTHEAST FLORIDA

FIGURE 3
Duval County

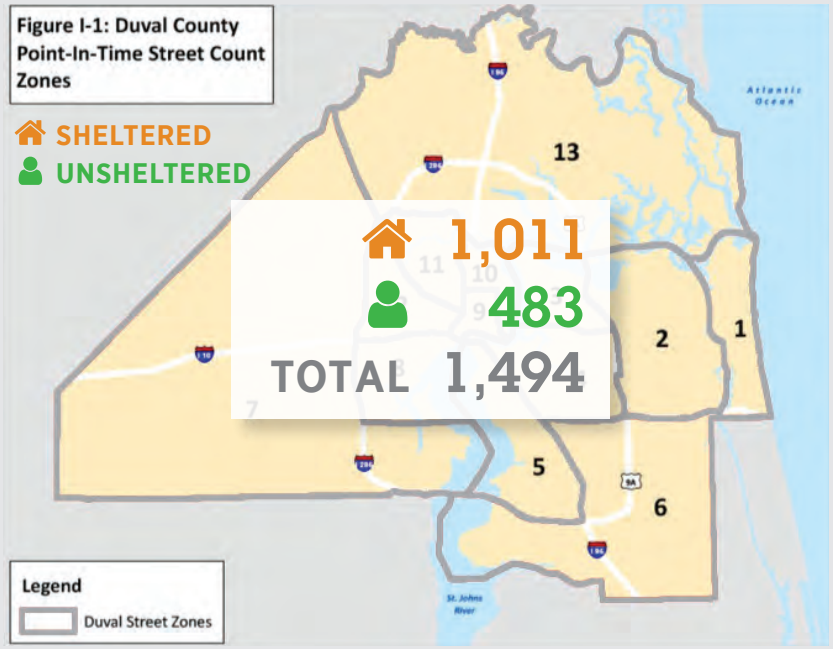
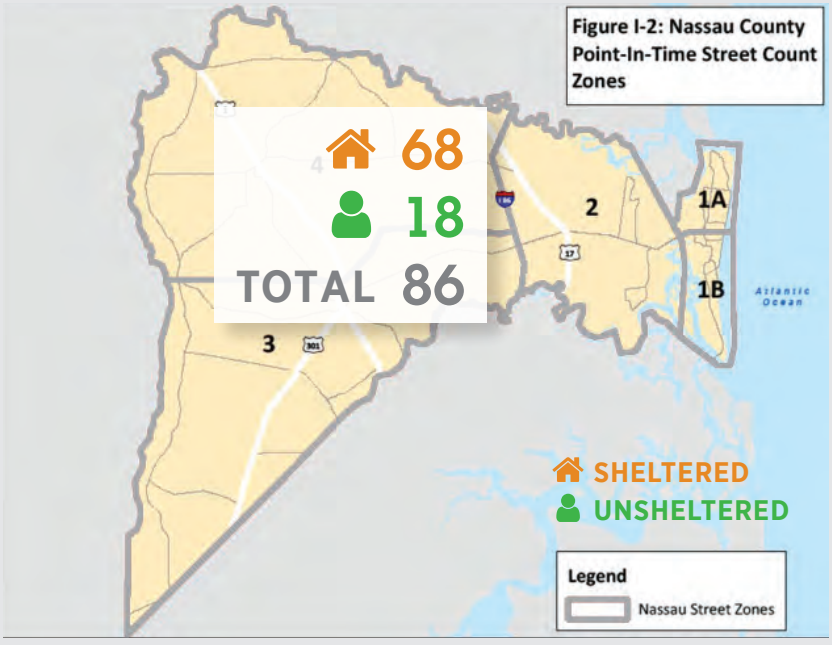


FIGURE 4
Nassau County



SHELTERED AND UNSHELTERED

Homelessness destabilizes the lives of our neighbors. Be it job loss, divorce, death, illness, family rejection, violence, and other crises, there are many ways one could experience homelessness, or be at-risk of it, and some people are simply a paycheck away from it. Consider, for example, a mother escaping domestic violence. When she and her children leave, they also lose privacy and their place to:

- feel safe
- sleep
- cook
- store clothes
- bathe; and
- a place to live - their address

The family might gain some of the above in an emergency shelter or transitional housing, however, more permanent accommodations provide dignity quickly—making it possible for a mom and her children to bounce back.

Northeast Florida's providers of emergency shelter and transitional beds are improving their services and offering people more dignity and permanency. Examples of these changes include:

- Salvation Army's renovation of their family rooms; and
- Sulzbacher Village offering private accommodations for women and children.

This shift means fewer beds in emergency shelters (e.g., bunk beds in congregate sleeping areas). Figure 5 shows this shift.

FIGURE 5

EMERGENCY SHELTER AND TRANSITIONAL BEDS, PIT COUNTS 2018-2019

BEDS	2018	2019	DIFFERENCE
Emergency Shelter	1,015	848	-167
Transitional Housing	549	540	-9
TOTALS	**1,564**	**1,388**	**-176**

Because of this shift in services, the number of unsheltered persons also decreased from 2018 to 2019. Figure 6 shows the decrease in the number of sheltered persons.

FIGURE 6

INDIVIDUALS EXPERIENCING HOMELESSNESS, PIT COUNTS 2018-2019

INDIVIDUALS	2018	2019	DIFFERENCE
Emergency Shelter	878	707	-171
Transitional Housing	487	439	-48
TOTALS	**1,365**	**1,146**	**-219**

SHELTERED AND UNSHELTERED

Figure 7 shows how the total number of persons experiencing homelessness dropped. It dropped because the number of sheltered persons dropped—a consequence of fewer available beds. At the same time, the number of unsheltered persons increased.

FIGURE 7

SHELTERED AND UNSHELTERED, PIT COUNTS 2018-2019

PERSONS	2018	2019	DIFFERENCE
Sheltered	1,365	1,146	-219
Unsheltered	429	508	+79
TOTALS	**1,794**	**1,654**	**-140**

The increase in unsheltered persons could have been higher given the decrease in emergency capacity—167 fewer beds. Northeast Florida service providers are carefully managing a well-defined mix of emergency and permanent accommodations in a coordinated effort to assist people in the most effective ways.

"If I didn't get comfortable with what was happening, I'd be okay."

Changing Homelessness interviewed people for this report. Their names have been changed.

Bill was convicted of arson and served 8 years in prison. When he was released, he could not make enough money to rent an apartment, and his criminal record prevented him from entering many housing assistance programs. He is not unlike many of the 650,000 ex-offenders released from U.S. prisons every year. (https://www.justice.gov/archive/fbci/progmenu_reentry.html)

He did not stay in shelters; he did not want to become comfortable with the experience of being homeless. He felt that if he got comfortable with living on the streets, he wouldn't ever leave them.

Instead, he slept in Klutho Park, taking sponge baths in the fountain. He rode a bus out to St. Johns Town Center where he worked on a crew building a WaWa convenience store. However, that job ended once the convenience store opened for business. At the end of 2017, two days before Christmas, Bill was beaten up badly when he chose a different place— not Klutho Park— to sleep. His friend, a priest, saw his injuries and asked him if he wanted to work for a day at a church. By this time, Bill had participated in the church for many years. Currently, he maintains the church grounds and buildings, has an income and health benefits.

Reflecting back on the main contributors to his success, he thinks that his support system made the biggest difference. The key to bouncing back was his ability to rely on others. He says,"My best thinking got me in trouble over and over. Seeing others do good at church, feeling them accept me as I am—all of this meant I could do good, too. I wanted to do what they do."

SUBPOPULATIONS

Changing Homelessness reports on people who are experiencing homelessness by identifying subpopulations:

- Chronic homelessness: Individuals who have a documented disabling condition and have been continuously homeless for one year or more, or 4+ times within 3 years, totaling 12 months. These are the most vulnerable people experiencing homelessness.
- Veterans: Individuals whose status is verified by the Veterans Administration.
- Families with children: At least one adult with one or more children.
- Young Adults: Unaccompanied individuals 18-24 years old who lack a fixed, regular, nighttime residence or whose primary nighttime residence is a public shelter or temporary shelter.

EXPERIENCING CHRONIC HOMELESSNESS

The 2018 PIT Count found 327 chronically homeless and in 2019 that number decreased to 301.
Figure 8 shows the 10-year decrease in the number of people identified as experiencing chronic homelessness.

FIGURE 8

PERSONS EXPERIENCING CHRONIC HOMELESSNESS, NEFL PIT COUNTS

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chronic Homelessness	756	998	1,104	363	276	399	327	325	319	327	301

Many people who experience chronic homelessness become what are called High-utilizers of emergency services. They land in emergency rooms or are booked into jail when they are picked up by law enforcement or emergency medical services. Ability Housing, a regional provider of permanent supportive housing, recognized this fact and commissioned a study of local High-utilizers.

The study demonstrated the public costs of failing to stabilize lives. *The Solution that Saves* report tracked 68 High-utilizers of public services such as jails and calculated the number of jail bookings incurred by the 68 people during a 2-year period when they experienced housing instability. They experienced 84 arrests. In the two years after they entered a permanent supportive housing program, the same group experienced 29 arrests. This reduction saved approximately $50,000 in jail services alone (www.abilityhousing.org)

Besides jail costs, High-utilizers also frequently live with trauma-related disorders and seek community mental health services. When the U.S. Agency for Healthcare Research and Quality looked at expenditures for mental disorders, they found that treatment of mental disorders is one of the top five most costly conditions among the overall U.S. population. The Solution that Saves calculated the total costs of hospital and jail services before and after persons moved into permanent supportive housing. The savings to the Northeast Florida community is estimated to be 30% in tax-dollar funded services. This research, as well as advocacy efforts by Ability Housing and other agencies, establishes the fact that permanent supportive housing benefits everyone in Northeast Florida.

VETERANS

The 2018 PIT Count found 121 veterans experiencing homelessness and in 2019 that number decreased to 118. Figure 9 shows the 10-year decrease in the number of veterans experiencing homelessness.

FIGURE 9

VETERANS EXPERIENCING HOMELESSNESS, NEFL PIT COUNTS

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Homeless Veterans	647	513	345	292	324	224	184	130	125	121	118

In 2017, HUD looked at CoCs across the nation and found that Clay, Duval, and Nassau counties have the 5th largest number of veterans amongst all other CoCs. Twenty-five percent of the Northeast Florida population is active or veteran military. HUD also reported our region ranked 39th for the number of homeless veterans. (2017 AHAR) In other words, we are home to thousands of veterans and when they struggle, our community takes steps to make sure they stabilize through family, friends and supports. Figure 9 shows the success in reducing veteran homelessness already achieved.

Northeast Florida reduced homelessness amongst veterans because appropriate resources and tools were engaged during the last 10 years. While there is more work to do to assist our veterans, similar resources can be applied to others experiencing homelessness.

YOUTH/YOUNG ADULTS

The 2018 PIT Count found 132 young adults ages 18-24 experiencing homelessness and in 2019 that number decreased to 109.

Tracking homelessness amongst youth/young adults started in 2013. Figure 10 shows decreases until 2018 when the total number (sheltered and unsheltered) increased 25% from 2017 to then decrease by 21% from 2018 to 2019.

FIGURE 10

YOUNG ADULTS EXPERIENCING HOMELESSNESS, NEFL PIT COUNTS

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Homeless Youth/Young Adults	NA	NA	NA	NA	153	120	101	109	106	132	109

Many advocates point out that the prevalence of homelessness amongst young adults is higher than Point-In-Time counts suggest as demonstrated in the vacillating numbers. It is not uncommon for youth/young adults to share space with someone – commonly known as couch-surfing. While "Couch-surfing" does not meet HUD definitions of homelessness, a national research initiative conducted a survey that does include this common youth/young adult practice. And that survey found that 1 in 10 young adults' ages 18-25 years are experiencing "some form" of homelessness in a 12-month period (Voices of Youth Count, National Estimates).

According to the U.S. Census, there is a national demographic change involving young adults putting off marriage and independent living ("Changing Economics" 2017). A larger portion of young adults prefer to live in their parents' home longer. Against this demographic backdrop, the growth of young adult homelessness is not surprising. For some pregnant young women, lesbian, gay, bisexual and transgender persons, and young adults aging out of foster care, living with parents might not be possible.

"Drugs Can Take Over Your Life."

Changing Homelessness interviewed people for this report. Their names have been changed.

When John was 17, he started hanging around with people who sold drugs. He and his friends sold drugs in his Dad's home and then his Mom's. John's Dad kicked him out of the house because he was using and selling. The problem didn't go away, and he and his mother were evicted from where they were staying.

John was never arrested—although he had run-ins with police. After being evicted, he asked to stay with his grandmother, and she refused. From September 2018 to January 2019, he slept at City Rescue Mission. Then he went back to high school.

A social worker at John's school realized he was homeless. She connected him to daniel, and now he lives at Youth Crisis Center's Touchstone Village. He graduates from high school this month and is starting to apply for jobs.

FAMILIES WITH CHILDREN

The 2018 PIT Count found 384 persons in families with children experiencing homelessness and in 2019 that number decreased to 289.

FIGURE 11

PERSONS IN FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS, NEFL PIT COUNTS

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Persons in families w/ children	540	896	648	567	830	674	513	493	425	384	289

Families with children experiencing homelessness are, in some cases, not able to leave homelessness behind; the children experience it again as young adults. National estimates from the Voices of Youth Count found that "the majority of young adults…interviewed had experiences of homelessness or housing instability that started in childhood or adolescence" (www.voicesofyouthcount.org). Prevention of homelessness amongst families can prevent homelessness amongst youth later in life.

ALL OTHER PERSONS EXPERIENCING HOMELESSNESS

Figures 12 and 13 show the percentages of the four subpopulations in comparison to all others experiencing homelessness. The pie charts compare PIT counts in 2009 against 2019, 10 years later.

FIGURE 12

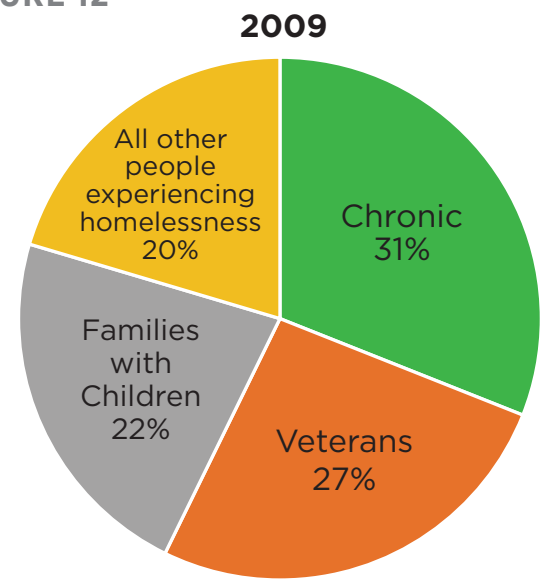
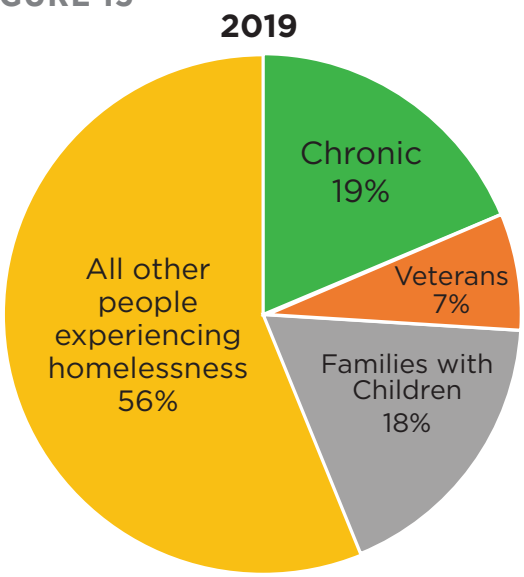


FIGURE 13



Figures 12 and 13 suggest that compared to 10 years ago:

- The most vulnerable persons, our chronically homeless, are a smaller portion of the total population of people experiencing homelessness.
- Families with children make up a smaller portion of the total population.
- The all other people, which represents individuals, accounts for more than ½ the total population.
- The percent who are veterans has decreased.

CONCLUSION

Northeast Florida's coordinated efforts to reduce homelessness are working. This year's PIT Count, when placed within a 10-year trend, shows that most measures of homelessness are improving, and that some measures are improving significantly. These data demonstrate Northeast Florida's commitment to reducing homelessness. Investments in reducing homelessness result in quantifiable improvements—for individuals, families, and neighborhoods throughout the region.

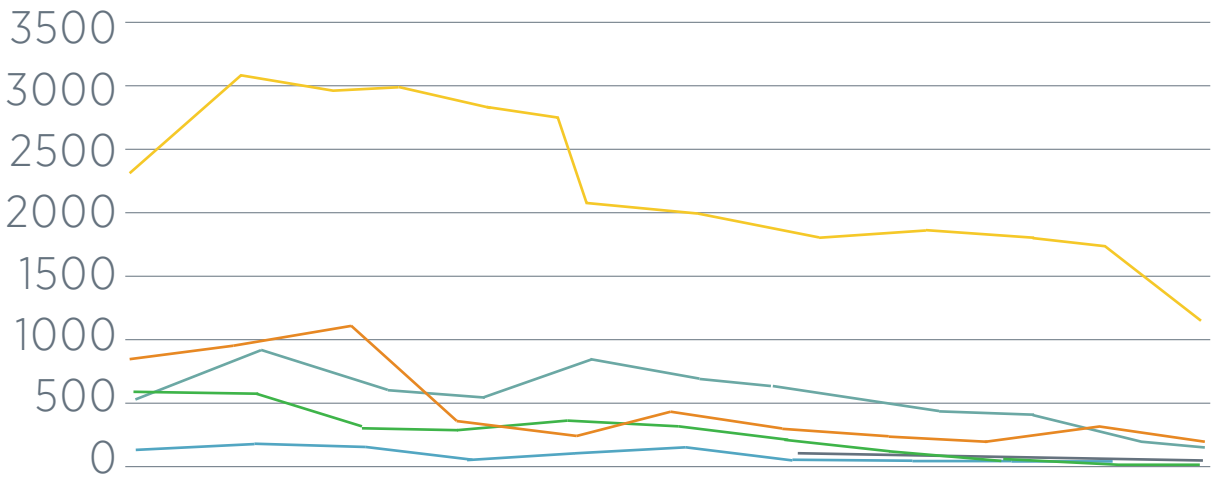
"It dawned on me she might not have been willing to admit to herself she was homeless."

The PIT Count is an extraordinary volunteer opportunity. For many who have not experienced homelessness, stereotypes and myths about it are reinforced by the fact that we rarely meet a person experiencing homelessness. A volunteer for the 2019 PIT Count observed that even people sleeping on the street struggle against the stigma of homelessness. The volunteer describes an encounter below:

> The next member of this group was a well-dressed lady in a leather jacket with a nice-looking leather purse. As I crouched down to talk to the well-dressed lady, her neighbor on the sidewalk interjected that the well-dressed lady was not really homeless. The well-dressed lady affirmed this and said she was just out there to get the experience so she could design programs to help the homeless. I mostly believed this in light of her clothes and purse, but I thought I would go through the questionnaire anyway. It turns out she had been on the street for months, and this was not her first time. It dawned on me she might not have been willing to admit to herself she was homeless.

APPENDIX A: TEN YEAR TRENDS

YEAR OVER YEAR POINT-IN-TIME TOTALS



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Chronic	756	998	1104	363	276	399	327	325	319	327	301
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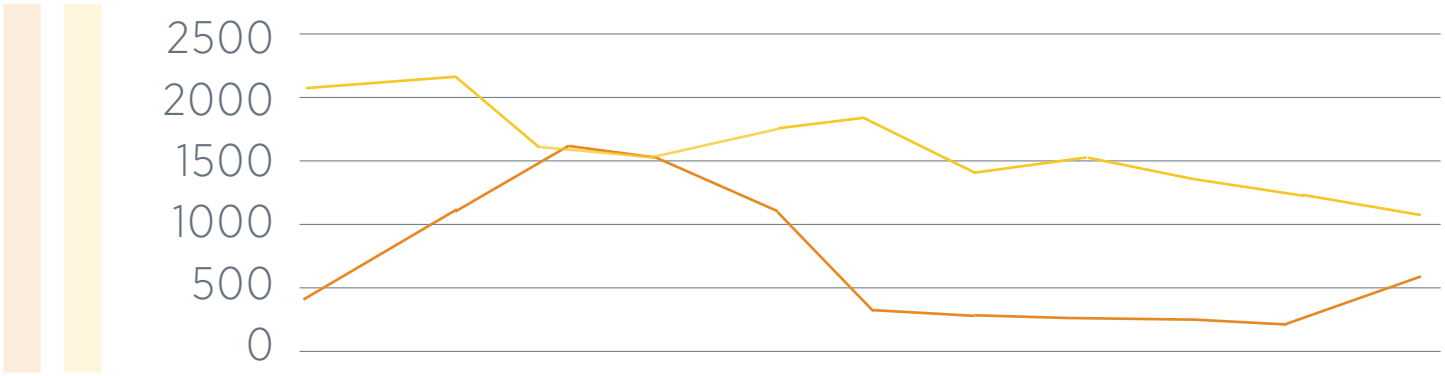
Youth					153	120	101	109	106	132	109

APPENDIX A: TEN YEAR TRENDS

YEAR OVER YEAR SHELTERED AND UNSHELTERED TOTALS



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
SHELTERED	2019	2069	1593	1542	1671	1756	1427	1518	1437	1365	1146
UNSHELTERED	423	1172	1432	1319	1097	293	426	441	432	429	508

APPENDIX B: GOVERNANCE AND MEMBERSHIP

Northeast Florida Continuum of Care Governance Board

Changing Homelessness appreciates the guidance of the Northeast Florida

CONTINUUM OF CARE GOVERNANCE BOARD:

- Stephanie Burch, City of Jacksonville
- Micheal Cochran, Community Member
- Michelle Cook, Atlantic Beach Police
- Katie Ensign, Jessie Ball duPont Fund
- Will Evans, City of Jacksonville
- Cindy Funkhouser, Sulzbacher Center
- Matt Galnor, JAX Chamber
- Patrick Hayle, Mercy Support Services
- Lili High, Catholic Charities
- Ross Jones, UF Health
- Teri Ketchum, Presbyterian Social Ministries
- Phyllis Martin, United Way of Northeast Florida
- Shannon Nazworth, Ability Housing
- Doug Orange, Sulzbacher Center
- John Wright, Nassau County

Changing Homelessness Board of Directors

CHANGING HOMELESSNESS ACKNOWLEDGES THE LEADERSHIP AND SUPPORT OF OUR BOARD OF DIRECTORS:

- Sean Hall, Chair
- M. Kevin Woodall, Vice Chair
- Derek Brown, Treasurer
- Ellen Schmitt, Secretary
- Barney Smith
- Brad Russell
- Coretta Hill
- David Berlin
- Joe Wolf
- Lee Robert Brown
- Paul Davison
- Terri Lewis
- Wesley Stapp

Northeast Florida Continuum of Care Member Agencies

CHANGING HOMELESSNESS IS GRATEFUL FOR THE HOPE AND COURAGE OF ALL THE ORGANIZATIONS DEDICATED TO REDUCING AND ENDING HOMELESSNESS:

- Ability Housing
- Barnabas House
- BEAM
- Catholic Charities
- City of Jacksonville, Veterans Services
- City Rescue Mission
- Clara White Mission
- Coalition for the Homeless of Nassau
- Downtown Vision
- Duval County Public Schools
- Family Promise of Jacksonville
- Family Support Services
- Five S.T.A.R. Veterans Center Inc.
- Gateway Community Services
- Her Song
- Hubbard House
- Jacksonville Housing Authority
- JASMYN, Inc.
- Jewish Family and Community Services
- Liberty Center
- LISC
- LSF Health Systems
- Lutheran Social Services
- Mental Health Resource Center
- Mercy Network
- Micah's Place
- Mission House
- Operation New Hope
- Presbyterian Social Ministries
- Quality Life Center of Jacksonville
- Quigley House
- Salvation Army
- Starting Point Behavioral Health
- Sulzbacher Center
- Trinity Rescue Mission
- United Way of NEFL
- Volunteers of America
- Youth Crisis Center

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6/11/2019

NEEDS ASSESSMENT REPORT ON HOMELESSNESS IN NORTHEAST FLORIDA

Report prepared for the Northeast Florida Continuum of Care Governance Board at the direction of Changing Homelessness, Inc.

Acknowledgements

As a community it is our civic duty to provide the most effective services for persons that are homeless, have previously been homeless or that are at risk for homelessness. This report was written to assist the Northeast Florida Continuum of Care (CoC), the CoC Governance Board, local government and community service providers to successfully plan an effective system of care for persons at risk of or experiencing homelessness to achieve the goal of ending homelessness in Northeast Florida. This report was produced by Micheal Cochran, MPH and Dr. Laura Lane, on behalf of Changing Homelessness Inc. and the Northeast Florida Continuum of Care.

Special thanks to:

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Doug Orange, Sulzbacher Center

Jackie Brown, Sulzbacher Center

Diane Linkenauger, Sulzbacher Center

Teri Ketchum, Presbyterian Social Ministries

Lauren D'Amico, Changing Homelessness

Christina King, Changing Homelessness

Carmen Whistler, Mission House

Michaele Bradford, Mission House

Taylor Riffey, Micah's Place

Colleen Lloyd Rodriguez, Jewish Family Community Services

Nancy Eisele, LSF Health Systems

SSVF outreach staff, Changing Homelessness

Changing Homelessness, Inc. for sponsoring this report.

All of the outreach staff, case managers, peer support specialists, and other front line staff for what you do day in and day out.

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- Performance Measures Report

Introduction

The purpose of this report is to identify gaps and barriers in community homelessness services. This report does not present recommendations. The findings of this report are one tool to assist the community to begin to create change by setting a framework for systems and programs that work toward ending homelessness in Northeast Florida.

This report presents the results of an analysis of the current FL-510 Continuum of Care (CoC) system for the homeless population in Northeast Florida. The CoC is a coordinated, community-based approach of identifying needs and building a system of housing and services to address those needs. The CoC consists of individuals and organizations committed to impacting and ending homelessness in the community.

Definitions

Centralized or coordinated entry system (CES): A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals.

Chronically homeless: Type of homelessness defined as an individual or head of household with a disability who lives in a place not meant for human habitation or emergency shelter; and who has either been continuously homeless for at least 12 months or has experienced at least four episodes of homelessness in the last 3 years where the combined occasions total at least 12 months. Occasions are separated by a break of at least seven nights. Stays in institutions of fewer than 90 days do not constitute a break.

Collaborative applicant: The eligible applicant that has been designated by the Continuum of Care to collect and submit the CoC Registration, CoC Consolidated Application, and to apply for a grant for Continuum of Care planning funds under this part on behalf of the Continuum. The CoC Governance Charter details other duties as assigned by the CoC.

Continuum of Care (CoC): The local planning body designed to promote communitywide commitment to the goal of ending homelessness. The CoC is responsible for coordinating the full range of homelessness services in the designated geographic area, which covers all of Duval, Nassau and Clay Counties. The CoC Governance Board of Northeast Florida has oversight responsibility for the Northeast Florida Continuum of Care.

Emergency Housing or Shelter (ES): A facility with the primary purpose of providing temporary shelter for people experiencing homelessness. It can include facility-based beds and vouchers for beds located in hotels/motels made available by a homeless assistance project.

Homeless Management Information System (HMIS): The information system designated by the Continuum of Care to track the homeless population and service

capacity. The database and its use must comply with the HMIS requirements prescribed by HUD.

Housing First: An approach 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). It is intended to quickly connect individuals and families experiencing homelessness to permanent housing without barriers to entry and without preconditions that might lead to the program participant's termination from the project. Supportive services are voluntary, but are offered to maximize housing stability and prevent returns to homelessness.

Housing Inventory Count (HIC): A snapshot of the number of beds and units on one night that are dedicated to persons currently and formerly experiencing homelessness. This is completed each year during the last week in January, coinciding with the Point-in-Time Count.

Permanent Supportive Housing (PSH): Permanent housing in which supportive services are provided to assist homeless persons with a disability so they can live independently.

Point-in-time count (PIT): A count of sheltered and unsheltered homeless persons carried out on one day in the last 10 calendar days of January or at such other time as required by HUD.

Rapid Re-Housing (RRH): An intervention designed to help individuals and families quickly exit homelessness, return to housing in the community, and not become homeless again. Rapid re-housing is defined as an intervention providing short-term or medium-term (up to 24 months) financial assistance and services to help those experiencing homelessness to be quickly re-housed and stabilized. This is considered permanent housing.

Transitional Housing (TH): Housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary.

Unaccompanied Youth: An individual who is not part of a family during their episode of homelessness and is between the ages of 18 and 24.

Unsheltered Homelessness: Type of homelessness in which people have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. It includes the street, parks, camps, vehicles, storage units, and bridge underpasses.

Current System of Care

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 is the federally mandated legislation that governs Housing and Urban Development (HUD) funding to states and communities. OPENING DOORS is the strategic plan that accompanies the HEARTH Act that guides the work of federal agencies as it relates to preventing and ending homelessness. HUD, through its Continuum of Care programs, places priorities on certain activities at the state and community level, to restructure their crisis response system to embrace coordinated access and rapidly house homeless persons.

Performance criteria against which states and communities are judged and obtain funding for include:

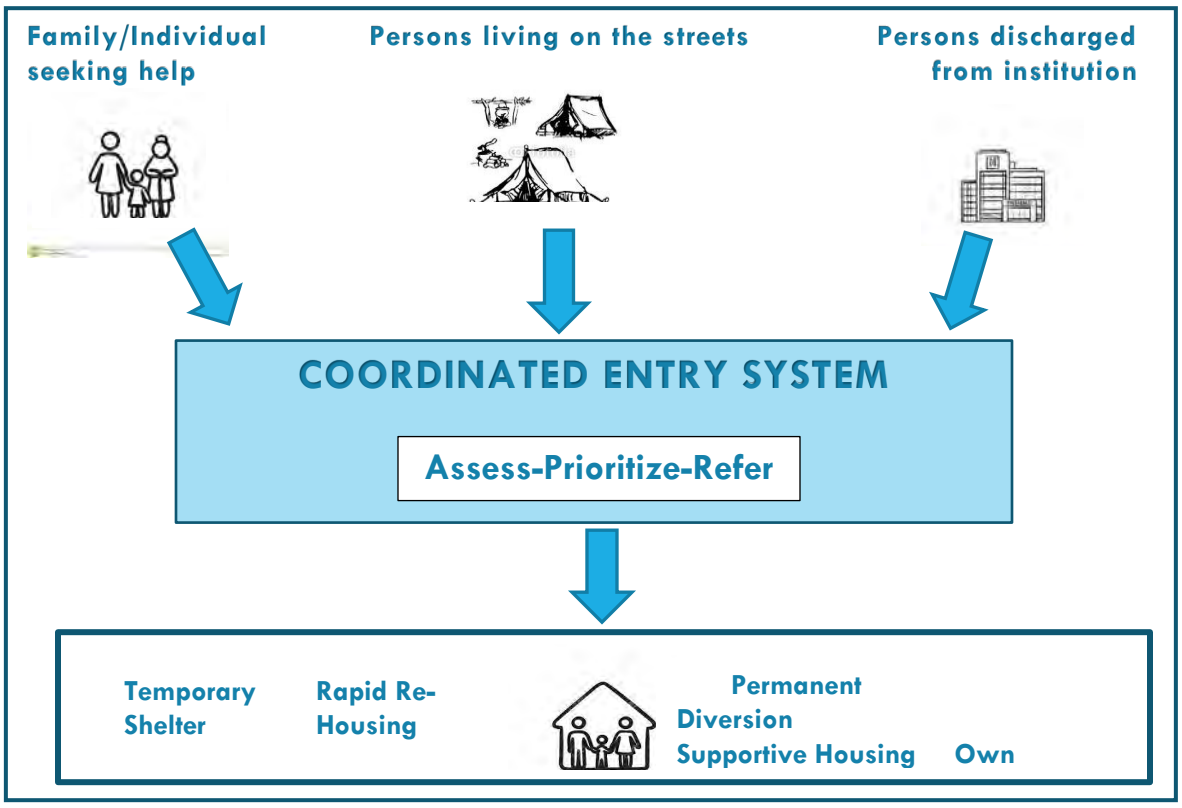
- Number of people who become homeless
- Length of time homeless
- Returns to homelessness
- Jobs and income
- Thoroughness in reaching homeless population

The system of care for the homeless in Northeast Florida is similar to the structure of systems of care for the homeless in many urban cities around the country. There are emergency shelters with length of stay up to 90 days, transitional housing and permanent supportive housing units. Shelter stays are often supplemented with case management services (e.g., referrals, assistance with subsidies) that may vary by shelter depending on staffing and availability. The viewpoint of most providers is to move clients directly from the street or shelters and into affordable housing or permanent supportive housing as quickly as possible. This is in line with Housing First principles which 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). It is intended to quickly connect individuals and families experiencing homelessness to permanent housing without barriers to entry. In short, persons experiencing homelessness should not be considered ineligible for housing because of a precondition that contributed to their homelessness in the first place.

To meet the need of our community, the NE Florida CoC uses a single point of entry called the Coordinated Entry System (CES). CES is a hybrid approach incorporating one central access point supplemented with outreach navigators that will meet persons experiencing homelessness in outlying counties or other locations as needed to provide a variety of avenues in which all segments of our community can connect with and have access to housing and support services.

One of the main purposes of CES is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. The Northeast Florida CoC uses the Vulnerability Index-Service Prioritization Decision

Assistance Tool (VI-SPDAT) to determine initial acuity (the presence of an issue) and for housing triage, prioritization and housing placement. Note there are two versions of VI-SPDAT, the Individual and Family, both of which are available in HMIS. There is also Transition Age Youth VI-SPDAT (TAY-VI- SPDAT) that is used by some providers but is not currently available in HMIS. Scores on the VI-SPDAT populate the local By-Name List once entered into Client Track, and at weekly By-Name List meetings all the partners and others with housing resources decide who enters available housing (RRH and PSH) next. Their decisions are made based on acuity and HUD priorities. Prioritization on the By-Name List is a combination of VI-SPDAT score and the length-of-time homeless. Coordinated Entry System ranks persons and refers persons to existing programs while the By-Name List prioritizes persons for permanent housing placement.



Prevalence of Homelessness

Homelessness is a dynamic condition, with people losing a home, moving towards housing, and securing permanent housing constantly. It is possible to take a snapshot of who is homeless and where they are at one point-in-time. From the Point in Time Counts, a picture emerges of people who are experiencing homelessness.

Point in Time Counts

Northeast Florida's most recent Point in Time Count took place on Wednesday, January 23, 2019. Over 140 volunteers collected survey data from unsheltered people. In addition, information was pulled from 40 regional social service agencies offering overnight emergency beds, transitional housing, and supportive services. Below are the results of this year's Point in Time Count.

A total of 1,654 persons experienced homelessness on January 23, 2019. More than twice the number of people experiencing homelessness had some kind of shelter as compared to those who were unsheltered.

Table 1. Sheltered, Unsheltered and Totals, 2019

Sheltered	Unsheltered	Total
1,146	**508**	**1,654**

The Northeast Florida CoC covers three counties: Clay, Duval, and Nassau.

Table 2. Clay County

Sheltered	Unsheltered	Total
67	**7**	**74**

Table 3. Duval County

Sheltered	Unsheltered	Total
1,011	**483**	**1,494**

Table 4. Nassau County

Sheltered	Unsheltered	Total
68	**18**	**86**

Northeast Florida's providers of emergency shelter and transitional beds are improving their services and offering people more dignity and permanency. Examples of these changes include:

- Salvation Army's renovation of their family rooms; and
- Sulzbacher Village offering private accommodations for women and children.

This shift means fewer beds in emergency shelters (e.g., bunk beds in congregate sleeping areas). Table 5 shows this shift.

Table 5. Emergency Shelter and Transitional Beds, PIT Counts 2018-2019

Beds	2018	2019	Difference
Emergency Shelter	1,015	848	-167
Transitional Housing	549	540	-9
Totals	1,564	1,388	-176

Because of this shift in services, the number of sheltered persons also decreased from 2018 to 2019. Table 6 shows the decrease in the number of sheltered persons.

Table 6. Individuals Experiencing Homelessness, PIT Counts 2018-2019

Individuals	2018	2019	Difference
Emergency Shelter	878	707	-171
Transitional Housing	487	439	-48
Totals	1,365	1,146	-219

A decrease in shelter and transitional beds means a decrease in emergency capacity—the ability to assist a person facing a housing crisis. As a result, Northeast Florida experienced an increase in unsheltered persons from 2018 to 2019.

Table 7 shows how the total number of persons experiencing homelessness dropped. It dropped because the number of sheltered persons dropped—a consequence of fewer available emergency and transitional beds. At the same time, the number of unsheltered increased.

Table 7. Sheltered and Unsheltered, PIT Counts 2018-2019

Persons	2018	2019	Difference
Sheltered	1,365	1,146	-219
Unsheltered	429	508	+79
Totals	1,794	1,654	-140

The increase in unsheltered persons could have been higher given the decrease in emergency capacity—167 fewer beds. Northeast Florida providers are carefully managing a well-defined mix of emergency and permanent accommodations in a coordinated effort to assist people in the most effective ways.

The CoC identifies persons experiencing homelessness using five designations: veterans, young adults, families with children, chronic homelessness, and all others. The group of "all

others" are individuals and make up more than half the entire population experiencing homelessness. The graph in Figure 1 shows the percentages of homelessness for each group.

Figure 1. Persons Experiencing Homelessness by sub-population

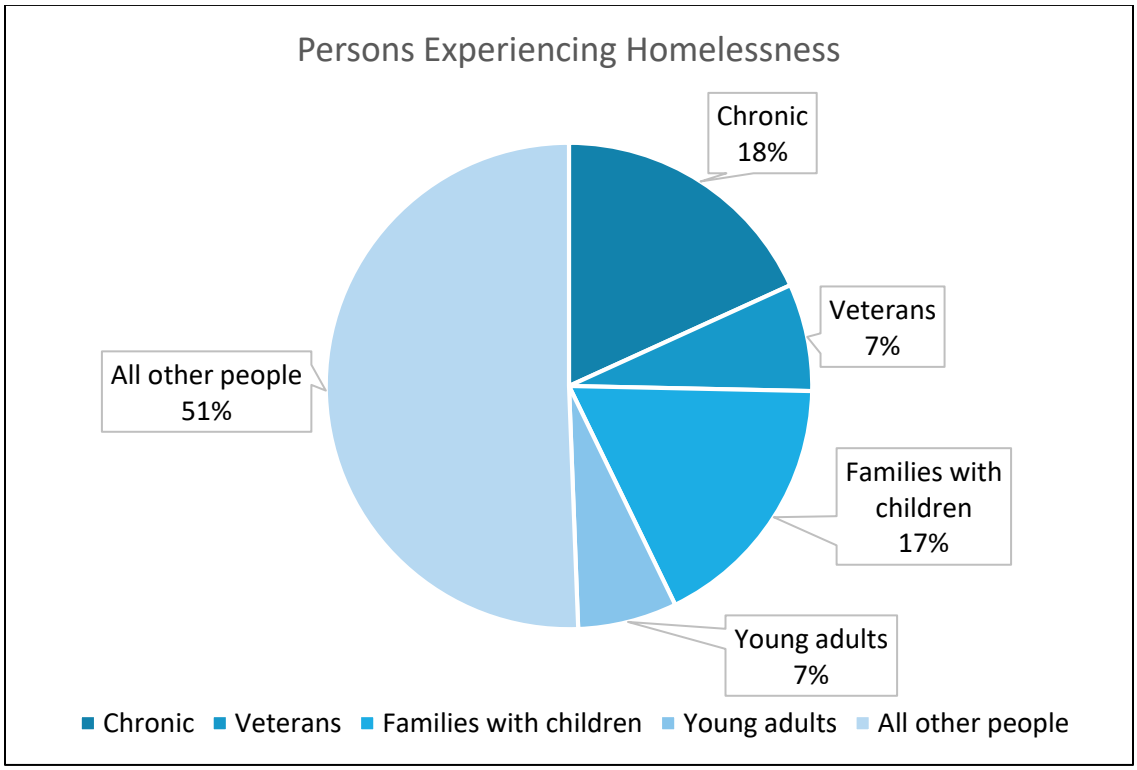


Table 8 below shows the exact number of persons experiencing homelessness in each of the 5 sub-populations.

Table 8. Persons experiencing homelessness, 2019

Population	Number
Chronic	**301**
Young adults	**109**
Families with children	**289**
Veterans	**118**
All others	**837**
Total	**1,654**

Surge Data

While HUD mandates a Point in Time Count each year, non-mandated counts of street homeless are conducted in specific areas.

In the August 2018 Surge Count as well as three Street Counts conducted in the same year, there were no families with children found unsheltered. The CoC is able to meet the emergency needs of families with children, according to these counts.

However, the needs of young adults are different. The August 2018 Surge count found 27 young adults who were unsheltered. Twenty-four of them were found in the urban core and the remaining three were in the Beaches and Riverside areas. The 2018 PIT Count found 132 young adults ages 18-24 experiencing homelessness and in 2019 that number decreased to 109. These are young adults living on the street because they are homeless and not finding appropriate shelter.

Housing Inventory Count

The Northeast Florida CoC monitors the available capacity of housing units, housing beds and emergency shelter beds for assisting people experiencing homelessness. Below are the counts of available beds, by type, and the occupancy rates on the day of the Point in Time count in January of 2019.

Table 9. Housing Inventory, 2019

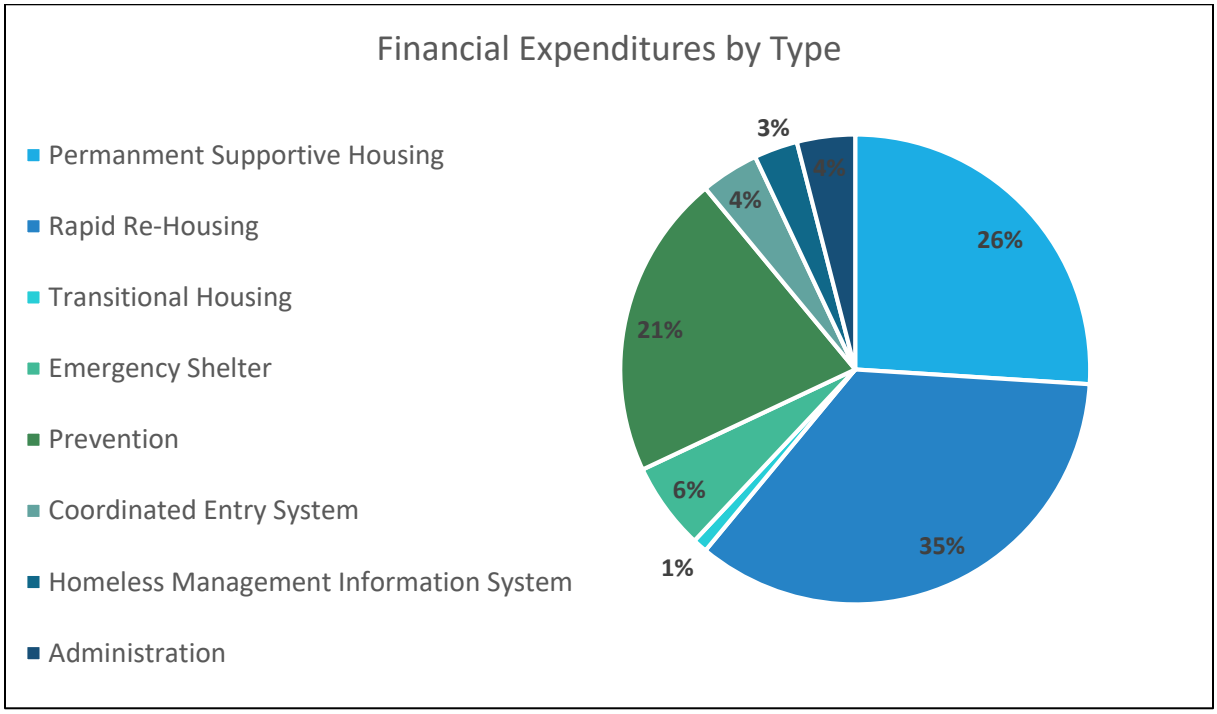
Type of Assistance	Number Available	Occupancy Rate
Emergency shelter	**848**	**83%**
Transitional housing	**540**	**81%**
Permanent supportive housing	**1,398**	**96%**
Rapid re-housing	**439**	**100%**
Other permanent housing	**459**	**100%**
Total	**3,684**	

There is a total of 2,296 permanent housing beds in Northeast Florida. Of these 1,284 serve chronically homeless persons (this includes all household members). As of the last HIC submission there were no beds serving youth. The only dedicated youth beds were 29 of the 540 transitional housing beds. There has been funding awarded recently to address this deficiency in addition to funding applications submitted that are waiting on notification. Over the past several years there has been a push nationally for CoCs to transform transitional housing units (by definition lengths of stay up to 2 years) into permanent supportive housing units as the latter have been shown to be more effective in addressing the complex needs of persons experiencing homelessness, especially those that have been chronically homeless. Many of the permanent housing units correspond to service provider specializations such as families with children, homeless individuals with serious mental illness, substance use/abuse histories, HIV/AIDS, chronically homeless persons, and veterans experiencing homelessness. This broad array of permanent housing indicates the CoC is endeavoring to meet the needs of subpopulations of homeless persons.

Financial Analysis

There are a wide variety of funding sources for activities related to homelessness from federal grants to philanthropic giving. This report only looked at federal and state funding that was distributed through the City of Jacksonville or through the Continuum of Care (via the collaborative applicant-Changing Homelessness). This analysis did not include any funds received by organizations through philanthropic giving, funds distributed by the Managing Entity (LSF Health Systems) for State of Florida substance abuse and mental health services, or funds used in the purchase or construction of housing units serving homeless populations. The analysis includes the following funding sources: HUD Continuum of Care (excluding planning expenses) - $4,508,181, Temporary Assistance for Needy Families (TANF) - $46,582, Emergency Solutions Grants (ESG) - $172,000, Challenge Grant - $148,500, Supportive Services for Veteran Families (SSVF) - $3,000,000, City of Jacksonville (COJ) Public Service Grant (PSG) - $918,469, COJ ESG - $471,466 and COJ Community Development Block Grant (CDBG) - $214,157 for a total of $9,479,355. The following graph represents a distribution of total funds by type of activity.

Figure 2. Expenditures by type of activity



Of the $9,479,355 million funds, $3,317,774 was used to provide Rapid Re-Housing, $2,478,249 was used to provide Permanent Supportive Housing, $100,070 was used for Transitional Housing, $530,292 was used for Emergency Shelter, $2,100,592 was used for Prevention, $362,771 was used for the Coordinated Entry System, $324,641 was used for the Homeless Management Information System and $291,966 was used for Administration activities. The predominant form of housing provided is Rapid Re-Housing followed by

Permanent Supportive Housing which together accounts for 61% of the total funds. Emergency shelter services and transitional housing only accounts for a total of 7% of funds.

One area that is beyond the scope of this report is the average cost per unit per day by type of housing and the same type of cost comparison between programs offering the same type of housing. In order to produce a valid analysis for both of these you would need to get all of the funding for each housing program (for instance, any other federal or state grants, philanthropic giving, in kind giving, etc.) This analysis would be helpful because it will show program differences. There is a report done by Focus Strategies comparing the exit costs to permanent housing for emergency shelters, transitional housing and rapid re-housing (see the document in the appendix "Cost per Exit from Focus Strategies"). The graph reflects exits from beds for programs serving adults and exits from units for programs serving families. Focus Strategies did not concentrate their efforts on project types in terms of straight cost per bed for a number of reasons, including that a primary goal is to assist households in exiting to permanent housing while also supporting system flow by not generating long lengths of stay. The costs per exit are skewed due to length of stay till exit in each housing type. Hence cost per permanent housing exit is a performance measure rather than a simple expenditure measure.

Results of surveys, focus groups, and key informant interviews

Methodology

A combination of quantitative and qualitative data was gathered and used to analyze the current system of care for homeless populations in Northeast Florida including:

- data and analysis on prevalence of homelessness:
- analysis of housing stock serving persons at risk, experiencing, or previously homeless;
- data gathering and analysis of funding for homeless services;
- document review including current relevant initiatives, grant proposals and current policies;
- collection and analysis of 32 provider surveys;
- collection and analysis of 281 consumer surveys;
- results of 3 consumer focus groups to obtain specific information about gaps and barriers;
- results of key-informant interviews with 5 stakeholders to obtain specific information about the system of care components; and
- analysis of HUD System Performance Measures.

All survey tools, focus group questions, and key informant interview questions are in the appendix.

Service Provider Survey Results

The purpose of the Provider Survey was two-fold: 1) to capture information regarding the importance of specific factors that providers believed contributed to homelessness, and 2) to capture information regarding areas of system improvement. The respondents included twenty-five COC member agencies and seven non-COC member agencies that serve persons at risk of or that are experiencing homelessness. To see the exact wording of the questions and the list of answers see the document "Homeless Provider Survey" in the Appendix.

Respondents were first asked two questions regarding the type of services provided by their agency. For the question "Does your agency directly address client housing issues such as providing financial assistance to be used towards rent, providing low-income housing, providing emergency accommodations, etc.?" Twenty-four agencies responded **yes** and eight responded **no**.

Answers to the question regarding type of services the agency primarily focuses on are reflected in Table 10.

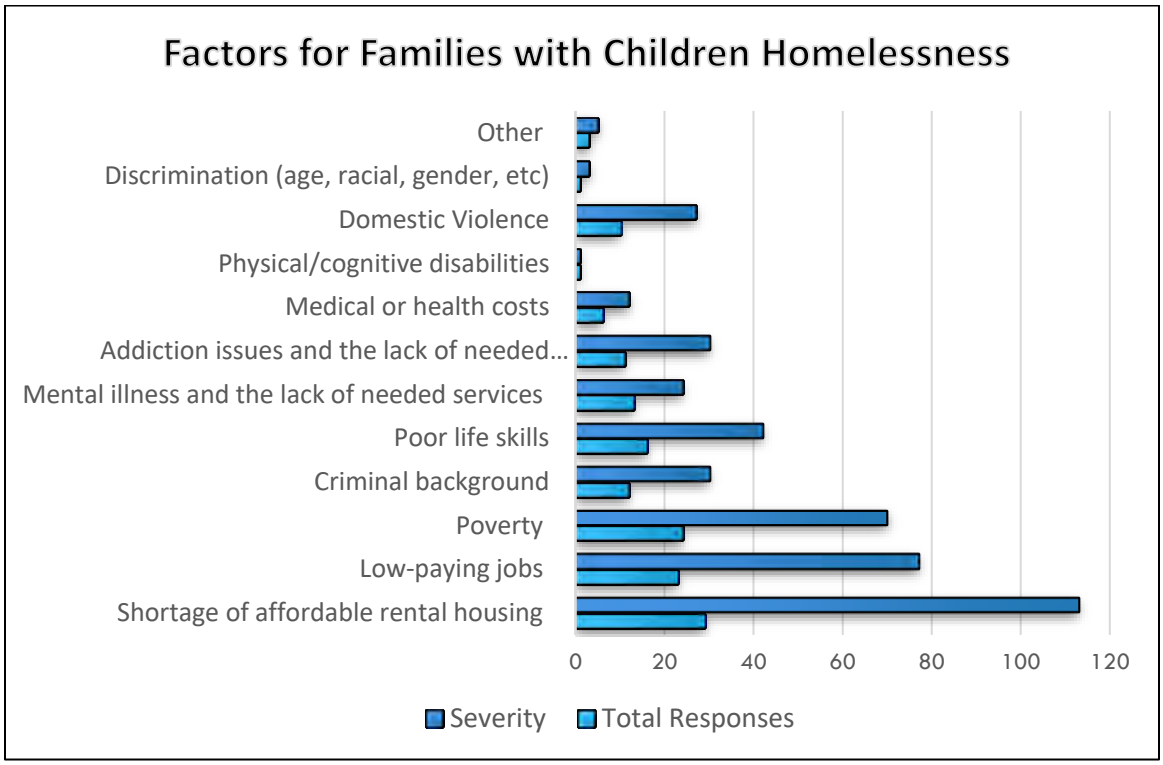
Table 10 Provider type of service

Type of Service	Responses
Emergency intervention	**16**
Short-term intervention	**14**
Long-term intervention	**9**
Prevention	**12**

The graph in figure 3 reflects provider answers to the question "….. *to what extent each of the following is a contributing factor when Northeast Florida's families with children become homeless.*" Providers were asked to choose five factors and rate them from 1 to 5 with 1 being greatest need. The graph includes the total number of times providers rated the factor and the severity of the factor. This was determined by giving each rating of 1 five points, rating of 2 four points, etc. and then adding for a total.

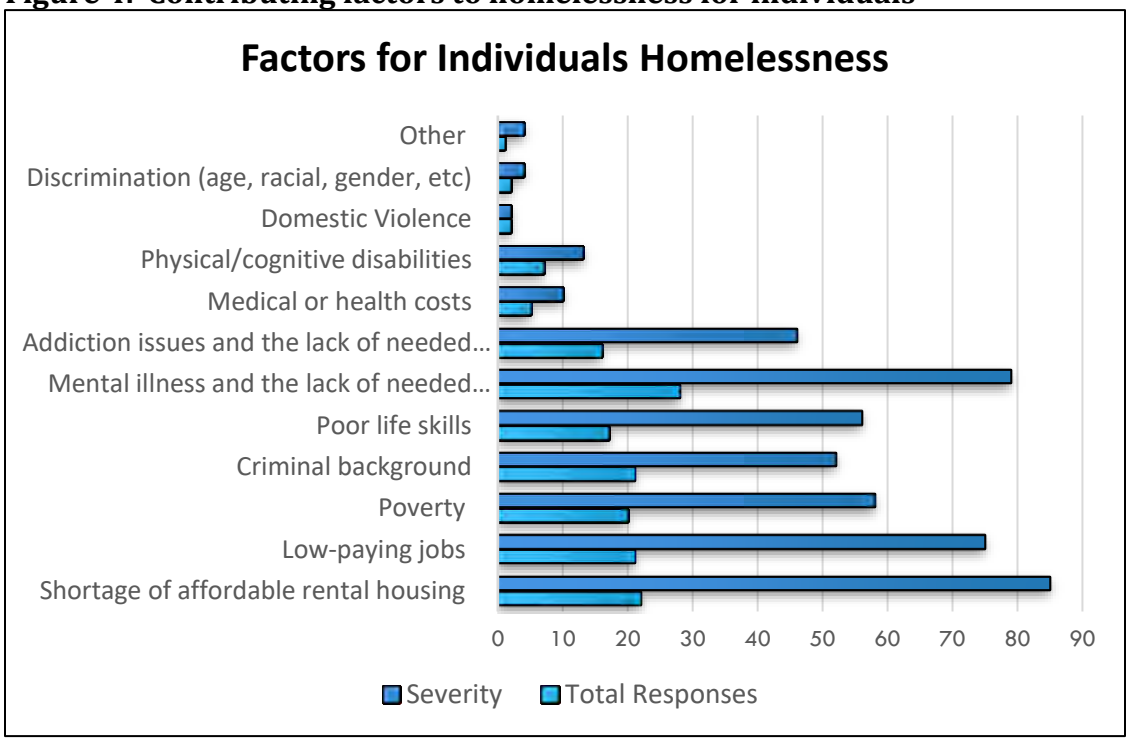
"There needs to be better engagement from all providers in the care system. Still too many organizations are just working in their own silos". Homeless Services Provider.

Figure 3. Contributing factors to homelessness for families



The graph in Figure 4 reflects provider answers to the question *"…. to what extent each of the following is a contributing factor when Northeast Florida's individuals become homeless."* The factor choice and scoring for this question is the same as for the previous.

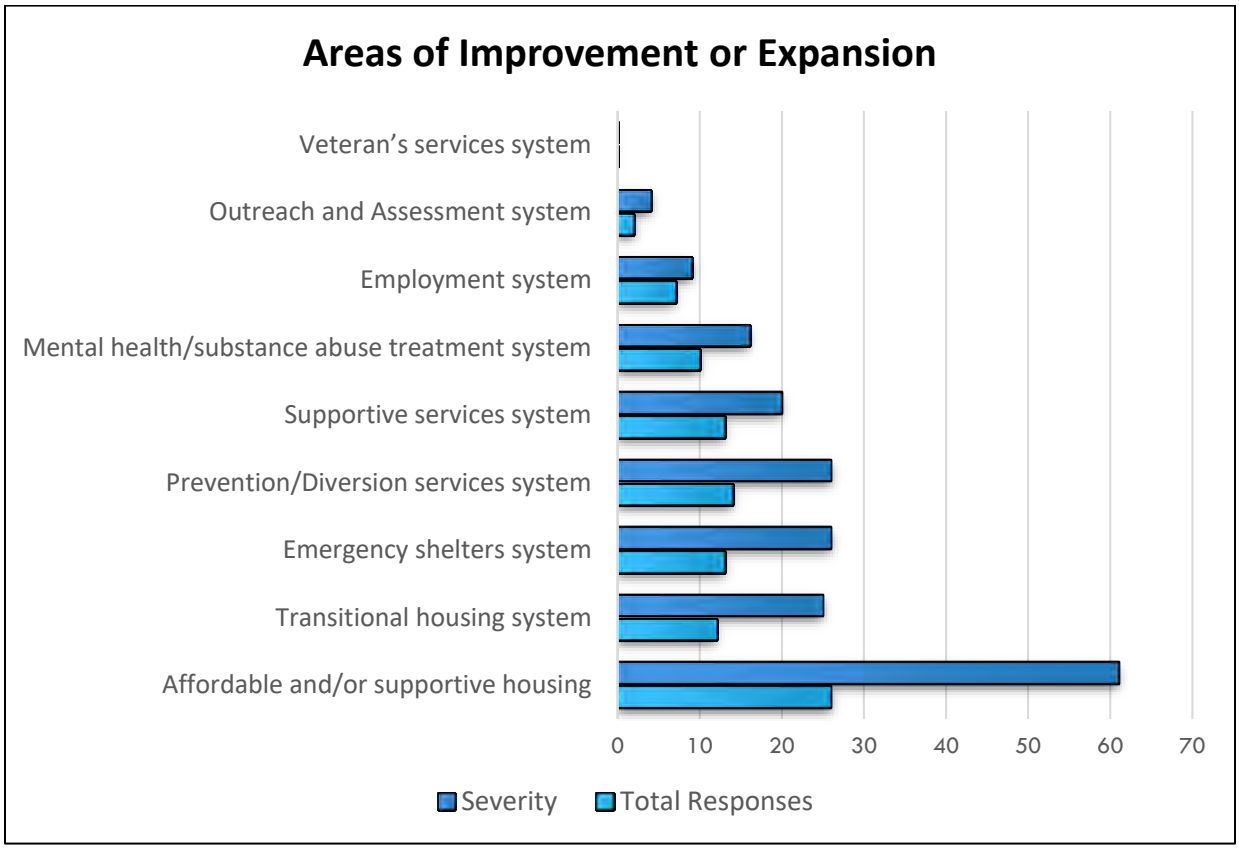
Figure 4. Contributing factors to homelessness for individuals



Research and experience shows that the primary causes of homelessness are complicated, often with multiple factors contributing to a particular person or family becoming homeless. The factor that is usually identified most often in research and community needs assessments is housing affordability. The same holds true with the results of the provider surveys conducted in Northeast Florida. The condition leading to homelessness with the highest severity value for both families and individuals was "shortage of affordable housing." Low paying jobs was rated second for families and third for individuals as a primary cause of homelessness. For individuals, the lack of services for mental illness was the second leading cause with a severity index of 79 while for families this factor was rated relatively low with a severity index of 24. Discrimination, disabilities and health costs were rated relatively low for both groups.

The results of the question *"Which parts of the existing system serving persons experiencing homelessness have the greatest need for improvement or expansion"* are reflected in Figure 5. Providers were asked to choose three of nine areas for improvement and rate them from 1 to 3 with 1 being greatest need. The graph includes the total number of times providers rated the factor and the severity of the factor. This was determined by giving each rating of 1 three points, rating of 2 two points and rating of 3 one point and then adding for a total.

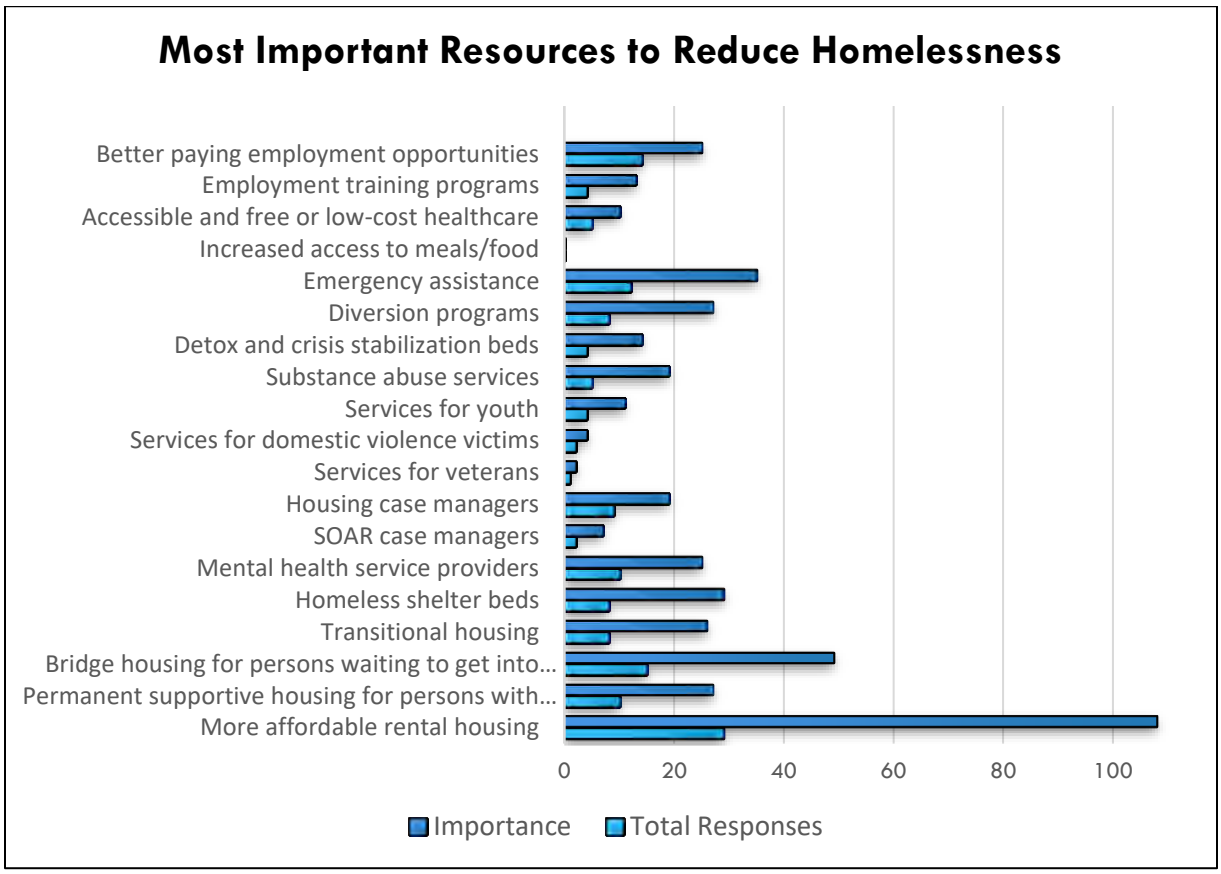
Figure 5. Areas for improvement or expansion



Again, affordable housing is the area identified as in most need of improvement or expansion with 26 of 32 respondents naming it in the top five and a severity index of 61, far exceeding the next highest severity index of 26 for prevention and emergency shelters. No respondent rated Veteran's services system. This is likely due to the number of VASH vouchers available in Northeast Florida, coupled with the tremendous amount of resources local agencies such as Changing Homelessness have been able to leverage for homeless veterans in Northeast Florida (refer to section regarding funding).

The results to the question "…name the top FIVE resources needed to help reduce homelessness" are reflected in Figure 6. Providers were asked to choose five resources and rate them from 1 to 5 with 1 being greatest need. The graph includes the total number of times providers rated the resource and the importance of the resource. This is determined by giving each rating of 1 five points, rating of 2 four points, etc. and then adding for a total.

Figure 6. Most important resources



Providers were asked *"In your experience, is there a shortage of emergency shelter beds for unaccompanied individuals in NE Florida?"* **Nineteen answered yes, five said no and eight were not sure.** Answers to the same question for families with children were: **Twenty-two said yes, two said no and eight were not sure.**

It is notable that so many providers believe that there is a shortage of emergency shelter beds in Northeast Florida. While emergency shelters play a critical role in providing a safe place for people experiencing a housing crisis, a shelter bed alone does not end a person's homelessness. It is for this reason that the Northeast Florida Continuum of Care has, during the last decade, emphasized the production of more types of permanent housing over the production of additional emergency shelter beds. While this policy has resulted in fewer shelter beds, there has been a significant increase in permanent housing beds. Nevertheless, this is an area of concern that needs more analysis and discussion.

Finally, providers were asked their expectations regarding an increase, decrease or remain the same for the number of homeless individuals and families over the next year in Northeast Florida. **Eight said that it would stay at *about the same level*, Twenty-one said it would *increase moderately*, two said that it would *increase substantially* and one said that it would *decrease moderately.***

Service Provider Interviews

Staff from five providers were interviewed to supplement the provider survey data. The principal question was to identify strengths, gaps and barriers in service delivery. Areas of concern included preventing people from becoming homeless, supporting those who are homeless to get stable housing, and assisting those placed in housing to maintain their housing and live productive lives. The actual provider interview questions are in the Appendix. The provider agencies that participated were: Mica's Place, Presbyterian Social Ministries, Mission House, Jewish Family Community Services and Lutheran Services Florida Heath System.

Describe the current system of care to end homelessness in NE Florida?

Most of the providers described the current system in terms of the Coordinated Entry System. If someone is homeless or at risk for homelessness then they are referred to CES for assistance. Several providers noted that they did not know what happens with these referrals, or if some other type of assistance was needed, what resources may be available for them. Three of the five providers stated that the communication between CES and providers could be improved and that the 2-4 week wait time for open permanent housing beds was too long. They were discussing referrals from CES for eligible clients.

Other comments noted no emergency shelter bed access through CES and that for persons living in counties other than Duval, access to CES was sporadic. In regards to CES access in outlying counties, the program manager for CES stated that they go to Nassau every Thursday morning and to Clay on an as-needed basis (when they call).

Which part of the existing system serving homeless people works best?

Four of five providers stated that HMIS was much improved ("Lauren rocks it") and has improved data accuracy, improved assessments and reporting features. Two providers said

that the new Urban Drop in Center is an improvement, but it still does not meet the needs of the community. The Chronically Homeless master list works well, but not every provider that needs to participate does so.

Which parts of the existing system have the greatest need for improvement?

Four of five providers said that CES needed improvement in some manner. Areas mentioned were: better outreach to outlying counties (especially West Nassau); quicker turnaround time on referrals for permanent housing beds; and adding in availability of all shelter beds. One provider stated, "Religious based programs lack technology-based systems, and they lack the data collection capability to develop needed performance metrics." A couple of providers identified the need for improved training and education of front line and front desk staff regarding what is available to persons and where to direct them for help. The consumer focus groups also brought up training and education of staff.). There is also a need for more prevention activities to "plug the hole" for persons becoming homeless and generally more safe places to get people off the streets. One provider stated "…it is also important in order to prioritize diversion."

What actions would you take to expand or improve the system?

One provider stated that to move forward we need to monitor metrics of a unified system and need improved participation of all agencies serving persons at risk or experiencing homelessness. Another echoed this by stating that we need to find the resources to help the faith-based community improve their use of HMIS. Providers also discussed the need for more support for affordable housing developments or helping to set up an effective Affordable Housing Advisory Committee that will concentrate efforts across organizations and systems to increase the availability of affordable rental housing stock. Finally, two providers outside the urban core said that there needs to be improved access to shelter beds outside of downtown Jacksonville.

What actions could the community (government/philanthropic/business/non-profit) take to expand or improve the system?

More collaboration with the Jacksonville Housing Authority, local foundations focusing more on homelessness, more emphasis from City of Jacksonville government, were all areas discussed to expand and improve the system of care.

One provider discussed the possibility of having a mentor program for agencies. The idea was that an agency with more experience and capacity could mentor a smaller agency with a similar in focus (e.g. both of them would be faith-based agencies) in areas of training, establishing policies and procedures, HMIS use, etc.

Consumer Surveys

In order to gather this data, a number of agencies were recruited staff to assist in collecting survey data including: Mental Health Resource Center's Urban Drop in Center, Changing Homelessness' Supportive Services for Veteran Families (SSVF) Program outreach workers, The Sulzbacher Center's HOPE team and SSVF outreach workers, Peer Support Specialists and Hubbard House staff. A total of 281 surveys were collected.

Participant Characteristics: No children under age 18 were included in the survey, although parents of children were interviewed. Responding to the survey question, "*Do you have children staying with you currently?*" 6.4% answered yes. The average age of the participants was 46.9 years, with a range of 18 to 81 years; 60.9% were male, 39.1% female with none reporting any other gender type. All surveys were completed by persons currently experiencing homelessness with 50.9% currently residing in shelters, 40.6% living on the streets and 8.5% living in transitional housing.

Figure 7. Race/ethnicity for consumer surveys

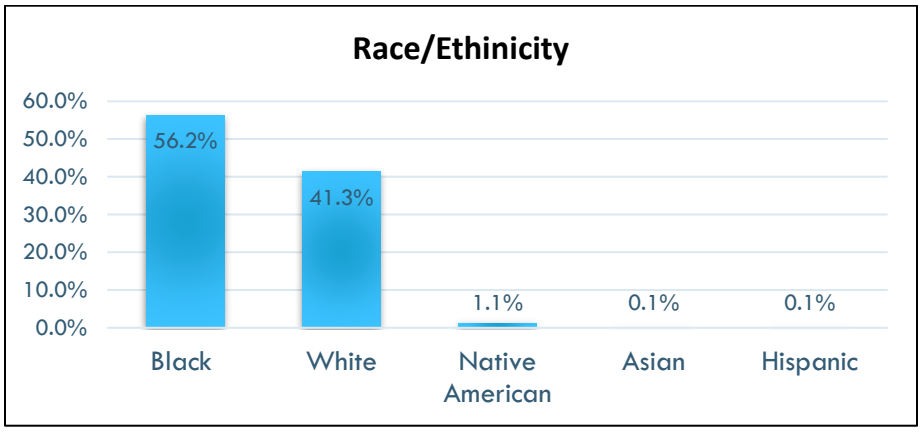


Table 11 reflects the responses from the question: *If you are sleeping on the street, why don't you use shelter services?*

Table 11. Why Not Using Shelter Services

They are too crowded	29
Bugs	26
There are too many rules	19
They are full	28
I can't stay with my family/partner	9
Germs	17
They don't allow my pet	1
There is nowhere to store my stuff	13
They are too far away	23
I can't stay with my friends	7
Other	1 (unsafe)

There were two questions specific to services. One asked about immediate needs and the other asked what is needed to obtain permanent housing. The highest two perceived needs were food (198 responses) and housing (179 responses) followed by bus passes, clothing, job assistance and a place to take a shower. Lowest need was for child care, substance abuse counseling, utilities assistance and public computer.

The most important thing participants needed to obtain housing was rental assistance (149 responses), more affordable housing (88 responses) and employment assistance (66 responses). Least important were help clearing rental history (29 responses) and additional education (27 responses).

Figure 8 reflects the answers to responses from the question: Do you need this service? *Check all that apply.*

Figure 8. Need for services

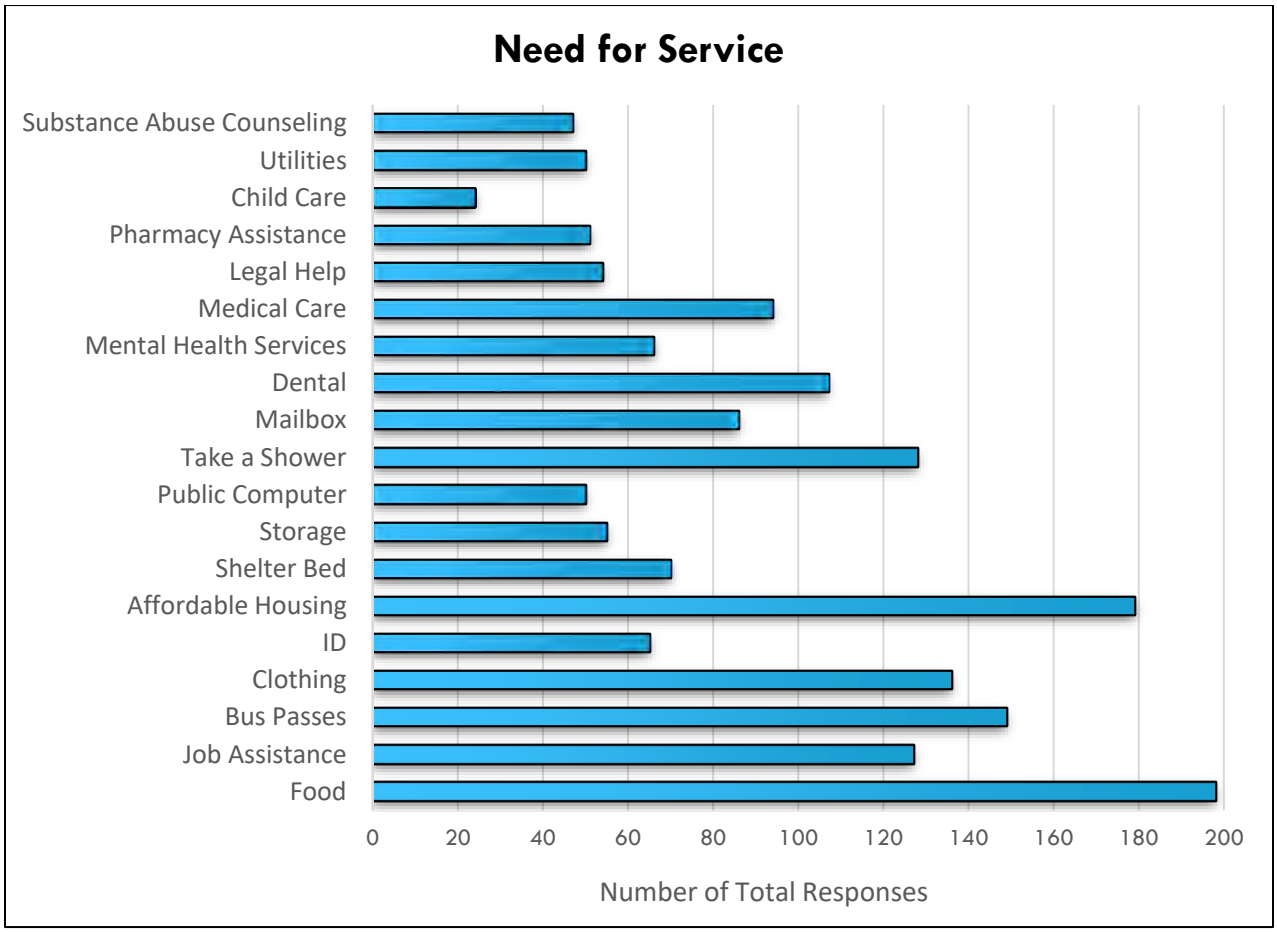
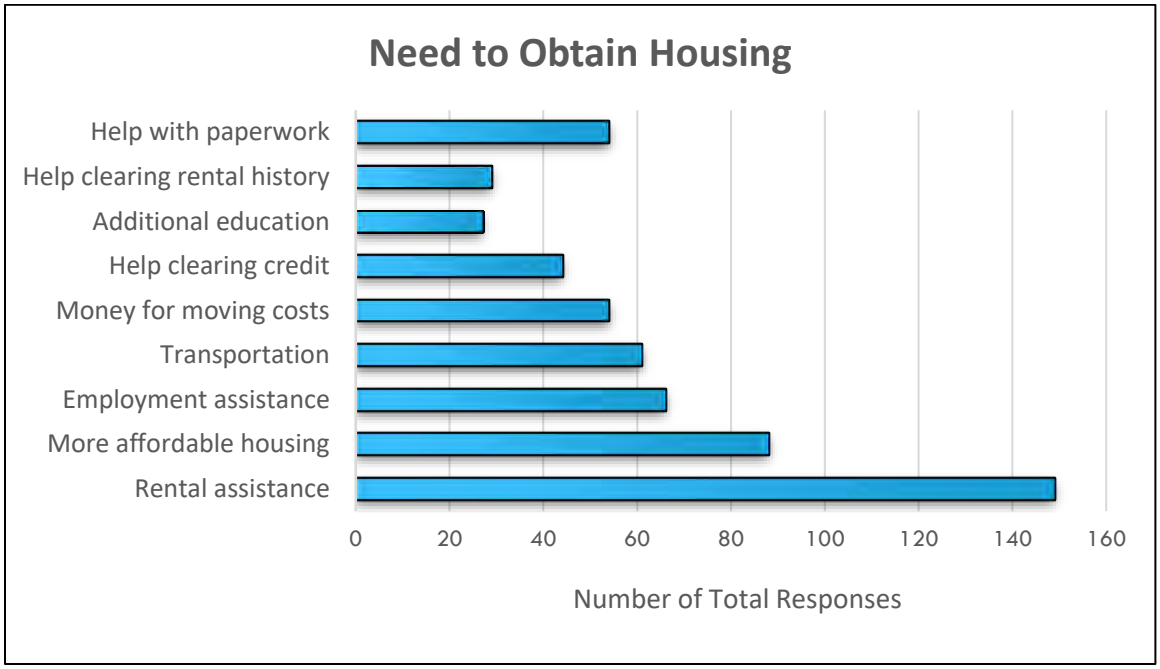


Figure 9 reflects the answers to responses from the question**:** *What would help you obtain permanent housing?*

Figure 9. Obtaining permanent housing



Consumer Focus Groups

Focus groups were designed to add qualitative data to the results of the consumer surveys. Focus group participants were recruited by staff from Mental Health Resource Center, Sulzbacher Center, Ability Housing, and Presbyterian Social Ministries. There were a total of 20 participants in 3 different focus groups. The first focus group involved persons that were currently living on the streets and consisted of 8 African-American males and 1 White female. The second focus group was made up of formerly chronically homeless persons that were now living in Permanent Supportive Housing and consisted of: 2 African-American Males, 1 White male, 1 African-American female and 2 White females. The last group involved single females (some with children and some without) that were formerly homeless and currently lived in either transitional housing or permanent housing. The group consisted of 2 African-American females and 3 White females. Focus groups lasted for approximately 1 ¼ hours. Focus group participants were made aware that a voice recorder would be operating during the focus group, though it was not started until after introductions, to protect their anonymity.

Not all focus group participants were asked the same questions. Focus groups were asked questions relevant exclusively to their subpopulation. While recruitment efforts were designed to represent individuals from multiple subpopulations, not all subpopulations and geographies of the homeless community were represented.

All of the groups were asked some form of the question "What is the most important thing that you need to get into housing?

The most common answer was not enough affordable housing available. Other key themes included: background checks and evictions; transportation; knowing all housing possibilities that are available; and not being able to get correct information from case managers/service providers.

This last comment was a topic that was brought up by all focus groups. The consensus was that while there are a few case managers that are very good and know how to direct clients to the best housing solution given the individual's situation, most case managers and service providers are unaware of many of the resources available in the community. A number of persons that are now in housing stated that the only reason they were able to secure housing was because of what they learned from other persons that are homeless. There was also a general consensus that there is little collaboration between agencies. A number of participants stated that there are certain organizations (primarily faith-based organizations) that are only focused on the services/housing that are available directly though that organization. A few participants suggested agencies need collaborative training for outreach workers and case managers so everyone is on the same page.

In discussions with currently unsheltered people, the most common services needed besides housing were: bus passes, help with legal issues, drug treatment and access to computer help/training. This group expressed a strong desire to obtain permanent housing and to become self-sufficient. Four members of this group discussed the challenges in finding a job while unsheltered. They also said that they perceive service providers don't want to help them get housing if they already have a job.

One other issue of note specific to this group was the opinion that police downtown are arresting more persons experiencing homelessness than any time in the past couple of years.

Focus group respondents that were in housing noted that property managers and landlords were raising rents to take advantage of surging demand. They also noted changing eligibility requirements that would exclude them from signing a lease. Many of them were worried about becoming homeless again because of these factors. This group was generally very appreciative of their housing and placed a lot of value on remaining in housing. "Getting into my own home absolutely changed my whole life" stated one participant-- an attitude echoed by a number of others in both groups.

One of the most pressing needs identified by these two groups was transportation. Both groups had access to bus passes but all of them stated there was an incredible need for more bus passes. Other needs that were mentioned included: help with past eviction

history, access to clothes for themselves and their children, general computer classes and parenting classes.

When asked if any agency had ever asked them for their feedback on how well that agency was doing, the unsheltered group unanimously responded that they had never been asked how an agency is performing. The group of single women stated that they used to have regular group meetings with staff but have not had any in the last few months. Another housed group said they were sometimes asked to fill out a client feedback questionnaire.

System Performance Measures

Overview

HUD has developed the following seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC Program-funded projects;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects;
7. Successful housing placement;

The purpose of these measures is to provide a more complete picture of how well a community is preventing and ending homelessness. The number of homeless persons measure (#3) directly assesses a CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.

To have a full understanding of each measure one needs to understand the parameters of the data and the limitations for each measure. For that reason, I will not include the outcome of each measure here but will just give an overview of measures #1, #5 and #7. I am not including a summary of #2, and #4 because there are current HMIS system issues that need to be addressed (currently in progress) to give a more accurate picture of the results of these measures. Measure # 3 is the Point-In-Time results which are available at: changinghomelessness.org. Measure #6 is not applicable to the Northeast Florida CoC. To review the full Northeast Florida CoC's latest performance measures please refer to the Performance Measures Preliminary Report in the appendix.

The following table is a measurement of length of time homeless from emergency shelter exits only. As can be seen the Northeast Florida area exceeds both state and national averages. While for 2018 this number has decreased to 99 days, this may be a contributing factor regarding the perception by both providers and consumers for the need for additional emergency shelter and/or bridge housing beds.

Table 12. Measure 1: Length of time persons remain homeless exits from ES

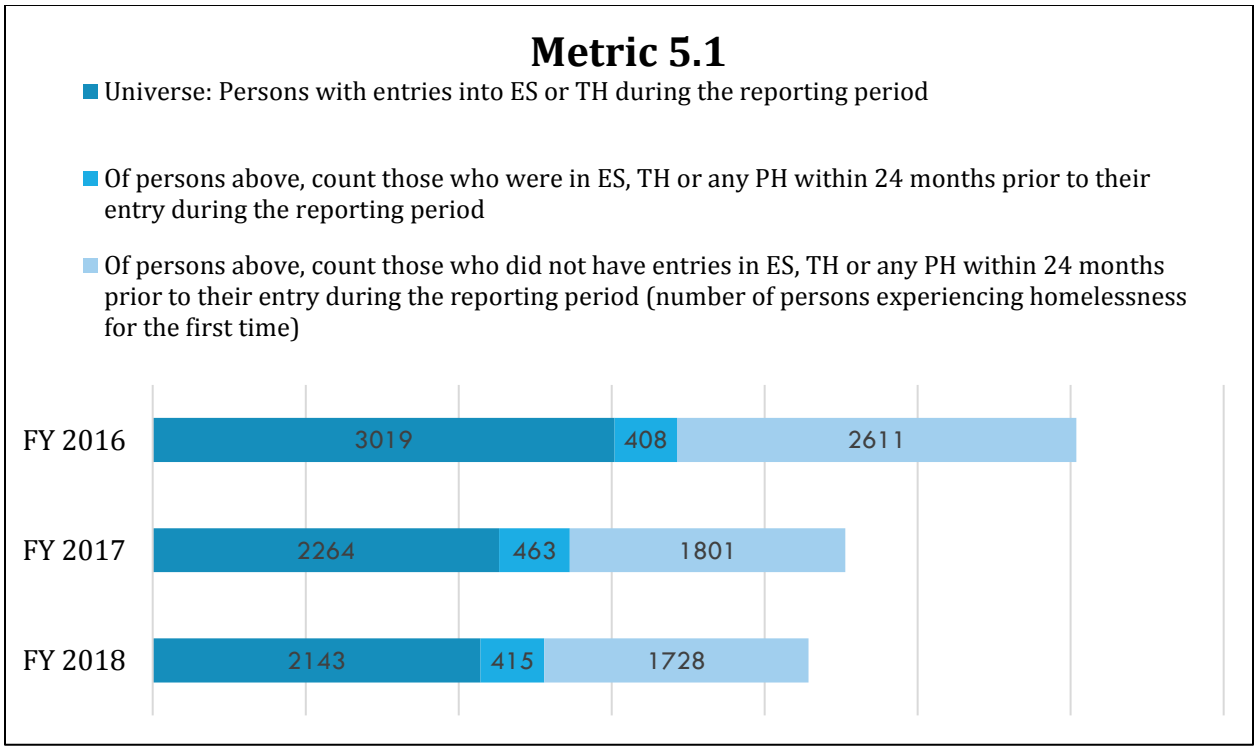
National Averages for Length of Time Homeless
FY 2016- 74 days
FY 2017- 77 days

Florida Averages for Length of Time Homeless
FY 2016- 59 days
FY 2017- 77 days

Northeast Florida Averages for Length of Time Homeless
FY 2016- 93 days
FY 2017- 114 days

The following table is a measurement Number of persons who become homeless for the first time. This measure provides the number of people who experience homelessness for the first time compared to all people who experience homelessness in emergency shelter and transitional housing during a year.

Figure 10. Measure 5: Homeless for first time in ES and TH.



Measure #7 provides the number of people who exit successfully to permanent housing across the federal fiscal year. The first part of the measure looks at combined exits from emergency shelter, transitional housing and rapid re-housing. The second measure looks at permanent supportive housing only and includes retention of existing permanent supportive housing as well as exits to new permanent housing from permanent supportive housing.

Table 13. Change in exits from street outreach to permanent housing destinations

Metric 7a. 1	FY 2016	FY 2017	FY2018
Universe: Persons who exit street outreach	301	427	550
of the persons above, those who exited to permanent housing destinations	134	276	261
% Successful Exits	64%	72%	56%

The national average for successful exits from street outreach in 2017 was 50% and the state average for 2017 was 53%.

Table 14 Change in exits to permanent housing destinations

Metric 7b. 1	FY 2016	FY 2017	FY 2018
Universe: Persons in ES, SH, TH and PH-RRH	2886	2590	2507
of the persons above, those who exited to permanent housing destinations	1121	863	951
% Successful Exits	39%	33%	38%

The national average for successful exits to permanent housing in 2017 was 45% and the state average for 2017 was 47%.

Table 15 Change in exit to or retention of permanent housing

Metric 7b. 2	FY 2016	FY 2017	FY 2018
Universe: Persons in all PH projects except	650	817	900
Of the persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	596	751	837
% Successful Exits	92%	92%	93%

The national average for successful exits or retention from permanent housing in 2017 was 93% and the state average for 2017 was 92%.

For more information regarding HUD's System Performance Measures, refer to HUD's system performance website at: https://www.hudexchange.info/programs/CoC/system-performance-measures/#guidance.

Summary Findings of Gaps and Barriers

Data from the Point-in-Time count for Northeast Florida shows the shift in emphasis by the CoC to dedicating more resources to permanent housing. This shift means fewer beds in emergency shelters. Because of this shift, the number of sheltered persons has decreased from 2018 to 2019. A decrease in shelter and transitional beds means a decrease in emergency capacity—the ability to assist a person facing a housing crisis. As a result, Northeast Florida experienced an increase in unsheltered persons from 2018 to 2019. This is likely the reason for the responses from both providers and consumers for the need for more emergency shelter beds or bridge housing beds.

It is significant to note that the only dedicated youth beds were 29 of the 540 transitional housing beds. There has been a response by the CoC to address this deficiency with recently awarded funding applications for additional permanent housing specifically for youth.

From the financial analysis it can be seen that the predominant form of housing provided is Rapid Re-Housing followed by Permanent Supportive Housing, which together accounts for 61% of the total funds. Emergency shelter services and transitional housing accounts for a total of 7% of funds.

One area that is beyond the scope of this report is the average cost per unit per day by type of housing and the same type of cost comparison between programs offering the same type of housing.

In the provider survey, in response to the question about "contributing factors to homelessness for families," by far the greatest factor was "shortage of affordable rental housing" followed by "low paying jobs" and "poverty." Responses to the question for "contributing factors to homelessness for individuals" is similar to the previous response showing "affordable housing" as the leading cause but only slightly ahead of "lack of services for mental illness" followed by "low paying jobs." Additionally, the response to the lack of services for addiction issues was almost double for individuals as for families.

In response to "areas for improvement or expansion," again "affordable and/or supportive housing" was the leading area for improvement scoring over 100% higher than any other area.

In response to "most important resources to reduce homelessness," "more affordable rental housing" was again by far the most important resource. Nevertheless, it is significant that bridge housing was the second most important resource. This adds credence to the responses from both providers and consumers for the need for more beds to get persons off of the streets or an improved system to get persons out of current shelter and transitional housing beds into permanent housing.

Three of the five providers interviewed stated that the communication from the Central Entry System needs to be improved. Four of five providers said that CES needed improvement in some manner. Areas mentioned were: better outreach to outlying counties

(especially West Nassau); quicker turnaround time on referrals for permanent housing beds; and adding in availability of all shelter beds.

Four of five providers stated that HMIS was much improved and has improved data accuracy, assessments and reporting features. One area of significance was the need to find the resources to help the faith-based community improve their use of HMIS.

Two providers identified the need for improved training and education of front line and front desk staff regarding what is available to persons and where to direct them for help. The consumer focus groups also brought up training and education of staff.

Responses to the consumer survey disclosed the two highest needs were food (198 responses) and housing (179 responses) followed by bus passes. The most important thing consumer survey participants needed to obtain housing was rental assistance (149 responses), more affordable housing (88 responses) and employment assistance (66 responses)

All focus groups were asked some form of the question "What is the most important thing that you need to get into housing? The most common answer was not enough affordable housing available. Other key themes included: background checks and evictions; transportation; knowing all housing possibilities that are available; and not being able to get correct information from case managers/service providers. This last comment was a topic that was brought up by all focus groups.

In focus group discussions with currently unsheltered people, the most common services needed besides housing were bus passes.

One other issue noted by unsheltered people was the opinion that police downtown are arresting more persons experiencing homelessness than at any time in the past couple of years.

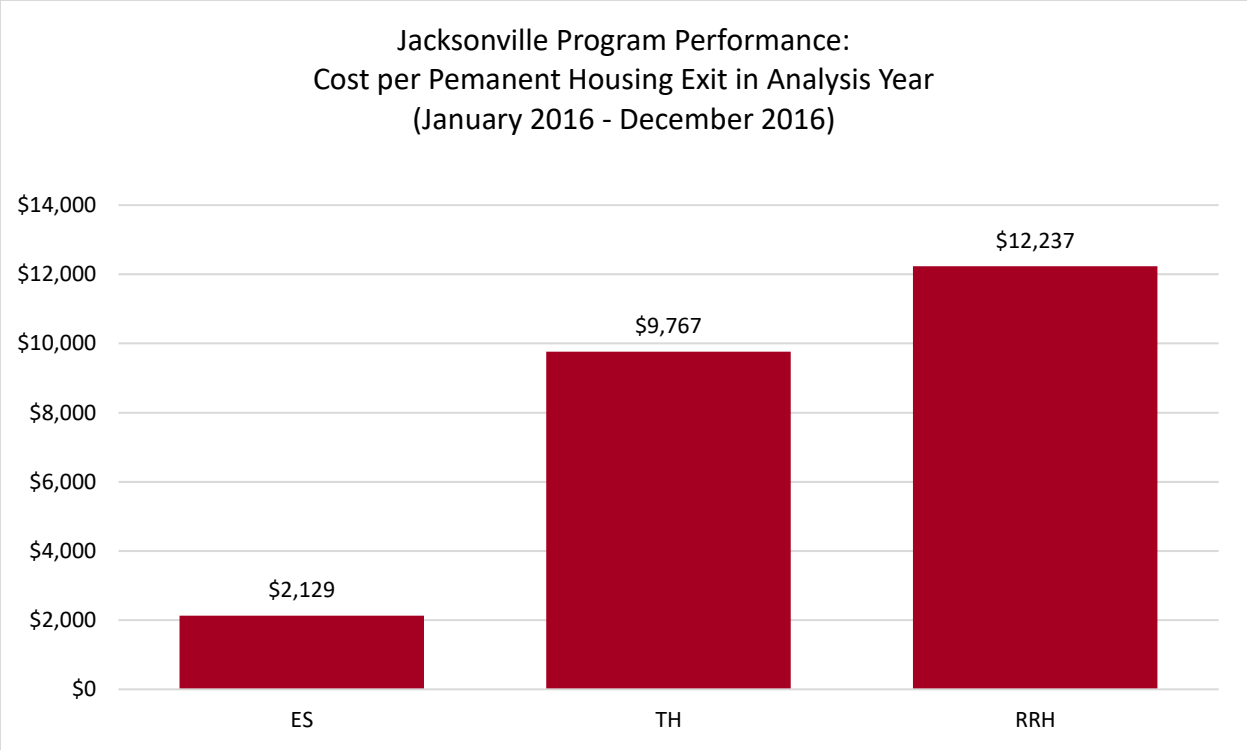
Focus group respondents currently in housing noted that property managers and landlords were raising rents to take advantage of surging demand. They also noted changing eligibility requirements that would exclude them from signing a lease. Many of them were worried about becoming homeless again because of these factors.

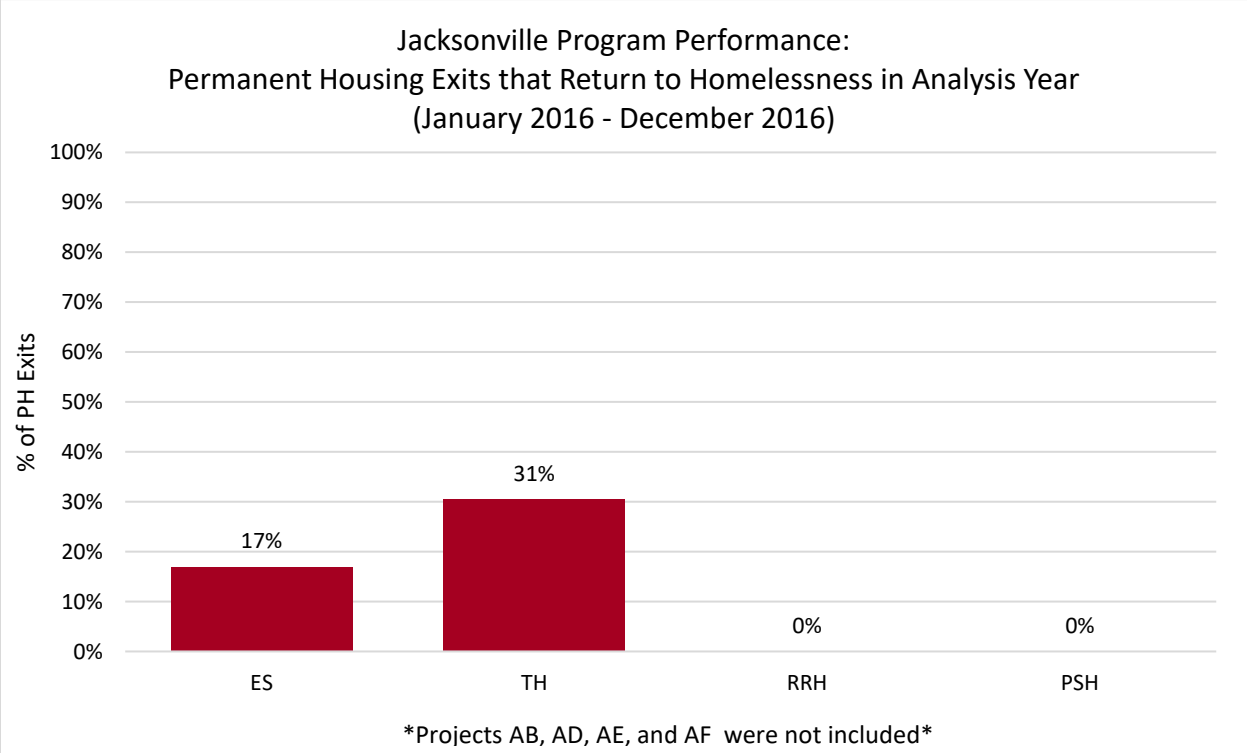
An area for concern for providers is that when focus group participants were asked if any agency had ever asked them for their feedback on how well that agency was doing, the unsheltered group unanimously responded that they had never been asked how an agency is performing.

Results of the preliminary report on Systems Performance Measures indicate that the CoC is making significant progress in addressing homelessness. One area of concern is the average length of time persons are remaining in emergency shelters. For 2018 this was 99 days, which is an improvement over previous years, but still significantly higher than national and state averages.

This report does not present recommendations. The findings of this report are one tool to assist the community to begin to create change by setting a framework for systems and programs that work toward ending homelessness in Northeast Florida.

Exhibits


Jacksonville Program Performance:
Cost per Pemanent Housing Exit in Analysis Year
(January 2016 - December 2016)
$14,000
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$0
$2,129
$9,767
$12,237
ES
TH
RRH


Jacksonville Program Performance:
Permanent Housing Exits that Return to Homelessness in Analysis Year
(January 2016 - December 2016)
% of PH Exits
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
17%
31%
0%
0%
ES
TH
RRH
PSH
Projects AB, AD, AE, and AF were not included

Continuum of Care FL 510 Provider Survey

The Northeast Florida Continuum of Care Governance Board is undergoing a strategic planning process to develop long range plans to better meet the needs persons experiencing homelessness and those at risk of homelessness in our community. The purpose of this survey is to elicit information regarding the needs of homeless people in our community and to help identify gaps in the current homeless service. This survey is not intended to identify the services available from your agency or in the community. The CoC Governance board will complete that work at a later time and utilize a different methodology.

This information is intended to help guide the CoC Governance Board make better informed decisions regarding our system of care going forward.

Instructions: Place a check mark by each correct answer unless otherwise instructed.

1, Does your agency directly address client housing issues such as providing financial assistance to be used towards rent, providing low-income housing, providing emergency accommodations, etc.?

_____Yes _____No

2. What do your services focus primarily on?

_____ Emergency intervention
_____ Short-term intervention
_____ Long-Term intervention
_____ Prevention

3. Please indicate to what extent each of the following is a contributing factor when Northeast Florida's families with children become homeless. Name five by placing a number – 1, 2, 3, 4 and 5- in order of greatest need with 1 being the greatest.

_____Shortage of affordable rental housing
_____ Low-paying jobs
_____ Poverty
_____ Criminal background
_____ Poor life skills
_____ Mental illness and the lack of needed services
_____ Addiction issues and the lack of needed services
_____ Medical or health costs
_____ Physical/cognitive disabilities
_____ Domestic Violence
_____ Discrimination (age, racial, gender, etc)
_____ Other If other, please specify: _____

4. Please indicate to what extent each of the following is a contributing factor when Northeast Florida's unaccompanied individuals become homeless. Name five by placing a number – 1, 2, 3, 4 and 5- in order of greatest need with 1 being the greatest.

_____ Shortage of affordable rental housing
_____ Low-paying jobs
_____ Poverty
_____ Criminal background
_____ Poor life skills
_____ Mental illness and the lack of needed services
_____ Addiction issues and the lack of needed services
_____ Medical or health costs
_____ Physical/cognitive disabilities
_____ Domestic Violence
_____ Discrimination (age, racial, gender, etc)
_____ Other If other, please specify: _____

5. Which parts of the existing system serving persons experiencing homelessness have the greatest need for improvement or expansion (name three by placing a number – 1, 2, and 3 - in order of greatest need)?

_____ Affordable and/or supportive housing
_____ Transitional housing system
_____ Emergency shelters system
_____ Prevention/Diversion services system
_____ Supportive services (case management/peer supports) system
_____ Mental health/substance abuse treatment system
_____ Employment system
_____ Outreach and Assessment system
_____ Veteran's services system

6. What are the top FIVE resources needed to help reduce homelessness in Northeast Florida? Place a number – 1, 2, 3, 4 and 5- in order of greatest need with 1 being the greatest.

_____ More affordable rental housing
_____ More permanent supportive housing for persons with disabilities
_____ More bridge housing for persons waiting to get into other types of housing
_____ More transitional housing
_____ More homeless shelter beds
_____ More mental health service providers
_____ More SOAR case managers
_____ More housing case managers
_____ More services for veterans
_____ More services for domestic violence victims
_____ More services for youth
_____ More substance abuse services
_____ More detox and crisis stabilization beds
_____ More diversion programs
_____ More emergency assistance
_____ Increased access to meals/food
_____ Accessible and free or low-cost healthcare
_____ More employment training programs
_____ More or better paying employment opportunities
_____ Other If other, please specify: _____

7. In your experience, is there a shortage of emergency shelter beds for unaccompanied individuals in NE Florida? ____ Yes ____ No ____ Not Sure

8. In your experience, is there a shortage of emergency shelter beds for families with children in NE Florida? ____ Yes ____ No ____ Not Sure

9. Given current economic conditions, housing availability, employment condition and other factors affecting homelessness in Northeast Florida, do you expect the number of homeless individuals and families over the next year to:

_____Continue at about the same level?
_____Increase moderately?
_____Increase substantially?
_____Decrease moderately?
_____Decrease substantially?

10. Is there anything we missed? If so please specify:

_____ _____
Name of your organization Your Name

Gender: _____ Race: _____ Ethnicity: _____ Age: _____

1. **Do you have children staying with you currently?** ___ Yes ___ No
2. **Where are you currently sleeping? IF PERSON IS IN PERMANENT HOUSING- DO NOT COMPLETE SURVEY**

__ In a shelter

__ In transitional housing

__ On the street (includes tent, abandoned building, car)

3. **If you are sleeping on the street, why don't you use shelter services?** Check all that apply

__ They are too crowded

__ Bugs

__ There are too many rules

__ They are full

__ I can't stay with my family/partner

__ Germs

__ They don't allow my pet

__ There is nowhere to store my stuff

__ They are too far away

__ I can't stay with my friends

__ Other _____

4. **Would you move if safe, affordable housing were available?** Yes ____ No ____

If No why not_____

5. **Do you need this service? Check all that apply**

__ Food

__ Job Assistance

__ Bus Passes

__ Clothing

__ ID

__ Affordable Housing

__ Shelter Bed

__ Storage

__ Public Computer

__ Take a Shower

__ Mailbox

__ Dental

__ Mental Health Services

__ Medical Care

__Legal help

__Pharmacy assistance

__ Child Care

__ Utilities

__ Substance Abuse Counseling

6. **What would help you obtain permanent housing?**

__ Rental assistance

__ More affordable housing

__ Employment assistance

__ Transportation

__ Money for moving costs

__ Help clearing credit

__ Additional education

__ Help clearing rental history

__ Help with paperwork

Focus Group Questions

Questions for non-sheltered.

Which services do you believe you most need today?

Have you been offered a shelter bed but did not move into the shelter? If so, why not?

Have you been offered housing but did not move into the housing? If so, why not?

What do you need most to get into housing?

What has been your experience in getting into your own housing?

Have you ever been asked before by a service provider to offer feedback on the quality of services you are currently receiving from them? If so, how were you asked for your opinion?

Questions for formerly homeless that are now in permanent housing.

What did do you need most to get into housing?

Which services do you believe you most need today to remain in housing?

What has been your experience in getting into your own housing?

What areas of the current system that serves persons experiencing homelessness are in most need of improvement?

Have you ever been asked before by a service provider to offer feedback on the quality of services you are currently receiving from them? If so, how were you asked for your opinion?

Northeast Florida System Performance Measure Report

FY 2018

Reporting Period: 10/1/17 – 9/30/18

Overview

HUD System Performance Measures in Context

Published: July 2014

HUD has developed the following seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness:

1. Length of time persons remain homeless;

2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;

3. Number of homeless persons;

4. Jobs and income growth for homeless persons in CoC Program-funded projects;

5. Number of persons who become homeless for the first time;

6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects;

7. Successful housing placement;

The purpose of these measures is to provide a more complete picture of how well a community is preventing and ending homelessness. The number of homeless persons measure (#3) directly assesses a CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.

Reductions in the number of people becoming homeless are assessed by measuring the number of persons who experience homelessness for the first time (#5), the number who experience subsequent episodes of homelessness (#2), and homelessness prevention and housing placement for people who are unstably housed (Category 3 of HUD's homelessness definition) (#6). Achievement of quick and stable housing is assessed by measuring length of time homeless (#1), employment and income growth (#4), and placement when people exit the homelessness system (#7).

The performance measures are interrelated and, when analyzed relative to each other, provide a more complete picture of system performance. For example, the length of time homeless measure (#1) encourages communities to quickly re-house people, while measures on returns to homelessness (#2) and successful housing placements (#7) encourage communities to ensure that those placements are also stable. Taken together, these measures allow communities to more comprehensively evaluate the factors that contribute to ending homelessness.

For CoCs to accurately assess their progress using these measures, they must ensure that their data are as complete and accurate as possible, from data entry to report generation.

How These Measures Will Be Used

There are two primary uses of the system-level performance measures. First, HUD will use the data as selection criteria to award projects under future NOFAs. HUD will carefully consider which performance measure data is most appropriate and constructive as selection criteria for awarding grants under the CoC program. HUD will evaluate how CoCs are improving their performance from year to year and take into account their unique circumstances and conditions.

Second, system performance measures data will enable communities to evaluate and improve their performance. Because these are system-level measures, they can reveal significant information about how well homelessness assistance programs are functioning as a whole and where improvements are necessary. The data will also help CoCs identify gaps in data and services. It is critical for CoCs to consider the populations they are serving when evaluating their performance and potential system changes. Populations such as youth, victims of domestic violence, and people experiencing chronic homelessness might have unique circumstances. In comparing services in their system, CoCs should strive to ensure comparisons are made among projects with similar target populations.

Retrieved from: https://www.hudexchange.info/resources/documents/system-performance-measures-in-context.pdf

For more Guidance and Information regarding HUD's System Performance Measures, please refer to HUD's system performance website at: https://www.hudexchange.info/programs/coc/system-performance-measures/#guidance

Reporting Periods

The annual System Performance dates ranges are broken down as follows:

FY 2018- October 1, 2017 – September 30, 2018

FY 2017- October 1, 2016 – September 30, 2017

FY 2016- October 1, 2015 – September 30, 2016

Measure 1: Length of time persons remain homeless

Overview of Measure:

This measures the number of clients active in the report date range along with their average and median length of time homeless across the relevant universe of projects. The measure is broken into two separate reporting categories:

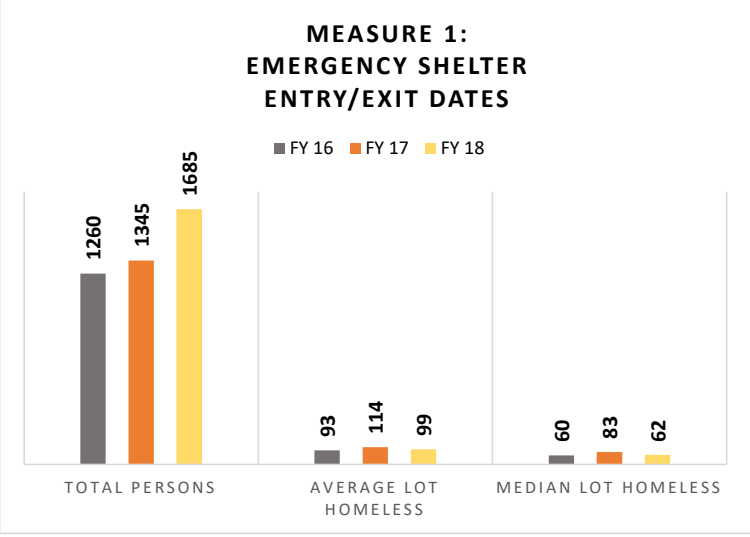
Measure 1- This measure uses each client's start, exit, and bed night dates strictly as entered in HMIS. This measure looks specifically at Emergency Shelter and Transitional Housing programs.

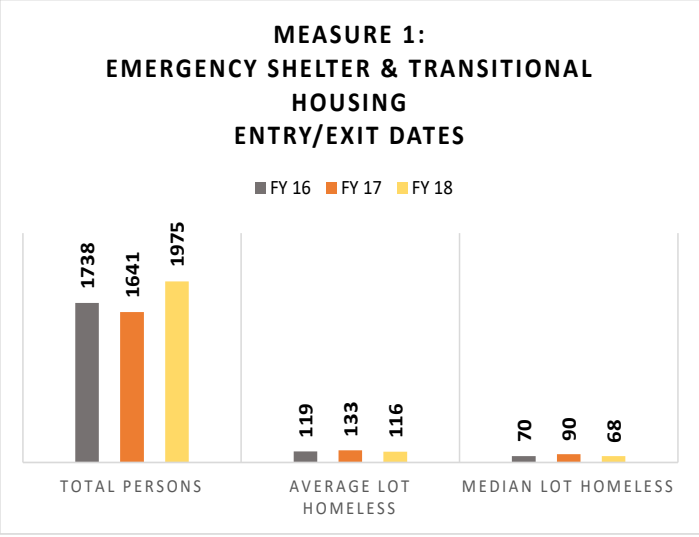
	Previous FY Universe	Current FY Universe	Previous FY Average LOT Homeless	Current FY Average LOT Homeless	Difference	Previous FY Median LOT Homeless	Current FY Median LOT Homeless	Difference
Persons in ES and SH		1,685		98.75			62.00	
Persons in ES, SH, and TH		1,975		115.72			68.00	

What context is important to consider?

Emergency shelter and transitional housing have operational differences that impact their length of stay. Emergency shelter is intended to provide short-term, temporary shelter and generally has no prerequisite for entry. In contrast, transitional housing provides up to 24 months of temporary shelter usually coupled with supportive services to prepare people for permanent housing. Transitional housing generally targets specific groups and can have entry requirements. Thus, transitional housing will typically have a longer length of stay than emergency shelter.

Fiscal Year Comparisons





National Averages for Length of Time Homeless

FY 2016- 74 days
FY 2017- 77 days

Florida Averages for Length of Time Homeless

FY 2016- 59 days
FY 2017- 61 days

National Averages for Length of Time Homeless

FY 2015- 117 days
FY 2017- 123 days

Florida Averages for Length of Time Homeless

FY 2016- 98 days
FY 2017- 95 days

Measure 2: The extent to which persons who exit homelessness to permanent housing destinations return to homelessness

Overview of Measure:

This measure provides the percentage of people who exited into permanent housing and returned to homelessness during the reporting period that occurred within 2 years after their exit. The measure looks at all returns in addition to returns after exiting specific program types: emergency shelter, transitional housing and permanent housing programs.

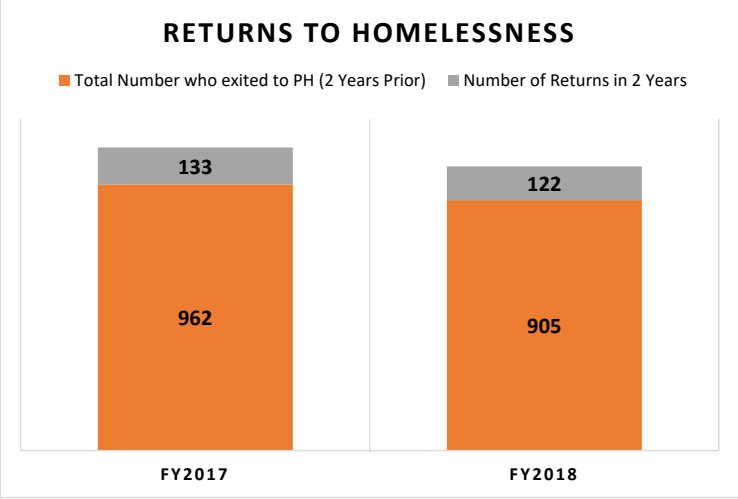
What context is important to consider?

This measure looks back at exits from 2 years prior to the reporting period. It includes all people within a household including children. The differences across project types of emergency shelter, transitional housing and rapid re-housing should be considered when interpreting this outcome.

Permanent housing success includes specific housing destinations. These include: long-term care facility or nursing home, permanent housing programs including rapid re-housing and permanent supportive housing, housing that is owned and/or rented with or without a subsidy, and staying or living with friends or family that is permanent in tenure.

The Federal Fiscal year runs from October to September. This measure looks back at all the program exits that occurred 2 years prior to the reporting period. Of those program exits, the measure reports on how many of them returned to homelessness for up to 2 years after their exit. Permanent housing programs include rapid re-housing, other permanent housing and permanent supportive housing.

FY 2018	Total # of Persons who Exited to a Permanent Housing Destination (2 years Prior)	Returns to Homelessness in Less than 6 months (0-180 days)		Returns to Homelessness from 6-12 Months (181-365 days)		Returns to Homelessness from 13 to 24 Months (366-730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from Street Outreach	119	4	3.36%	7	5.90%	3	2.46%	14	11.76%
Exit was from Emergency Shelter	335	20	5.97%	16	4.78%	14	4.18%	50	14.93%
Exit was from Transitional Housing	80	7	8.75%	4	5.00%	3	5.56%	14	17.50%
Exit was from Permanent Housing	371	12	3.23%	14	3.77%	18	4.85%	44	11.86%
Total Returns to homelessness	**905**	**43**	**4.75%**	**41**	**4.53%**	**38**	**4.19%**	**122**	**13.48%**



National Averages for returns to homelessness:

FY 2016- 17%
FY 2017- 18%

Florida averages for returns to homelessness:

FY 2016- 21%
FY 2017- 19%

Measure 3 Number of Homeless Persons

Overview of measure:

This measure provides two different counts of people experiencing homelessness. The Annual Count captures the number of people experiencing homelessness across 12 months in emergency shelter and transitional housing. The Point-in-Time (PIT) Count captures the number people experiencing homelessness on one night in January in emergency shelter, transitional housing as well as unsheltered homelessness including places unfit for human habitation.

Metric 3.1	2016 PIT Count	2017 PIT Count	2018 PIT Count
Universe: Total PIT Count of sheltered and unsheltered persons	1959	1869	1794
Emergency Shelter Total	907	933	878
Transitional Housing Total	611	504	487
Total Sheltered Count	1518	1437	1365
Total Unsheltered Count	441	432	429

Metric 3.2	FY 2016	FY 2017	FY 2018
Universe: Unduplicated Total sheltered homeless persons	1969	1780	2524
Emergency Shelter Total	1367	1376	2249
Transitional Housing Total	649	419	335

National Averages for Unduplicated HMIS Totals

FY 2016- 2,819

FY 2017- 2,790

Florida Averages for Unduplicated HMIS Totals

FY 2016- 2,429

FY 2017- 1,892

What Context is important to consider?

The number of people who experience homelessness in emergency shelter and transitional housing is connected to the number of beds available to shelter people in emergency shelter and transitional housing. This number of beds is part of our community's Housing Inventory Count. When there is an increase or decrease in beds, there is a corresponding change to the number of people that can be counted in them. Therefore, analysis of an increase or decrease in the number of people experiencing homelessness must also include whether the bed count also changed.

The annual count covers a full year, but does not include unsheltered homelessness. The PIT Count provides only a one-night snapshot, but includes unsheltered homelessness in its total.

Measure 4: Jobs and income growth for homeless persons in CoC Program-funded projects

Overview of Measure:

This measure provides the percentage of people who exit that increased their income in CoC-funded projects across the federal fiscal year. The first part of the measure looks at increase in income among adults who were currently enrolled during the reporting period. The second part of the measure looks at increase in income among adults who exited during the reporting period. This measure is divided into six tables as shown below. The project types reported in these metrics are the same for all metrics, but the type of income and universe of clients differs.

Metric 4.1 - Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		219	
Number of adults with increased earned income		14	
Percentage of adults who increase earned income		6%	

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

	Previous FY	Current FY	Difference
Number of adults with increased non-employment cash income		37	
Percentage of adults who increased non-employment cash income		17%	

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

	Previous FY	Current FY	Difference
Number of adults with increased total income		48	
Percentage of adults who increased total income		22%	

Metric 4.4 - Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		135	
Number of adults who exited with increased earned income		37	
Percentage of adults who increase earned income		27%	

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

	Previous FY	Current FY	Difference
Number of adults who exited with increased non-employment cash		25	
Percentage of adults who increased non-employment cash income		19%	

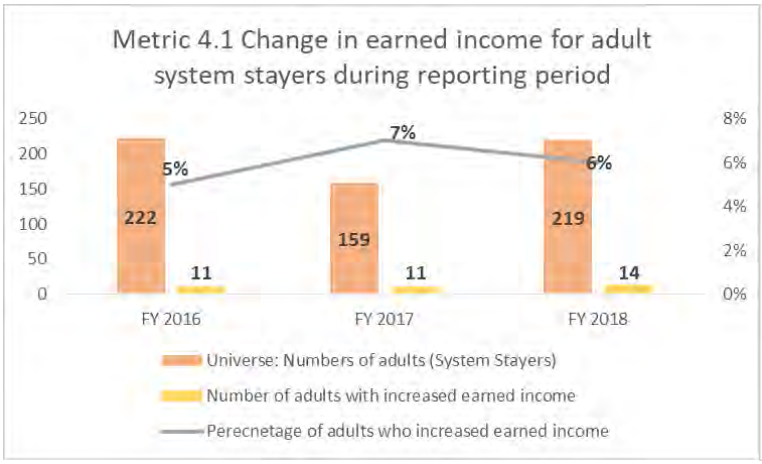
Metric 4.6 - Change in total income for adult system leavers

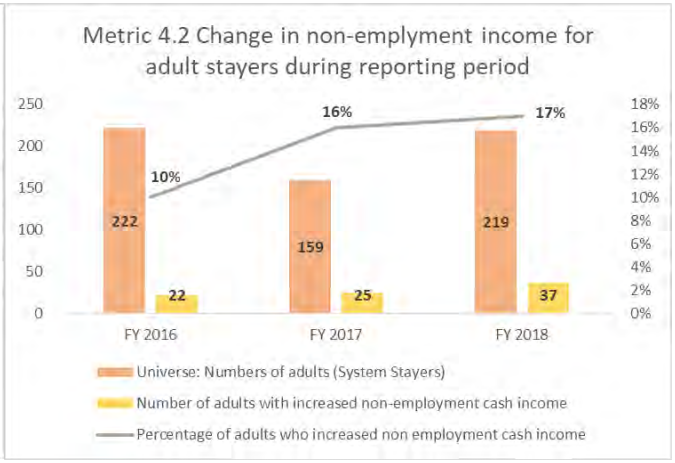
	Previous FY	Current FY	Difference
Number of adults who exited with increased total income		49	
Percentage of adults who increased total income		36%	

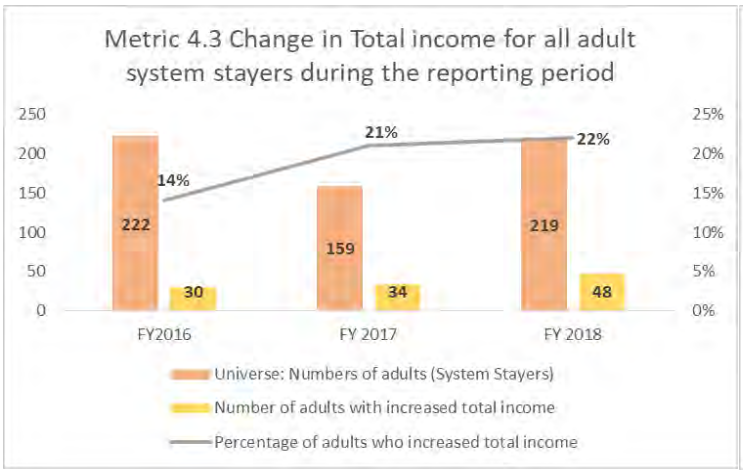
What context is important to consider?

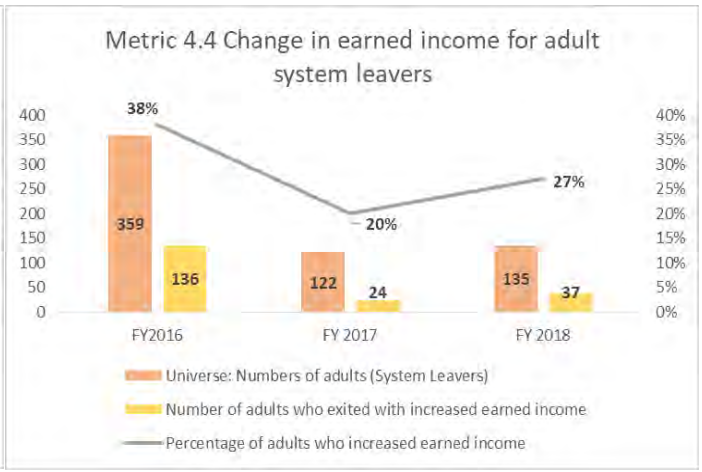
This measure only looks at adults within CoC-funded projects, which is a smaller universe than the other system performance measures. The measure only includes adults who experienced an increase in their income; it does not include adults who maintained the same level of income, which can also serve as a positive indicator for housing stability. In addition, the measure does not give the amount of increase; it could be as small as $1 or more than $100; and the amount of increase, while substantial, may not be enough to sustain the housing of the adult without financial assistance. For these reasons, this data should be interpreted with caution.

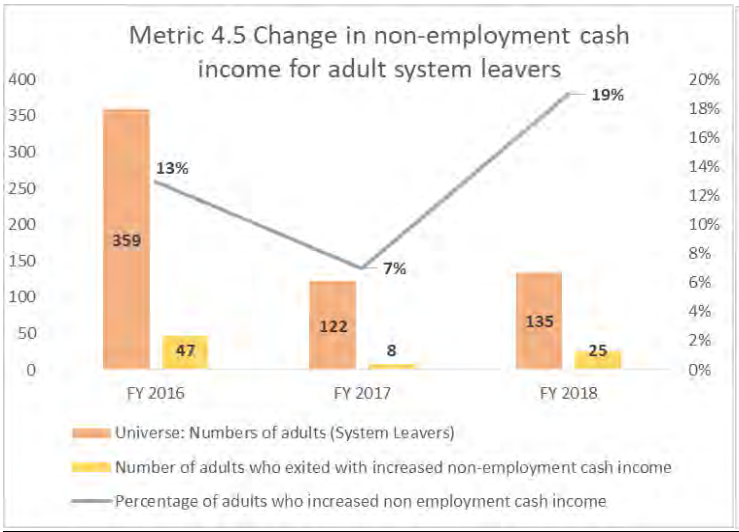
Fiscal Year Comparisons

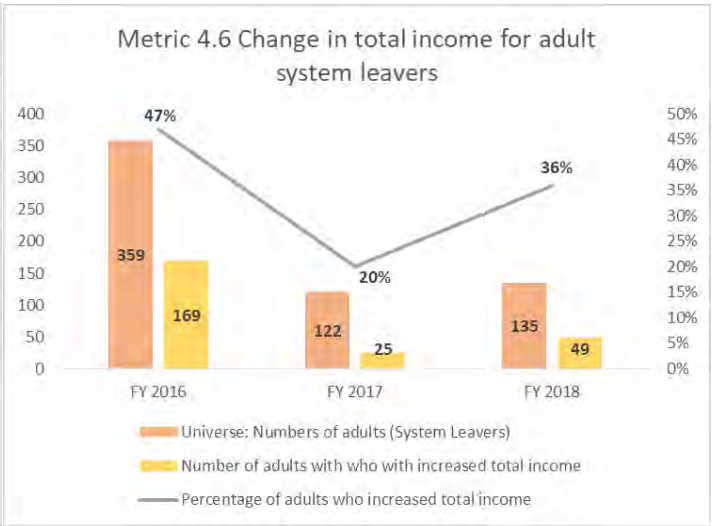










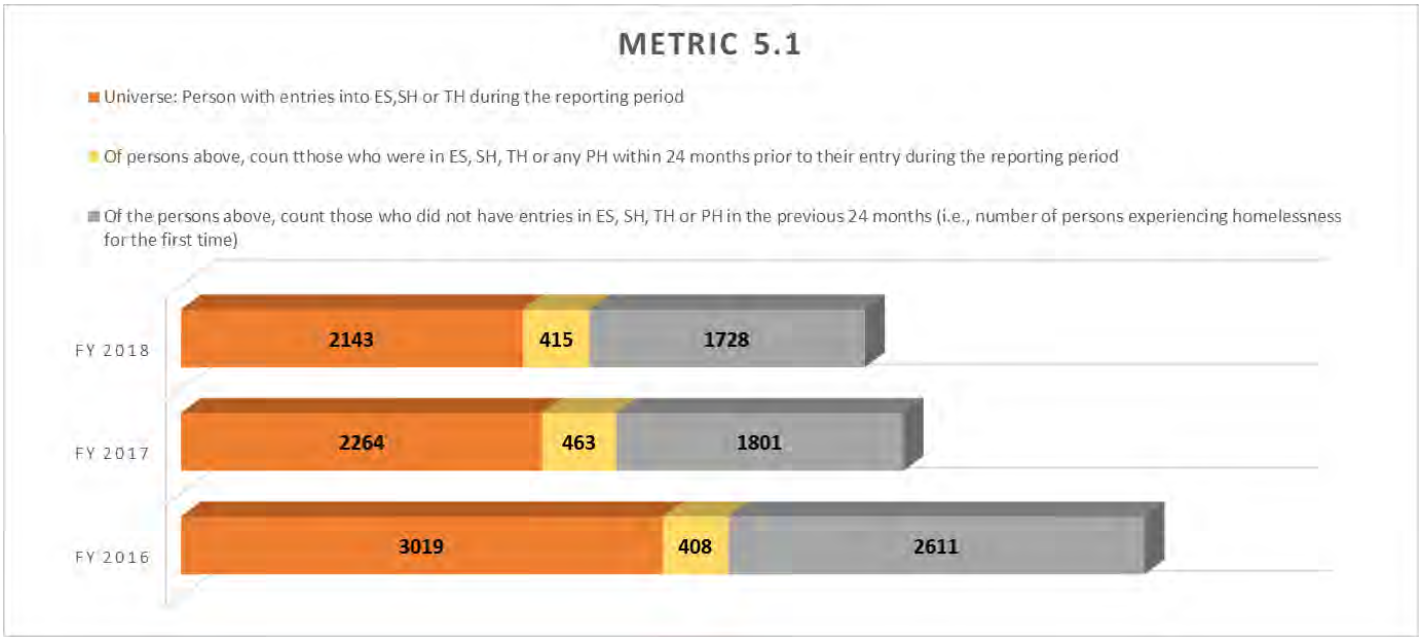


Measure 5: Number of persons who become homeless for the first time

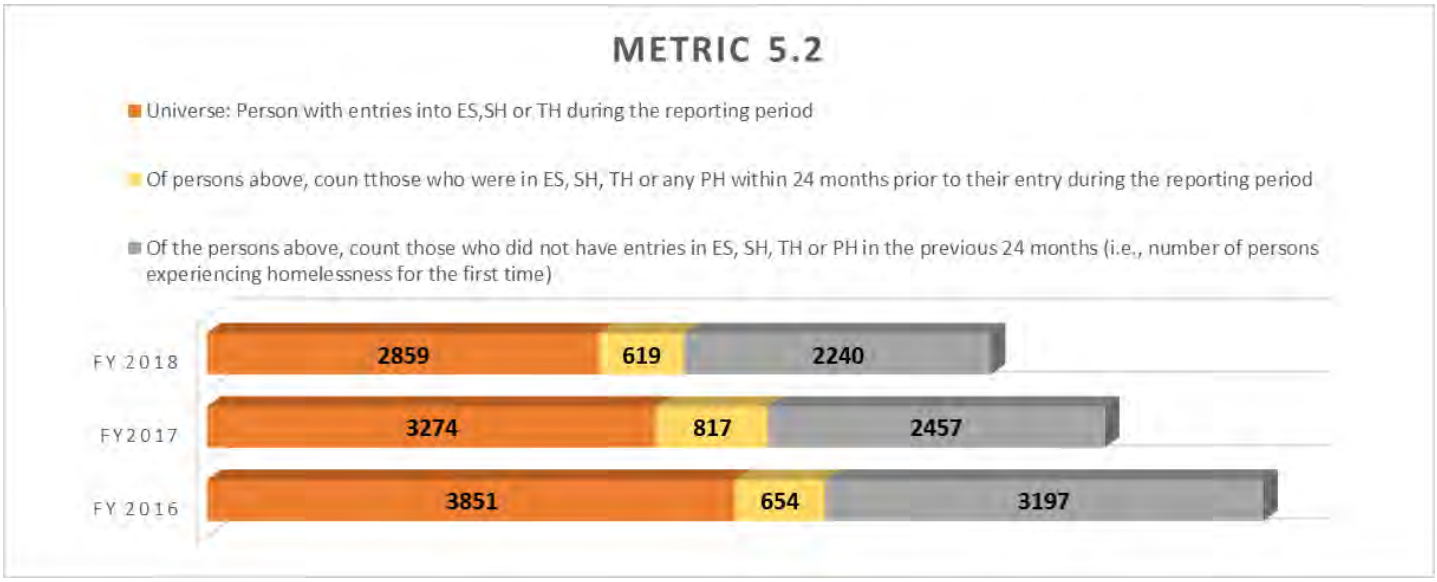
Overview of measure:

This measure provides the number of people who experience homelessness for the first time compared to all people who experience homelessness in emergency shelter and transitional housing during a year.

Metric 5.1: This measures the change in active persons in ES, SH, and TH projects with no prior enrollments in HMIS.



Metric 5.2: This measures the change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollment in HMIS.



Measure 6: Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects

Overview of Measure:

HUD's System Performance measure number 6 is not applicable to our CoC, therefore we do not report on it.

Measure 7: Successful housing placement

Overview of measure:

This measure provides the number of people who exit successfully to permanent housing across the federal fiscal year. The first part of the measure looks at combined exits from emergency shelter, transitional housing and rapid re-housing. The second measure looks at permanent supportive housing only and includes retention of existing permanent supportive housing as well as exits to new permanent housing from permanent supportive housing.

Metric 7a.1 - Change in exits from street outreach to permanent housing destinations

Metric 7a. 1	FY 2016	FY 2017	FY2018
Universe: Persons who exit street outreach	301	427	550
of the persons above, those who exited to permanent housing destinations	134	276	261
% Successful Exits	64%	72%	56%

National Averages
FY 2016- 48%
FY 2017- 50%

Florida Averages
FY 2016- 62%
FY 2017- 53%

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

Metric 7b. 1	FY 2016	FY 2017	FY 2018
Universe: Persons in ES, SH, TH and PH-RRH	2886	2590	2507
of the persons above, those who exited to permanent housing destinations	1121	863	951
% Successful Exits	39%	33%	38%

National Averages
FY 2016- 45%
FY 2017- 45%

Florida Averages
FY 2016- 48%
FY 2017- 47%

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

Metric 7b. 2	FY 2016	FY 2017	FY 2018
Universe: Persons in all PH projects except	650	817	900
Of the persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	596	751	837
% Successful Exits	92%	92%	93%

National Averages
FY 2016- 92%
FY 2017- 93%

Florida Averages
FY 2016- 89%
FY 2017- 92%

What context is important to consider?

The differences across service types of emergency shelter, transitional housing and rapid re-housing should be considered when interpreting this outcome.

The second measure on permanent supportive housing combines retention and exit into one measure. Permanent supportive housing by design is intended to be long-term, which results in a low exit rate. At the same time, permanent supportive housing is considered a permanent housing destination, which is why retention and exit data are collected together.

In Northeast Florida, permanent supportive housing is prioritized for people experiencing chronic homelessness, which is characterized by long periods of homelessness and one or more disabling conditions that pose a barrier to obtaining and maintaining housing.

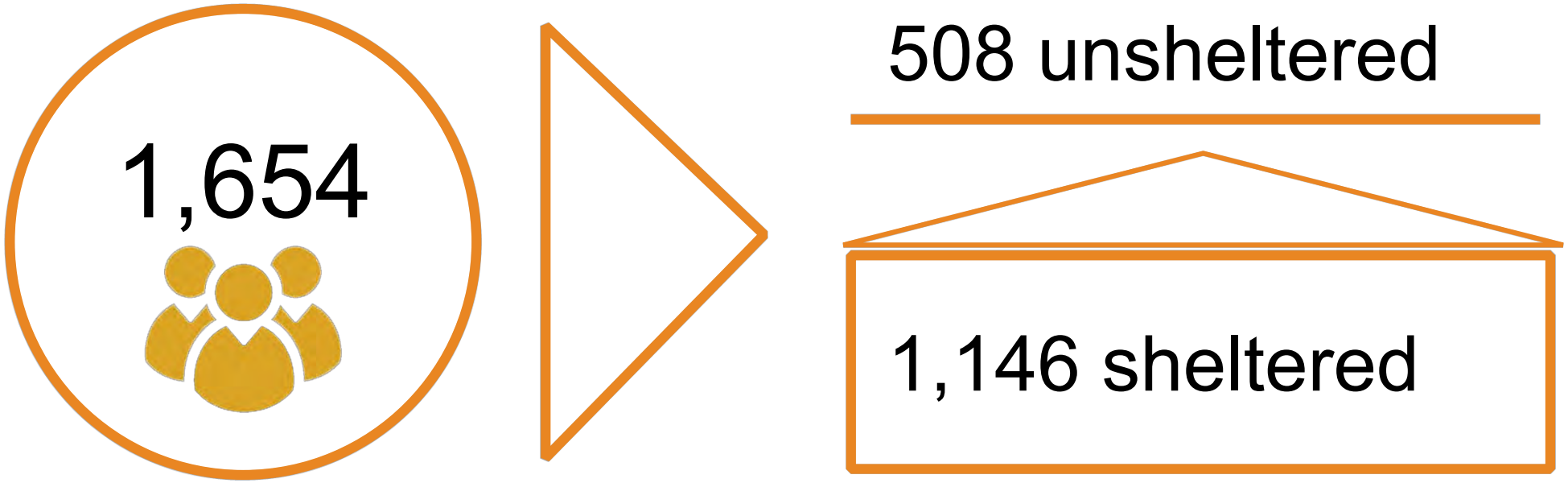
Permanent housing success includes specific housing destinations. These include: permanent housing programs including rapid re-housing and permanent supportive housing, housing that is owned and/or rented with or without a subsidy, long-term care facility or nursing home, and staying or living with friends or family that is permanent in tenure.

State of Homelessness & Volunteer Appreciation

May 8, 2019

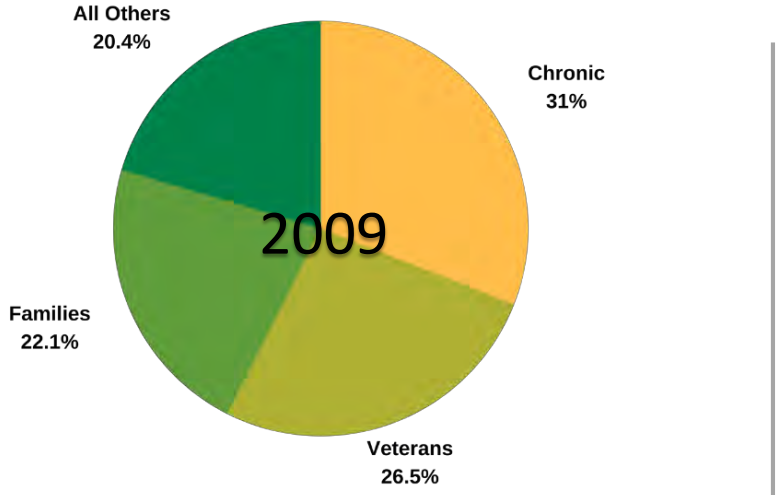
WELCOME ALL!

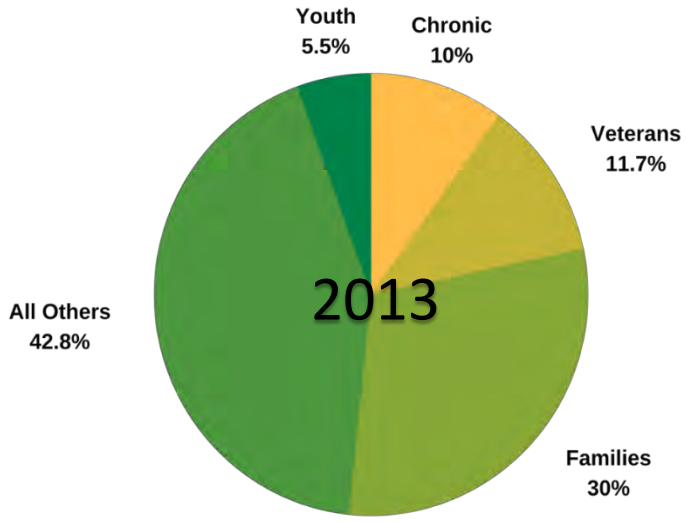
2019 Point in Time Count

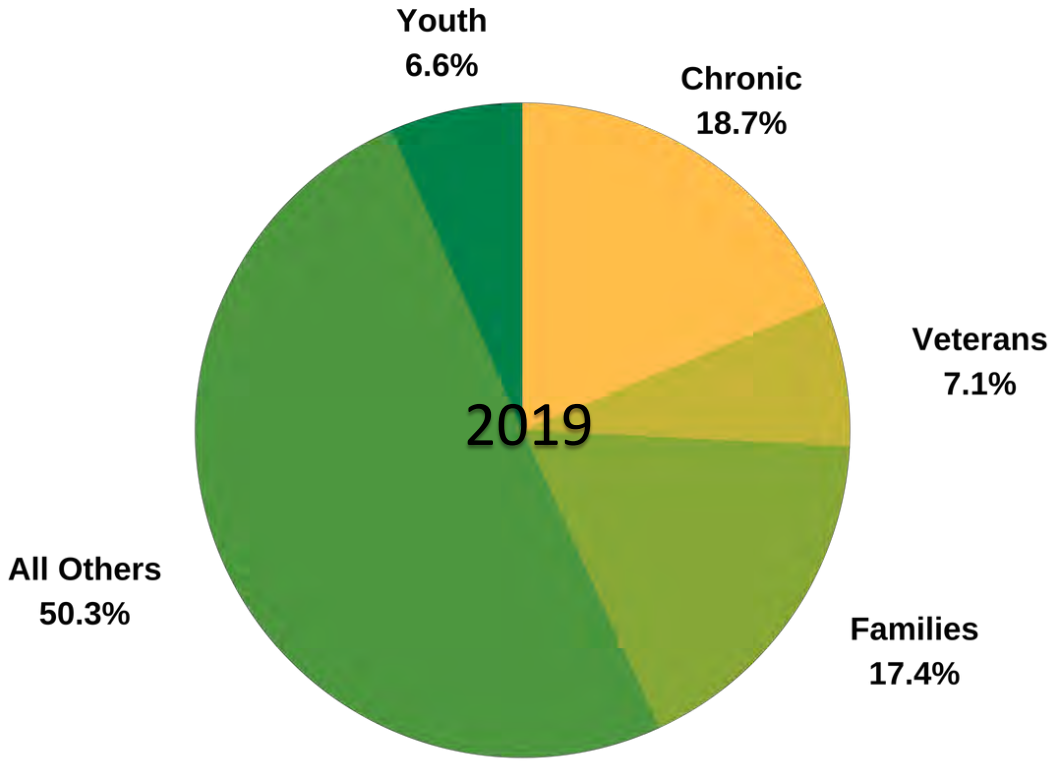


CLAY – 74 | DUVAL – 1,494 | NASSAU – 86

Point in Time Comparison







Jason Kelloway

CHI Chat

Honorable
John Delaney
&
Honorable
Dr. Nat Glover

Florida Times-Union, Photographer: Don Burk

Hero Awards

Downtown Vision

Hayden Church

Marie McCauley

Wesley Stapp

YOU

are changing homelessness!

Dawn Gilman, CEO | President
904.354.1100 | dgilman@changinghomelessness.org

Other – Attachment 2

1C-5

- Anti-Discrimination Policy

1E-3

- Ranking and Scoring Committee – Project Application Instructions and Scoring Guidance
- 2019 New Bonus Project Score Tool
- 2019 Renewal Project Score Tool
- Example of files required for scoring

Northeast Florida Continuum of Care (CoC)
Anti-Discrimination Policy
August 2018

Overview

Applicable Laws & Regulations

Continuum of Care and Emergency Solution Grant projects must operate in compliance with federal nondiscrimination and equal opportunity requirements, including the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act. The requirements of the Equal Access in Accordance with an Individual's Gender Identity regulation, and the requirements of executive orders regarding equal employment opportunity and opportunities for minority and female owned businesses also apply. Please see 24 CFR 5.105 for a full list of applicable federal laws, regulations and Executive Orders.

How to File a Complaint

To submit a compliant or report discrimination:

Jacksonville Human Rights Commission
City of Jacksonville
117 W. Duval Street, Suite 350
Jacksonville, FL 32202
Phone: 904-630-4911
Fax: 904-630-4918
TTY: 904-630-4125

US Department of Housing and Urban Development
10 Causeway Street, Room 321
Boston, Massachusetts 02222-1092
Phone: (617) 994-8300
Fax: (800) 827-5005
TTY (617) 565-5453

The Northeast Florida Continuum of Care

The Northeast Florida Continuum of Care (NE FL CoC) is committed to ending homelessness across Duval, Clay and Nassau counties. To provide all individuals and families experiencing homelessness or at risk of homelessness equal access to necessary housing and services, the NE FL CoC has adopted policies and procedures to ensure no one seeking services from the CoC is

discriminated against. All agencies in the CoC including, but not limited to, the CoC Collaborative Applicant/Lead Agency (Changing Homelessness), agencies funded through Continuum of Care (CoC) and Emergency Solutions Grants (ESG) programs, and homeless service agencies funded by other federal and state programs commit not to discriminate against anyone seeking homeless services based on race, color, national origin, religion, sex, familial status, disability, age, gender, sexual orientation, gender identity or expression, or marital status.

These policies and procedures establish guidance to prevent and discourage discrimination during any interactions with clients. Through these policies and procedures, the NE FL CoC will comply with all applicable civil rights and fair housing laws and requirements, including HUD's Equal Access Rule, the State of Florida statutes that protect discrimination and the City of Jacksonville's Ordinance Code that prohibits discrimination in housing, Chapter 60 of the Jacksonville Municipal Code, Title XI, Chapter 408 and Title VIII of the Civil Rights Act of 1968 (Fair Housing Act). In February of 2017, the Jacksonville City Council added sexual orientation and gender identity/expression as a protected category in local discrimination laws (Chapters 402: Equal Employment Opportunity, 406: Public Accommodations, and 408: Fair Housing), adding protections for lesbian, gay, bisexual and transgender (LGBT) individuals.

Equal Access Protections

Equal Access Policy

Providers of housing and services in the NE FL CoC shall not discriminate on the basis of race, color, national origin, religion, sex, familial status, disability, age, gender, sexual orientation, gender identity or expression, or marital status. Providers shall make housing available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status. The CoC and all participating agencies will provide housing, services, and/or accommodations in accordance with a clients' gender identity, determine eligibility without regard to actual or perceived sexual orientation, gender identity, or marital status, and will serve all persons regardless of actual or perceived barriers to services.

The CoC and agencies in the CoC will operate a coordinated assessment system that provides equal access to all persons, especially those least likely to seek or receive services, and that permits all agencies to comply with applicable civil rights and fair housing laws and requirements.

Equal Access Procedures

The NE FL CoC will:

- Provide annual and as-needed training to agencies and agency staff regarding the Equal Access Rule and related requirements.

- Use appropriate, inclusive language in communications, publications, trainings, personnel handbooks, and other policy documents that affirms the CoC's commitment to serving all eligible clients in adherence with the HUD Equal Access Rule.
- Continue to develop partnerships with organizations that can provide expertise around the process of changing gender markers on identification and benefit applications or can ensure subject matter expertise among staff.
- Support all clients in understanding their privacy rights and the implication of releasing information.
- Regularly monitor CoC and ESG-funded agencies and coordinated assessment systems to ensure compliance with the Equal Access Rule and other applicable fair housing and civil rights laws and related requirements.

Agencies will:

- Ensure staff, volunteers, and contractors understand that a client may present their gender differently than the way they identify.
- When possible, ensure that construction or property rehabilitation includes and promotes privacy and safety in sleeping areas, bathrooms, and showers.
- Offer individual stalls in congregate bathrooms, urinals/toilets, and shower heads to support client safety whenever possible.
- Offer individual gender-neutral bathrooms and gender-neutral shower rooms, where feasible.
- Mediate and resolve conflicts between clients in a way that respects clients and treats them fairly and equally.
- Take immediate action to resolve inappropriate behavior, treatment, harassment, or equal access issues by any person (staff, volunteers, contractors, or clients). Follow the prescribed agency grievance policy as with any other grievance.
- Include policies and procedures in employee handbooks and training that prohibit discrimination and provide guidance to staff to ensure equal access to all groups to the agency's services.

Agency staff will:

- Not consider a client or potential client ineligible because their appearance or behavior does not conform to gender stereotypes and will serve all individuals eligible for the program.
- Not ask questions or seek information concerning a person's anatomy or medical history beyond elements necessary for the purpose of providing services.
- Try to ensure client safety and prevent harassment. If at all possible, staff will remove perpetrators of harassment before asking victims to move.
- Honor the request of an individual for a private space to complete intake and data collection.
- Honor all requests, to the extent possible, for special accommodations for anyone who feels discriminated against or unsafe.

- Honor the request of an individual for accommodations based on their personal safety and privacy concerns, whenever feasible. An "accommodation" will not be given as a "requirement."
- Not require an individual's gender identity to match the gender listed on an ID or other documents.
- Assist clients without identification documents to understand the resources available to obtain identification. Make available intake materials that allow individuals to indicate both their legal name and the name they prefer to be called.
- Give clients with prescribed hormones and other medications as part of their gender-affirming healthcare regime full access to those medications.
- Use the client's preferred gender and pronoun.
- Correct any misinformation or inaccurate conclusions that transgender clients threaten the health or safety of other clients solely based on their non-conforming gender identity/expression during risk-based conversations.
- Keep client's transgender status confidential, unless the client gives permission to share this information.

Involuntary Family Separation Policy

In compliance with CoC Program interim rule 24 CFR 578.93(e), involuntary separation is prohibited in projects funded through CoC and ESG dollars. CoC- and ESG-funded projects may not deny admission to any household on the basis of:

- The age or gender of a child under 18, or
- The gender of a parent or parents.
- The marital status of the parent or parents.

The NE FL CoC will work with providers to ensure shelter placement efforts are coordinated to avoid involuntary family separation.

Faith Based Activities Policy

CoC agencies and staff shall not, in providing program assistance, discriminate against a program participant or prospective participant on the basis of religion or religious belief. In providing services supported in whole or part with federal financial assistance and in their outreach activities related to such services, programs shall not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

Project Application Instructions & Scoring Guidance | Attachment 2
FL-510 Northeast Florida Continuum of Care

These instructions outline the documents each project application will need to complete and submit to the Continuum of Care (CoC) Ranking and Scoring committee. Additionally, these instructions provide the detail of each project performance measurement and scoring range that will be scored including project performance outcomes, project populations served, data quality, Coordinated Entry compliance, overall grant management and CoC participation.

CoC Consolidated Applicant Project Threshold Criteria

All project applications must meet the following threshold criteria in order to be scored and ranked in the CoC consolidated application:

1. Projects must be in compliance with the eligibility requirements of the CoC Interim Rule, subsequent notices and must meet the threshold requirements outlined in the 2019 Notice of Funding Availability
2. Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence, or a legal services agency
3. Projects are required to participate in Coordinated Entry, when it is available for the project type
4. Project agrees to use Housing First principles and be low barrier
5. Project has documented the required matching funds (Match docs must be dated May 2019 or after)
6. Audit shows agency as a low risk auditee & no findings
7. Applicant has a Code of Conduct which complies with 2 CFR part 200
8. Member in good standing of Northeast Florida CoC

Required documents for a NEW CoC Project application

NEW Applicants must complete/provide the following documents:

1. Letter of Intent
2. eSnaps Project application
3. A copy of the agency's 2018 Audit Financials report and most recently submitted 990
4. Housing First/Low Barrier Questionnaire – Completed
5. A copy of Agency written policies and procedures for the program in which you are submitting a new project application (can be similar program)

6. CoC Participation/Coordinated Entry System (CES) Summary Report

7. APR or similar report

8. Data Quality Report or similar report

New Project Score Card Overview

The New Project Score Card is divided into seven (7) sections with a maximum number of points of **210**. Outlined below are the section headers with the maximum points available. We have also included a brief description of the measurement and calculation for each section:

1. **Project Financial- Maximum points: 30**

    a. ***Financials:*** Review of Auditor's Report
    b. ***Unspent Housing and Urban Development (HUD) Funds***: If less than 10% of grant funds then full points will be awarded
    c. ***Repay/Return Grant Funds:*** Applicant Returned funds to HUD or other federal or state agency within 2 years.
    d. ***HUD Unresolved Findings:*** Has outstanding obligation/debt to HUD in arrears or with payment schedule pending

2. **Project Performance- Maximum points: 50**

    a. ***Permanent Supportive Housing (PSH) Housing Stability*:** Percentage of the Total number of Retained Clients + Clients with Positive Exits out of the Total Non-Deceased Clients Served. *Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to housing stability such as number of persons placed in permanent housing, length of time in housing, etc.*

    b. ***Rapid Rehousing (RRH) and Transitional Housing (TH) Housing Stability*:** Total persons exiting to positive housing destinations/Total person exited program.
    Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to housing stability such as number of persons placed in permanent housing, length of time in housing, etc.

    c. ***Exits to Homelessness*:** Percentage of exits to place not meant for human habitation, emergency shelter, including hotel or motel paid for with emergency shelter voucher, safe haven or transitional housing.
    Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to exits to homelessness

d. ***Increase Income and Ability to Live Independently*:** Proposal describes how clients will be assisted to increase employment and other income and to access mainstream benefits (including healthcare) to maximize their ability to live independently.

3. Serving Priority Populations- Maximum points: 20

a. ***Street Homeless Placements:*** The percentage of participants entering the project for the grant year that are from a place not meant for human or emergency shelter *Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to program entries from homelessness*

b. ***Priority Population- Applicable Sub-Populations:***

i. ***PSH:*** *Either Chronically Homeless Families with Children and/or Chronically Homeless Veterans in addition to at least one of the following: Persons with Substance Abuse Disorders, Persons with Severe Mental Illnesses, Survivors of Domestic Violence (DV). NOTE all Beds must be dedicated to chronically homeless persons or DedicatedPLUS*

ii. ***RRH:*** *Unaccompanied LGBTQ Youth, Youth Families with Children, Survivors of Domestic Violence/Victims of Human Trafficking*

iii. ***Joint TH or TH-RRH:*** *DV or youth*

4. Homeless Management Information System (HMIS) Data - Maximum points: 15

a. ***HMIS Capacity:*** Applicant demonstrates that the agency has the experience and organizational capacity to adhere to HMIS regulations and privacy policies, and agrees to input client and program information into HMIS within 24 hours of administered service provision. The agency has developed a well-defined comprehensive Data Integrity Plan that establishes an effective and continuous process to ensure high quality data entry and maintenance in HMIS.

b. ***If a DV Provider, use a comparable system and can report aggregate data.***

5. Agency Commitment to CoC Priorities- Maximum Points: 25

a. ***Alignment with Housing First Principles:*** To what extent do the project's written policies and procedures ensure that participants are not screened out based on the following criteria?

i. Having too little or no income
ii. Failure to participate in supportive services (with exception for HUD-mandated monthly case management meeting for RRH program participants).
iii. Active, or history of, substance use or a substance use disorder
iv. Having a criminal record (with exceptions for state-mandated restrictions)
v. History or survivor of domestic violence

b. ***Coordinated Entry Process:***
Proposal describes how the project will comply with the COC's Coordinated Entry procedures and applicant demonstrates an understanding of the COC Coordinated Entry process and has described a clear project entry process that prioritizes rapid placement and stabilization in permanent housing.

6. CoC Participation- Maximum Points: 20

a. ***Design of Housing:*** 2019 PIT Sign Ups and Participation; Agency submission of 2019 HIC
b. ***COC membership participation:*** Sign Up Sheets for CoC General Membership Participation
c. ***COC committee participation:*** Sign Up Sheets for CoC Committees Participation

7. Project Design- Maximum Points: 45

a. ***Access to Mainstream Benefits:*** Housing where participants will reside is fully described and appropriate to the program design proposed.
    i. Is the project staffed appropriately trained to operate the housing?
    ii. Is the housing accessible to community amenities such as grocery stores, pharmacy, schools, jobs and healthcare?
    iii. Will the program be physically accessible to persons with disabilities?
b. ***Supportive Services Plan:*** Supportive Services plan includes provision of comprehensive case management and appropriate supportive services of the type, scale and location to meet the needs of program participants (as well as transportation if necessary), using a Housing First model and Applicant demonstrates staff experience and commits to Trauma-Informed Care and use of a Victim-Centered approach.
    i. Is the project staffed appropriately and are staff trained to provide the services?
    ii. Is the program design to be accessible to all eligible clients?
    iii. Will the project use evidence-based practices?
c. ***Project Implementation Timeline:*** Proposed timeline for project implementation and occupancy is reasonable. Activities are described for 60 days, 90 days, 120 and 180 days after award. First client will be housed within 90 days of award and all clients will be housed within 180 days of award.
d. ***Cost Effectiveness:*** Project is cost effective
    i. Considered Elements: Cost effective (number of persons served/requested total) as compared to other projects or proposals providing the same component
e. ***Access to Mainstream Benefits:*** Applicant or project partner has process in place to ensure enrollment in mainstream benefits
f. ***School Liaison:*** Project partner has committed to have a designated staff person whose responsibilities include ensuring children are enrolled in school and receive appropriate services as required

g. ***Client Satisfaction Surveys:*** Applicant demonstrates that they elicit feedback from client participants
h. ***Participation by population served:*** Does the agency have written policies and procedures submitted by the project and/or a narrative response demonstrating client participation in program design and policy-making? Yes and the maximum points will be awarded; No and zero points will be awarded
i. ***Gender Inclusion/Non-Discrimination Policy:*** Applicant ensures inclusion and non-discrimination based on equal access criteria

Project Application Instructions & Scoring Guidance | Attachment 2
FL-510 Northeast Florida Continuum of Care

Required documents for a RENEWAL CoC Project application

RENEWAL Applicants must complete/provide the following documents:

1. eSnaps Project application

2. Most recent CoC Annual Progress Report (APR) for the renewal project printed from the SAGE Repository

3. Canned HUD Data Quality report printed from Client Track (date range must match the APR date range for most recent submitted APR report in SAGE)

4. A printout from the project's eLOCCS account of the General, Budget and Vouchers tab for the most recently ended grant term. *(See Instructions for Finding Project's eLOCCS Information Guide).* Most recently ended grant term is defined as the grant term in which APR and final eLOCCS draw timeframe has passed

5. A copy of the agency's 2018 Audit Financials report and most recently submitted 990

6. Housing First/Low Barrier Questionnaire – Completed

7. A copy of Agency written policies and procedures for the program in which you are submitting a project renewal application

8. CoC Participation/Coordinated Entry System Summary Report

Renewal Project Score Card Overview

The Renewal Project Score Card is divided into seven (7) sections with a maximum number of points of **210**. Outlined below are the section headers with the maximum points available. We have also included a brief description of the measurement and calculation for each section:

9. **Project Financial- Maximum points: 30**

    a. ***Financials:*** Review of Auditor's Report
    b. ***Unspent HUD Funds***: LOCCS report
    c. ***Repay/Return Grant Funds***
    d. ***HUD Unresolved Findings***

10. **Project Performance- Maximum points: 50**

    a. ***PSH Housing Stability*****:** % of persons who remain in any current PSH project or exited to a permanent housing destination managed by the applicant at the end of the last 12 month period Measurement and calculation: Financials; Review of Auditor's Report

b. ***RRH and TH Housing Stability*:** % of persons who exited any current RRH or TH project managed by the applicant to a positive housing destination over the last 12 month period
c. ***Exits to Homelessness*:** % of program exits to another homeless destination
d. ***Earned Income Total*:** % of program participants who increased their earned income as shown on the last APR
e. ***Unearned Income Total*:** % of program participants who increased their non-employment income (including non-cash benefits) as shown on the last APR
f. ***Utilization Rate*:** % of utilization reported on HIC

11. Serving Priority Populations- Maximum points: 25

a. ***Street Homeless Placements:*** The percentage of participants entering the project for the grant year that are from a place not meant for human habitation or Emergency Shelter
b. ***Priority Population- PSH:*** For PSH: Percentage of beds dedicated to/prioritized for chronically homeless persons
c. ***Priority Population- RRH:*** For RRH: Percentage of beds dedicated to/prioritized for Families with Children, Persons fleeing Domestic Violence or for Unaccompanied Youth
d. ***Priority Population- TH:*** Percentage of beds dedicated to/prioritized Youth
e. ***Priority Population- Applicable Sub-Populations:***
    i. ***PSH:*** Either Chronically Homeless Families with Children and/or Chronically Homeless Veterans NOTE all PSH Beds must be dedicated to chronically homeless persons or DedicatedPLUS
    ii. ***RRH:*** Unaccompanied LGBTQ Youth, Youth Families with Children, Survivors of Domestic Violence/Victims of Human Trafficking
    iii. ***TH or TH-RRH:*** DV or youth

12. HMIS Data Quality- Maximum points: 20

a. ***Project's Data Timeliness:*** % of records between 0-3 days
b. ***Project's Data Quality:*** % of error rate for Personal Identifiable Information and Disabling Condition
c. ***HUD Universal Data Element***: % of error rate for Project Start Date and Exit Data
d. ***Project's Data Quality:*** % of error rate for Income at Annual Assessment

13. Agency Commitment to CoC Priorities- Maximum Points: 30

a. ***Alignment with Housing First Principles:*** To what extent do the project's written policies and procedures ensure that participants are not screened out based on the following criteria?
    i. Having too little or no income

ii. Failure to participate in supportive services (with exception for HUD-mandated monthly case management meeting for RRH program participants).
iii. Active, or history of, substance use or a substance use disorder
iv. Having a criminal record (with exceptions for state-mandated restrictions)
v. History or survivor of domestic violence

b. ***Coordinated Access Referral:*** Extent to which clients were assigned by CES
c. ***Coordinated Access Referral:*** Length of Time from Referral to Project Intake
d. ***Filing of APR:*** Applicant timely and successfully filed APR

14. CoC Participation- Maximum Points: 20

a. ***PIT and HIC Involvement:*** 2019 PIT Sign Ups and Participation; Agency submission of 2019 HIC
b. ***COC membership participation:*** Sign Up Sheets for CoC General Membership Participation
c. ***COC committee participation:*** Sign Up Sheets for CoC Committees Participation

15. Project Design- Maximum Points: 30

a. ***Access to Mainstream Benefits:*** Applicant or project partner has process in place to ensure enrollment in mainstream benefits
b. ***School Liaison:*** Project partner has committed to have a designated staff person whose responsibilities include ensuring children are enrolled in school and receive appropriate services as required
c. ***Cost Effectiveness:*** Cost per person served is comparable to COC average within project type
d. ***Client Satisfaction Surveys:*** Applicant demonstrates that they elicit feedback from client participant
e. ***Gender Inclusion/Non-Discrimination Policy:*** Applicant ensures inclusion and non-discrimination based on equal access criteria
f. ***Participation by population served:*** Agency has written policies and procedures submitted by the project and/or a narrative response demonstrating client participation in the program design and policy-making

2019 HUD CoC New or Bouns Project Applicant Score Sheet	Project Score: 0

Agency Name:

Program Name:

Reviewer Name:

Review Date:

Scoring Overview

As determined by HUD and the CoC Governance Board, community priority will be given to eligible projects in the following order:

Priority 1: Renewal Coordinated Entry System (CES) and Homeless Management Information (HMIS) System Projects
Priority 2: Renewal Permanent Housing (PH) Projects
Priority 3: Renewal Reallocation Permanent Housing Projects
Priority 4: New Permanent Housing Projects
Priority 5: New CES and HMIS Projects
Priority 6: New Joint TH-PH Housing Projects

All new projects and any renewal projects with less than 6 months of HMIS data will be scored utilizing the following materials: Project application, Agency policies and procedures, agency fiscal information, 2019 HIC and 2018-19 CoC membership report.

Section A: Project Application Threshold

Eligilbilty Criteria	Yes	No	Scoring Values
1. Projects must be in compliance with the eligibility requirements of the CoC Interim Rule, subsequent notices and must meet the threshold requirements outlined in the 2019 Notice of Funding Availability			**If any response is 'No' project is not eligible for review**
2. Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence, or a legal services			
3. Projects are required to participate in Coordinated Entry, when it is available for the project type.			
4. Project agrees to use Housing First principles and be low barrier			
5. Project has documented the required matching funds (Match must be dated May 2019 or after)			
6. Audit shows agency as a low risk auditee & no major findings.			
7. Applicant has a Code of Conduct which complies with 2 CFR part 200			
8. Member in good standing of Northeast Florida CoC			

Section B: Project Financials- 30 Points

Measurement	Source	Data Calculations	Scoring Values	Score
Financials	2018 Audit Financials and 990 submitted	Review of Auditor's Report	**Total Points Possible: 10** If there were no findings: 10pts If minor findings: 5pts If major or significant applicant ineligible	
Unspent HUD Funds	LOCCS	If less than 10% of grant funds then project will receive 10 points. Otherwise zero points will be awarded	**Total Points Possible: 10**	

Repay/Return Grant Funds	HUD CoC Spending Report	Applicant Returned funds to HUD or other federal or state agency within 2 years.	**Total Points Possible: 5** No funds returned: 5 pts. *If Yes:* Explanation addresses all concerns: 3pts Explanation addresses some concerns: 1pt Explanation fails to address concerns: 0pts	
HUD Unresolved Findings		Has outstanding obligation/debt to HUD in arrears or with payment schedule pending	**Total Points Possible: 5** No unresolved findings: 5 pts. *If Yes:* Explanation addresses all concerns: 2pts Explanation fails to address concerns: 0pts	
			Section B: Sub-Total	0
Section C: Project Performance 50 Points				
Measurement	**Source**	**Data Calculations**	**Scoring Values**	**Score**
PSH Housing Stability: % of persons who remain in any current PSH project or exited to a permanent housing destination managed by the applicant at the end of the last 12 month	HUD CoC APR or Agency Data	Percentage of the Total number of Retained Clients + Clients with Positive Exits out of the Total Non-Deceased Clients Served. ***Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to housing stability such as number of persons place in permanent housing, length of time in housing, etc.***	**Total Points Possible: 20** 90% + = 20 pts 85% -89% = 15 pts 80% - 84% = 10pts 79%-70% = 5 pts < 69% or no data = 0 pts	
RRH and TH Housing Stability: % of persons who exited any current RRH or TH project managed by the applicant to a positive housing destination over the last 12 month period	HUD CoC APR or Agency Data	Total persons exiting to positive housing destinations/Total person exited program ***Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to housing stability such as number of persons place in permanent housing, length of time in housing, etc.***	**Total Points Possible: 20** 90% + = 20 pts 89% - 80% = 15 pts 79% - 75% = 10pts 74% - 70% = 5pts < 69% or no data = 0 pts	
Exits to Homelessness: % of program exits to another homeless destination	HUD CoC APR or Agency Data	Percentage of exits to place not meant for human habitation, emergency shelter, including hotel or motel paid for with emergency shelter voucher, safe haven or transitional housing ***Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to exits to homelessness***	**Total Points Possible: 10** 5% or less = 10 pts 6% - 10% = 8 pts 11% - 15% = 6 pts 16% - 20% = 4 pts > 19% or no data= 0 pts	

Increase Income and Ability to Live Independently	Project Application	Proposal describes how clients will be assisted to increase employment and other income and to access mainstream benefits (including healthcare) to maximize their ability to live independently.	**Total Points Possible: 20** Awarded by scoring review staff scaled from 0 to 20	
			Section C: Subtotal	0
Section D: Serving Priority Populations (20 pts)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Street Homeless Placements:	HUD CoC APR or Agency Data	The percentage of participants entering the project for the grant year that are from a place not meant for human or Emergency Shelter ***Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to program entries from homelessness***	**Total Points Possible: 10** **IF PSH or RRH Project** 80% + = 10 pts 79.9%-70 = 7 pts 69.9% - 60 = 4 pts < 60% = 0 pts **IF TH Project** 70% + = 10 pts 69.9%-60 = 7 pts 59.9%-50 = 7 pts < 50% = 0 pts	
Priority Population-Applicable Sub-Populations Project Start Date	HUD CoC APR	**PSH:** Either Chronically Homeless Families with Children and/or Chronically Homeless Veterans in addition to at least one of the following: Persons with Substance Abuse Disorders, Persons with Severe Mental Illnesses, Survivors of Domestic Violence. NOTE all Beds must be dedicated to chronically homeless persons or DedicatedPLUS **RRH:** Unaccompanied LGBTQ Youth, Youth Families with Children, Survivors of Domestic Violence/Victims of Human Trafficking **TH or TH-RRH:** DV or youth	**Total Points Possible: 10** For each project type if yes to serving a priority population the applicant will receive 10 pts.	
			Section D: Subtotal	0
Section E: HMIS Data (15 Points)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
HMIS Capacity	Project Application	Applicant demonstrates that the agency has the experience and organizational capacity to adhere to HMIS regulations and privacy policies, and agrees to input client and program information into HMIS within 24 hours of administered service provision. The agency has developed a well-defined comprehensive Data Integrity Plan that establishes an effective and continuous process to ensure high quality data entry and maintenance in HMIS	**Total Points Possible: 15** **Yes** to all and the project will be awarded maximum points; **No** to any and the project will score zero	
			Section E: Subtoal	0

Section F: Agency Commitment to COC Priorities (25 points)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Alignment with Housing First Principles	Project Application	**To what extent do the project's written policies and procedures ensure that participants are not screened out based on the following criteria?** • Having too little or no income • Failure to participate in supportive services (with exception for HUD-mandated monthly case management meeting for RRH program participants). • Active, or history of, substance use or a substance use disorder • Having a criminal record (with exceptions for state-mandated restrictions) • History or survior of domestic violence	**Total Points Possible: 15** Yes to all and the project will be awarded maximum points; No to any and the project will score zero	
Coordinated Entry Process	Project Application	Proposal describes how the project will comply with the COC's Coordinated Entry procedures and applicant demonstrates a understanding of the COC Coordinated Entry process and has described a clear project entry process that prioritizes rapid placement and stabilization in permanent housing.	**Total Points Possible: 10** Awarded by scoring review staff scaled from 0 to 10	
			Section F: Subtotal	0
Section G: COC Participation (20 Points)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
COC Participation	PIT and HIC Involvement	**2019 PIT Sign Ups and Participation; Agency submission of 2019 HIC**	**Total Points Possible: 10** PIT Participation = 5 pts HIC Submission = 5 pts	
COC Participation	COC Membership participation	**Sign Up Sheets for CoC General Membership Participation**	**Total Points Possible: 5** If attended 2-3: 2 pts. If attended 4-7: 4 pts If attended 8+: 5 pts	
COC Participation	COC committee participation	**Sign Up Sheets for CoC Committees Participation**	**Total Points Possible: 5** If attended 2-3: 2 pts. If attended 4-7: 4 pts If attended 8+: 5 pts	
			Section G: Subtotal	0

Section H: Project Design - 45 Possible Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Design of Housing	Project Application	**Housing where participants will reside is fully described and appropriate to the program design proposed.** • Is the project staffed appropriately and trained to operate the housing? • Is the housing accessible to community amenities such as grocery stores, pharmacy, schools, jobs and healthcare? • Will the program be physically accessible to persons with disabilities?	**Total Points Possible: 5** Awarded by scoring review staff scaled from 0 to 5	
Supportive Services Plan	Project Application	**Supportive Services plan includes provision of comprehensive case management and appropriate supportive services of the type, scale and location to meet the needs of program participants (as well as transportation if necessary), using a Housing First model and Applicant demonstrates staff experience and commits to Trauma-Informed Care and use of a Victim-Centered approach** • Is the project staffed appropriately and are staff trained to provide the services? • Is the program design to be accessible to all eligible clients? • Will the project use evidence-based practices?	**Total Points Possible: 5** Awarded by scoring review staff scaled from 0 to 5	
Project Implementation Timeline	Project Application	Proposed timeline for project implementation and occupancy is reasonable. Activities are described for 60 days, 90 days, 120 and 180 days after award. First client will be housed within 90 days of award and all clients will be housed within 180 days of award.	**Total Points Possible: 5** Awarded by scoring review staff scaled from 0 to 5	
Cost Effectiveness	Project Application Summary Budget	Project is cost effective Considered Elements: Cost effective (number of persons served/requested total) as compared to other projects or proposals providing the same component	**If YES, ADD 5 pts.**	
Access to Mainstream Benefits	Project Application	Applicant or project partner has process in place to ensure enrollment in mainstream benefits	**If YES, ADD 5 pts.** **If NO, but will perform same function, ADD 3 pts.**	
School Liaison	Project Application	Project partner has committed to have a designated staff person whose responsibilities include ensuring children are enrolled in school and receive appropriate services as required	**If YES, ADD 5 pts.**	

Client Satisfaction Surveys	Project Application	Award 5 points for a “Yes” response. If resonse is "No" then the project will score zero	**If YES, ADD 5 pts.**	
Participation by population served	Agency writtten policies and procedures	**Does the agency have written policies and procedures submitted by the project and/or a narrative response demonstrating client participation in program design and policy-making?** Yes and the maximum points will be awarded; No and zero points will be awarded	**If YES, ADD 5 pts.**	
Gender Inclusion/Non-Discrimination Policy	Project Application	Applicant ensures inclusion and non-discrimination based on equal access criteria	**If YES, ADD 5 pts.**	
			Section H: Subtotal	**0**
Section H: Project Design - 45 Possible Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Representation at RFP Workshop	Workshop sign in	Yes attended or No did not attend from Sign in Sheet	**If YES, ADD 5 pts.**	

2019 HUD CoC Renewal Project Applicant Score Sheet	Project Score: 0

Agency Name:

Program Name:

Reviewer Name:

Review Date:

Scoring Overview

As determined by HUD and the CoC Governance Board, community priority will be given to eligible projects in the following order:

Priority 1: Renewal Coordinated Entry System (CES) and Homeless Management Information (HMIS) System Projects
Priority 2: Renewal Permanent Housing (PH) Projects
Priority 3: Renewal Reallocation Permanent Housing Projects
Priority 4: New Permanent Housing Projects
Priority 5: New CES and HMIS Projects
Priority 6: New Joint TH-PH Housing Projects

All new projects and any renewal projects with less than 6 months of HMIS data will be scored utilizing the following materials: Project application, Agency policies and procedures, agency fiscal information, 2019 HIC and 2018-19 CoC membership report.

Section A: Project Application Threshold

Eligilbilty Criteria	Yes	No	Scoring Values
1. Projects must be in compliance with the eligibility requirements of the CoC Interim Rule, subsequent notices and must meet the threshold requirements outlined in the 2019 Notice of Funding Availability			**If any response is 'No' project is not eligible for review**
2. Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence, or a legal services			
3. Projects are required to participate in Coordinated Entry, when it is available for the project type.			
4. Project agrees to use Housing First principles and be low barrier			
5. Project has documented the required matching funds (Match must be dated May 2019 or after)			
6. Audit shows agency as a low risk auditee & no major findings.			
7. Applicant has a Code of Conduct which complies with 2 CFR part 200			
8. Member in good standing of Northeast Florida CoC			

Section B: Project Financials- 30 Points

Measurement	Source	Data Calculations	Scoring Values	Score
Financials	2018 Audit Financials and 990 submitted	Review of Auditor's Report	**Total Points Possible: 10** If there were no findings: 10pts If minor findings: 5pts If major or significant applicant ineligible	
Unspent HUD Funds	LOCCS	If less than 10% of grant funds then project will receive 10 points. Otherwise zero points will be awarded	**Total Points Possible: 10**	

Repay/Return Grant Funds	HUD CoC Spending Report	Applicant Returned funds to HUD or other federal or state agency within 2 years.	**Total Points Possible: 5** No funds returned: 5 pts. *If Yes:* Explanation addresses all concerns: 3pts Explanation addresses some concerns: 1pt Explanation fails to address concerns: 0pts	
HUD Unresolved Findings		Has outstanding obligation/debt to HUD in arrears or with payment schedule pending	**Total Points Possible: 5** No unresolved findings: 5 pts. *If Yes:* Explanation addresses all concerns: 2pts Explanation fails to address concerns: 0pts	
			Section B: Sub-Total	0
Section C: Project Performance- 50 Points				
Measurement	**Source**	**Data Calculations**	**Scoring Values**	**Score**
PSH Housing Stability: % of persons who remained in the PH project at the end of the operating year or exited to a permanent housing destination	HUD CoC APR	**Percentage of the Total number of Retained Clients + Clients with Positive Exits out of the Total Non-Deceased Clients Served.**	**Total Points Possible: 20** 90% + = 20 pts 85% -89% = 15 pts 80% - 84% = 10pts 79%-70% = 5 pts < 69% or no data = 0 pts	
RRH and TH Housing Stability: % of persons who exited to a positive housing destination	HUD CoC APR	**Total persons exiting to positive housing destinations/Total person exited program**	**Total Points Possible: 20** 90% + = 20 pts 89% - 80% = 15 pts 79% - 75% = 10pts 74% - 70% = 5pts < 69% or no data = 0 pts	

Earned Income Total: % of program participants who increased their earned income as shown on the last APR	HUD CoC APR	**The percentage of stayers/leavers that increase cash earned income from entry to latest annual assessment/exit, excluding all stayers without annual assessments**	**Total Points Possible: 5** *IF PSH Project* 25% + = 5 pts 20% - 24% =4 pts 15% - 19% =3 pts 14% - 10% =2 pts < 10% = 0 pts *IF RRH or TH Project* 50% + =5 pts 49% -40% = 4 pts 39% - 30% =3 pts 29% - 20% =2 pts < 20% = 0 pts	
Unearned Income Total: % of program participants who increased their non-employment income (including non-cash benefits) as shown on the last APR	HUD CoC APR	**The percentage of stayers/leavers with noncash benefit sources, excluding all stayers without annual assessments.**	**Total Points Possible: 5** 40% + = 5 pts 30% - 39% =4 pts 20% - 29% =2 pts < 19.9% = 0 pts	
Utilization Rate: % of utilization reported on HIC	2019 HIC	**Enter the utilization rate for applicant program as reported on 2019 HIC report**	**Total Points Possible: 10** 95%+ = 10 pts <95%-90% = 8 pts <90%-85% = 5 pts <85%-80% = 2 pts < 80% = 0 pt	
			Section C: Subtotal	**0**
Section D: Serving Priority Populations- 25 Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Street Homeless Placements:	HUD CoC APR	**The percentage of participants entering the project for the grant year that are from a place not meant for human or Emergency Shelter**	**Total Points Possible: 10** **IF PSH or RRH Project** 80% + = 10 pts 79.9%-70 = 7 pts 69.9% - 60 = 4 pts < 60% = 0 pts **IF TH Project** 70% + = 10 pts 69.9%-60 = 7 pts 59.9%-50 = 7 pts < 50% = 0 pts	

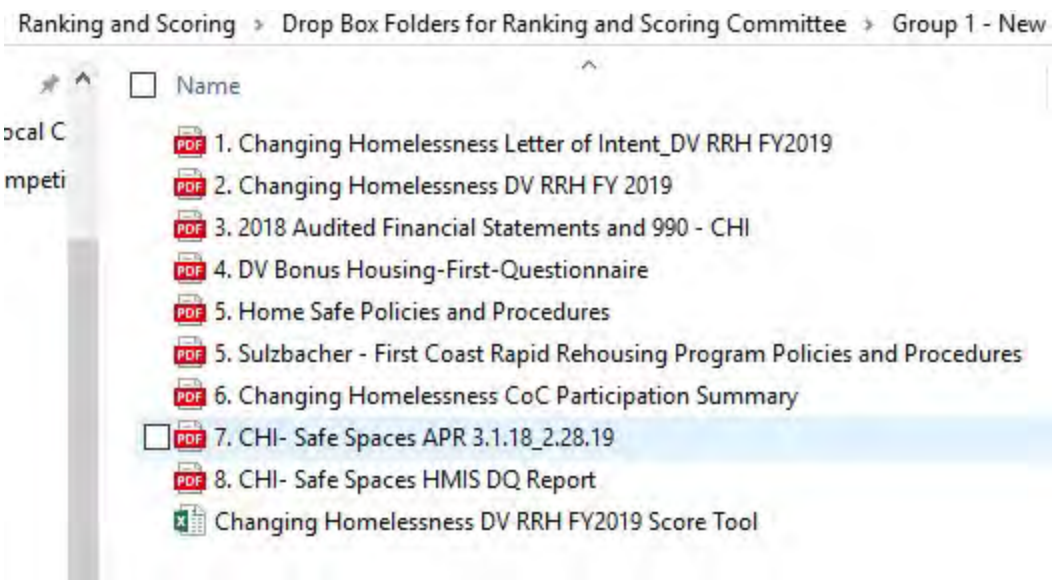
Priority Population-PSH	HIC	For PSH: Percentage of beds dedicated to/prioritized for chronically homeless persons.	**Total Points Possible: 10** 100% = 10 pts 90%-80 = 7 pts 85% - 70 = 4 pts	
Priority Population-RRH	HIC	Percentage of beds dedicated to/prioritized for Families with Children, Persons fleeing Domestic Violence or for Unaccompanied Youth	**Total Points Possible: 10** 90% + = 10 pts 89.9%-80 = 7 pts 79.9% - 70 = 4 pts < 70% = 0 pts	
Priority Population-TH	HIC	Percentage of beds dedicated to/prioritized Youth	***If 100%* dedicated to youth, ADD 10 pts.** ***If less than 100%* dedicated to youth, ADD 0 pts**	
Priority Population-Applicable Sub-Populations	Project Application	**PSH:** Either Chronically Homeless Families with Children and/or Chronically Homeless Veterans NOTE all PSH Beds must be dedicated to chronically homeless persons or DedicatedPLUS **RRH:** Unaccompanied LGBTQ Youth, Youth Families with Children, Survivors of Domestic Violence/Victims of Human Trafficking **TH or TH-RRH:** DV or youth	**Total Points Possible: 5 pts.** For each project type if yes to serving a priority population the applicant will receive 5 pts.	
			Section D: Subtotal	**0**

Section E: HMIS Data Quality - 20 Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Project's Data Timeliness	HMIS HUD DQ Report	**% of records between 0-3 days**	**Total Points Possible: 5** 85% +: 5 pts 70% to 84 %: 3 pts 55% to 69 %: 2 pts < 54.9% : 0 pts	
Project's Data Quality: Personal Identifiable Information and Disabling Condition	HMIS HUD DQ Report	**Enter "% of Error Rate" for PII & Disabling Condition Data**	**Total Points Possible: 5** Less then 5 %: 5 pts 5% to 9.99 %: 3 pts 10% to 14.99%: 2 pts 15% or more: 0 pts	
HUD Universal Data Element: Project Start Date and Exit Data	HMIS HUD DQ Report	**Enter "% of Error Rate" for 'Project Start and Exit Data'**	**Total Points Possible: 5** Less then 5 %: 5 pts 5% to 9.99 %: 3 pts 10% to 14.99%: 2 pts 15% or more: 0 pts	

Project's Data Quality: Income at Annual Assessment	HMIS HUD DQ Report	**Enter "% of Error Rate" for 'Income and Sources at Annual Assessment'**	**Total Points Possible: 5** Less then 5 %: 5 pts 5% to 9.99 %: 3 pts 10% to 14.99%: 2 pts 15% or more: 0 pts	
			Section E: Subtoal	**0**
Section F: Agency Commitment to COC Priorities (30 points)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Alignment with Housing First Principles	CoC Project Application	**To what extent do the project's written policies and procedures ensure that participants are not screened out based on the following criteria?** • Having too little or no income • Failure to participate in supportive services (with exception for HUD-mandated monthly case management meeting for RRH program participants). • Active, or history of, substance use or a substance use disorder • Having a criminal record (with exceptions for state-mandated	**Total Points Possible: 10** Yes to all and the project will be awarded maximum points; No to any and the project will score zero	
Coordinated Access Referral	Coordinated Access Report	**Extent to which clients were assigned by CES**	**100% of referrals from CES = 10 pts.** For every 5% below 100%, subtract 3 pts.	
Coordinated Access Referral	Coordinated Access Report	**Length of Time from Referral to Project Intake** Less than 30 days will be awarded maximum points. More than 30 days will result in a score of zero	**Total Points Possible: 5**	
Filing of APR	SAGE APR Report	Applicant timely and successfully filed APR	**Total Points Possible: 5** If filed on time receive full pts. If filed late receive zero pts.	
			Section F: Subtotal	0
Section G: COC Participation (20 Points)				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
COC Participation	PIT and HIC Involvement	**2019 PIT Sign Ups and Participation; Agency submission of 2019 HIC**	**Total Points Possible: 10** PIT Participation = 5 pts HIC Submission = 5 pts	

COC Participation	COC Membership participation	**Sign Up Sheets for CoC General Membership Participation**	**Total Points Possible: 5** If attended 2-3: 2 pts. If attended 4-7: 4 pts If attended 8+: 5 pts	
COC Participation	COC committee participation	**Sign Up Sheets for CoC Committees Participation**	**Total Points Possible: 5** If attended 2-3: 2 pts. If attended 4-7: 4 pts If attended 8+: 5 pts	
			Section G: Subtotal	0
Section H: Project Design - 30 Possible Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Access to Mainstream Benefits	Project Application	Applicant or project partner has process in place to ensure enrollment in mainstream benefits	**If YES, ADD 5 pts. If NO, but will perform same function, ADD 3 pts.**	
School Liaison	Project Application	Project partner has committed to have a designated staff person whose responsibilities include ensuring children are enrolled in school and receive appropriate services as required	**If YES, ADD 5 pts.**	
Cost Effectiveness	Project Application	Project is cost effective Considered Elements: Cost effective (number of persons served/requested total) as compared to other projects or proposals providing the same component	**If YES, ADD 5 pts.**	
Client Satisfaction Surveys	Project Application	Award 5 points for a “Yes” response. If resonse is "No" then the project will score zero	**If YES, ADD 5 pts.**	
Gender Inclusion/Non-Discrimination Policy	Project Application	Applicant ensures inclusion and non-discrimination based on equal access criteria	**If YES, ADD 5 pts.**	
Participation by population served	Agency writtten policies and procedures	**Does the agency have written policies and procedures submitted by the project and/or a narrative response demonstrating client participation in program design and policy-making?** Yes and the maximum points will be awarded; No and zero points will be awarded	**If YES, ADD 5 pts.**	
			Section H: Subtotal	**0**

Bonus Point Section - 5 Possible Points				
Measurement	**Report**	**Data Calculations**	**Scoring Values**	**Score**
Representation at RFP Workshop	Workshop sign in	Yes attended or No did not attend from Sign in Sheet	**If YES, ADD 5 pts.**	


Ranking and Scoring › Drop Box Folders for Ranking and Scoring Committee › Group 1 - New
Name
1. Changing Homelessness Letter of Intent_DV RRH FY2019
2. Changing Homelessness DV RRH FY 2019
3. 2018 Audited Financial Statements and 990 - CHI
4. DV Bonus Housing-First-Questionnaire
5. Home Safe Policies and Procedures
5. Sulzbacher - First Coast Rapid Rehousing Program Policies and Procedures
6. Changing Homelessness CoC Participation Summary
7. CHI- Safe Spaces APR 3.1.18_2.28.19
8. CHI- Safe Spaces HMIS DQ Report
Changing Homelessness DV RRH FY2019 Score Tool

Other – Attachment 3

3A-5d

- Response Screenshot (PDF not showing checked boxes)

3B-1d

- Coming Home, Youth/Young Adult Action Plan

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	☑
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	☑
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	☑
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	☑
5. The CoC works with organizations to create volunteer opportunities for program participants.	☑
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	☑
7. Provider organizations within the CoC have incentives for employment.	☐
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	☑

* **3A-6. System Performance Measures Data–HDX Submission Date** 05/31/2019

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

COMING HOME YOUTH/ YOUNG ADULT ACTION PLAN

APRIL 2019 |
UPDATED SEPTEMBER 2019

Northeast Florida Continuum of Care

Summary

In early 2015, the Northeast Florida Continuum of Care (CoC) selected JASMYN (Jacksonville Area Sexual Minority Youth Network), an LGBTQ youth services organization with a history of outreach and support for youth experiencing homelessness, to receive Challenge Grant funding to support a local, Youth Demonstration Project. This action kicked off the community's focus on **youth and young adults (YYA)** experiencing homelessness.

In 2016, a host of organizations and stakeholders began meeting to define actions that would address YYA homelessness. Since then, this group has been working to develop a collaborative approach to respond to youth homelessness in Duval, Clay and Nassau counties. A youth action board was convened in 2017 and their leadership and engagement was the impetus for an YYA strategy that has evolved and morphed into the **Coming Home Youth/Young Adult Action Plan.**

This YYA-specific plan is not all encompassing, but establishes a roadmap, subject to change over the next 12 to 18 months.

Partners working together

Youth and Young Adult Action Board

Northeast Florida Continuum of Care

Changing Homelessness

JASMYN

Youth Crisis Center

Family Support Services of North Florida

Jewish Family & Community Services

Catholic Charities Bureau

Partnership for Child Health

Kids First of Florida, Clay Behavioral Health Center

Daniel Kids

Independent Living Resource Center

I.M. Sulzbacher Center for the Homeless

Department of Children and Families

City of Jacksonville, Strategic Partnerships

Ability Housing

Duval County Public Schools

Town of Orange Park

Gateway Community Services

Jacksonville Job Corps Center

Northeast Florida Healthy Start Coalition

The Northeast Florida CoC is a collaborative with numerous community partners concentrating on different aspects of homelessness ranging from short, medium and long-term support. Working together, we address the nation's "one fundamental goal to end homelessness in America" by concentrating our efforts on Clay, Duval, and Nassau Counties.

Because there is diversity in experience; challenges; household composition; and ages, our community must evaluate and establish strategies for the various sub-populations as well.[1]

In this plan, we address our community's approach to end homelessness among unaccompanied youth

In November 2017, Chapin Hall released the findings from the Voices of the Youth Count[2] that showed the following:

- 1 in 10 young adults (18 to 25) endure some form of homelessness (50% are couch surfing)
- 1 in 30 adolescent minors (13 to 17) endure some form of homelessness (50% are couch surfing)
- About 50% of the youth/young adults homeless over a year faced it for the 1st time!

Even more concerning are the YYAs that have a higher risk of homelessness.

346% | with less than high school diploma or GED

200% | Unmarried parenting

120% | LGBT

83% | Black or African American

How many YYAs are there in Northeast Florida?

In 2018, 1,083 youth/young adults between the ages of 18-24 accessed street outreach, prevention services, emergency shelter, Permanent Supportive Housing, Rapid Rehousing, Transitional Housing and other support services (food, transportation, etc.) at JASMYN, Daniel Memorial, Youth Crisis Center, Family Support Services, I.M. Sulzbacher. Since Northeast Florida does not have a year-round dedicated YYA shelter yet, we estimate that there are likely far more youth and young adults experiencing homelessness.

[1] Home Together: Federal Strategic Plan to Prevent and End Homelessness, July 19, 2018, the U.S. Interagency Council on Homelessness (USICH)
[2] Missed Opportunities: Youth Homelessness in America, November 2017, Chapin Hall

Youth Homelessness in Northeast Florida

As reported in our August Surge, November 2018[3], the next generation of homelessness has emerged. Unaccompanied youth ages 18-to-24 years old and unaccompanied children (under age 18) are the fastest growing segment of people living **unsheltered** on our streets.

Point-In-Time

During our 2017 count, the baseline year for the youth count, we found a total of 126 youths who were homeless in the Northeast Florida count (includes Clay, Duval and Nassau Counties). In Florida, only two other CoCs, Miami-Dade and Pasco Counties, reported more youth homelessness than our community. In the 2018 count, we identified a total of 138 youth, which depicts a 10% increase from year to year.

Youth street homelessness

2017 to 2018 Point-In-Time count

- 65% increase

2017 to 2018 August Surge

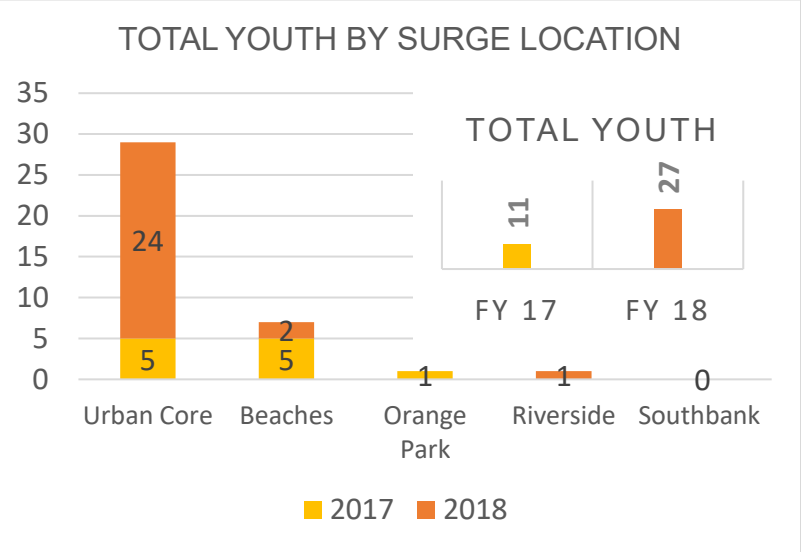
- 145% increase

Providers in the CoC and YYA are concerned about the steady increase of youth who are homeless. Since the first youth count in 2015, we have witnessed a 31% increase in the overall total number (in shelter and on the streets). But even more alarming is the number of youth living on the streets, which increased by 65% from the 2017 to 2018 Point-In-Time counts.

August Surge

During our 2017 Veterans Surge, we identified a total of 11 youth who were living on the streets. Twelve months later, during the 2018 Surge, we counted 27 youth.

Now, we find ourselves facing an even more staggering milestone as the **number of youth living on the streets increased by 145% from 2017 to 2018**.



Downtown Street Count

During the Street Counts held in April, May and September, we identified a total of 3 youth in the Central Business District as defined by Downtown Vision. On previous counts, this area is not a known location for youth to congregate.

[3] The Streets Don't Lie: 2018 August Surge, Northeast Florida CoC

Clarity and Approach

To gain clarity on how best to approach YYA experiencing homelessness, we gathered information from the most relevant resource – our youth and young adults with lived experience.

What drives the Northeast Florida Youth/Young Adult Action Board (YYAAB)?

Vision: To bring about an end to youth and young adults experiencing homelessness

Mission: Youth and young adults experiencing a housing challenge deserve to know which services are available, how to access them and the best way to get the word out.

Values: Honesty | Accountability | Transparency

Our approach outlines how Northeast Florida will address youth and young adults at risk and experiencing homelessness.

Objectives

The following objectives were identified by the YYAAB and YYA stakeholders during a series of meetings held in 2018 – 2019. A small group of youth services providers, including JASMYN, Daniel, Youth Crisis Center, Family Support Services, have worked closely with Changing Homelessness to support the YYAAB and to develop expanded housing resources for the YYA in our CoC. This group is the YHDP Team. The CoC members and Governance Board have reviewed and approved these objectives as well. Some of the objectives will be easily implemented and evaluated, while others will require more comprehensive planning and community support. The objectives are not listed in priority order and some will occur concurrently. Timelines and costs are subject to revision. Objectives listed to occur in the 1st and 2nd Quarter of 2019 are on track for implementation.

As we have witnessed since the first local, Youth Demonstration project was realized in 2015, each step we take gets us closer to the vision of the YYAAB and the community, “to bring about an end to youth/young adults experiencing homelessness.”

1. Educate the community

a. Share the YYA perspective
   i. Develop youth/young adult leaders on Youth/Young Adults Action Board (YYAAB)
      - Timeline: 1st Quarter 2019

- Cost: $5,000 (Stipends and Incentive funds committed)
- Owner: YHDP Team, CHI

ii. Create and execute a public awareness campaign focused on YYA homelessness
- Timeline: 2nd Quarter 2019
- Cost: $2,500 (Funds committed)
- Owner: YYAAB and CHI Community Engagement Officer

iii. Host a community-wide YYA event
- Timeline: 2nd Quarter 2019
- Cost: $2,500 (Funds committed)
- Owner: YYAAB, CHI and YHDP Team

b. Inform organizations working with YYAs to encourage better communication, including cultural competency
   i. Facilitate YYA-focused training for non-youth specific agencies such as homeless providers, local law enforcement, juvenile court, school personnel
      - Timeline: 3rd Quarter 2019
      - Cost: Local experts (JASMYN, YCC, Daniel, FSS) – staff time
      - Owner: YYAAB, CHI, YHDP Team

   ii. Facilitate YYA-focused training for youth and non-youth specific agencies
      - Timeline: 1st Quarter 2020
      - Cost: Use of Regional and/or National youth experts – TBD
      - Owner: YYAAB, CHI, YHDP Team

2. Get in front of homelessness – don't let it happen

a. Establish diversion training guidelines
   i. Draft plan and socialize with CoC
      - Timeline: 2nd Quarter 2019
      - Cost: Local experts (JASMYN, CHI, etc.) – staff time
      - Owner: YHDP Team

b. Provide diversion training
   i. Implement training calendar
      - Timeline: 3rd Quarter 2019
      - Cost: Staff time (CHI – accredited by Cleveland Mediation Center Train-the-Trainer)
      - Owner: YHDP Team

c. Engage prevention tools
    i. Summarize and disseminate education opportunities (GED, technical training and college)
        - Timeline: 3rd Quarter 2019
        - Cost: Staff time (CHI)
        - Owner: CHI, YHDP Grant Coordinator

    ii. Outline available life skills training and access requirements
        - Timeline: 4th Quarter 2019
        - Cost: Staff time (CHI)
        - Owner: CHI, YHDP Grant Coordinator

    iii. Define workforce development opportunities and establish partnerships; Research and identify job coaching and mentorship programs
        - Timeline: 1st Quarter 2020
        - Cost: Staff time (CHI)
        - Owner: CHI, YHDP Grant Coordinator

    iv. Develop YYA Outreach team
        - Timeline: 1st Quarter 2020
        - Cost: TBD
        - Owner: TBD

3. Easy to find and easy to access

a. Refine coordinated entry to be more YYA-specific
    i. Update and socialize with CoC
        - Time: 1st Quarter 2020
        - Cost: Staff time, CHI, MHRC and JASMYN
        - Owner: CHI

b. Identify a centralized point of entry for YYA
    i. Open Safety Net Resource Center for YYA
        - Time: 4th Quarter 2019
        - Cost: $500,000 (Funds committed and project under development)
        - Owner: Cindy Watson, JASMYN CEO

c. Improve access to services
    i. Develop and maintain a current resource list for YYA service providers
        - Time: 4th Quarter 2019

- Cost: Staff time/Volunteers
- Owner: YHDP Grant Coordinator/YYAAB

ii. Create and share Resource Cards for YYA and community
- Time: 4th Quarter 2019
- Cost: Staff time/Volunteers
- Owner: YHDP Grant Coordinator/YYAAB

4. Short-term solutions

a. Create a YYA-friendly emergency shelter
i. Open House of Hope, YYA-specific short-term housing w/nine beds
- Time: 2nd Quarter 2020- Update – *opened 3rd Q 2019*
- Cost: $300,000 (Funds committed and project under development)
- Owner: Kim Sirdevan, CEO Youth Crisis Center

5. Long-term solutions

a. Develop YYA Rapid Rehousing
i. Implement the JASMYN Rapid Rehousing for Youth Project
- Time: 3rd Quarter, 2019 *– project began July 2019*
- Cost: $238,400 (State Challenge Grant, submitted and awarded)
- Owner: Cindy Watson, JASMYN CEO

b. Explore Opportunities for Permanent/Permanent Supportive Housing
i. Partner with Ability Housing and Jacksonville Housing Authority
- Time: TBD
- Cost: TBD
- Owner: YHDP Team, CHI

c. Expand and develop Host Home Programs
i. Partner with Family Support Services
ii. Identify other partners
- Time: TBD
- Cost: TBD
- Owner: YHDP Team, CHI

6. Discharge planning

a. Update YYA Discharge Planning Policies
i. Juvenile Justice Facilities
ii. Hospitals/Mental Health Crisis Centers
iii. Child Welfare Programs

iv. Housing programs, including Shelter, RRH, TLP, and PSH
    - Time: 1st Quarter 2020
    - Cost: Staff time
    - Owner: CHI, YHDP Grant Coordinator

7. Other – TBD