2022 HUD COC FUNDED PROJECT REVIEW SUMMARY SHEET

PROJECT NAME:_____

PROJECT TYPE:_____   **PROJECT OPERATION DATES:** _____

TOTAL ANNUAL PROJECT FUNDING THROUGH HUD:_____

NUMBER OF HOUSEHOLDS/INDIVIDUALS TO BE SERVED ANNUALLY: HH_____**INDIVIDUALS**_____

FUNDING AMOUNT DRAWN FROM HUD ELOCS AS OF LATEST QUARTERLY REPORT:_____

NUMBER OF HOUSEHOLDS/INDIVIDUALS ACTUALLY SERVED: HH_____**INDIVIDUALS**_____

Did the project meet the identified deliverables and spending drawdowns?

    Deliverables _____

    Drawdowns _____

If the project did not meet deliverables and/or drawdowns, was an extension approved?_____

When does the extension end? _____

If the project did not need or request an extension, was the APR submitted on time?_____

What was the cost per household/individual for this project? HH_____ **Individual**_____

Was there a HUD, CoC or other monitoring performed on this project? _____ When: _____

Where there any Corrective Action Plans or recommendations imposed as a result of the monitoring(s)? _____

Describe: _____

_____

Was there technical assistance offered to this project either through HUD or the CoC?_____ When: _____

_____

Is this project type still needed as identified in the most recent Homelessness Assistance Plan and BBCoC 5 year Strategic Plan? _____

What was the Bed Utilization Rate as identified on the APR? _____

What were the APR results on system performance measures?

      Average Change in Overall Cash Income stayers (APR 19a1) _____

      Average Change in overall Cash Income leavers(APR 19a2) _____

      Percent of leavers exiting to permanent housing destinations (APR 23c) _____

Did this project have previous year CAPs, mandatory TA that would make this project eligible for reallocation this year? _____ Describe: _____

_____

OTHER COMMENTS:

2021 HMIS Renewal Project Proposal

TABLE OF CONTENTS

BBCOC
BIG BEND CONTINUUM OF CARE

2022 HUD NOFO

Homeless Management Information System (HMIS)
Project Application Form 300-B

A. Project Applicant Information

Agency Name:	
Agency Address:	
City, State, Zip:	
Contact Person:	
Contact Phone and Email	e-mail:
Agency Executive Director:	
Director Phone and Email:	e-mail:

B. Project Information

Name of Project:	
Project Address, if applicable: (Mark N/A for scattered sites.)	☐N/A
Is this address confidential?	☐Yes ☐No
Type	_____ New _____ Renewal
Date Range of Current Grant	_____/ _____/ _____ to _____/_____/_____
Amount Awarded	
HUD grant number (from GIW)	

C. Review Criteria

1)	Administration – eSnaps
	Attach documentation of at least two staff with active eSnaps profiles as **Attachment A**.

2)	Administration – eLOCCS
	Attach documentation of at least two staff with active eLOCCS profiles as **Attachment B.**

3)	Administration – Executed Contract with HUD (including budget)
	Attach documentation of contract or initiation of contract as **Attachment C.**

4)	Universal Data Elements and Data Quality
	Describe how our HMIS collects all Universal Data Elements and measures data quality? Attach Universal Data Elements Collected, and reference Data Quality Improvement Plan, Policies and Procedures provided as part of attachment for question 10. **Attachment D.**

Our CoC uses the HUD-approved software ServicePoint from Wellsky. HUD publishes data and reporting standards for their approved vendors including guidelines and time-lines vendors must meet in order for CoCs and local projects using HMIS to gather the updated HUD universal data elements. A listing of the Universal Data Elements that went into effect on October 1, 2021 is located under attachment D. This includes all universal data elements that are to be collected by programs on participants for entry into the HMIS and Coordinated Entry system. The workflow for data entry on capturing and entering these data elements depends on the program type. For example, all program types must collect the following data elements to enroll someone for services in their program: Name; SSN; DoB; Race; Ethnicity; Gender; Veteran Status; Disabling Condition(s); Project Start Date; Relationship to Head of Household; Prior Living Situation; Income and Sources; Non-cash Benefits; and if there has been a history of domestic violence. There are also required data elements upon the clients' completion of services or exit that need to be gathered and entered including: Project Exit Date; Updated Income and Sources; Updated Non-cash Benefits; Destination upon exiting the program; Reason for exiting the program; and Housing Move-in Date. There are examples of the paper tools we provide to programs using HMIS to be able to collect all data elements they are required to input in the system under attachment D. All projects participating in HMIS use either live entry capture methods where they enter the data elements directly into HMIS while they are meeting with the client, or they use a paper tool to gather information to be entered later in the HMIS system. Emergency Shelter projects usually enter info directly into the system, while other programs like Rapid Rehousing may go to the clients' place of residence and interview and collect the info to be entered later.

5)	Capacity to Deduplicate
	Describe how the HMIS project is able to Deduplicate client records? Describe other strategies used to ensure duplicative records are managed and merged. **Attachment E.**

Maintained within the ServicePoint software are failsafe ways to de-duplicate client records that are based on the system generated "Unique ID". A record is issued a Unique ID through a combination of data elements specific to that client including their: Client ID; First Name; Last Name; DoB; and Gender. If a case manager at an agency mistakenly enters a client record more than once, client specific data reports are run every month to catch data entry errors, to include duplicate clients. The BBCoC HMIS Team will review these duplicate clients with the agencies to 1) merge the duplicate clients records into a single client Unique ID, and 2) provide additional

assistance and training (when necessary) to ensure users are utilizing all available means to identify existing clients before adding a new client record.

The system and reports will not catch a duplicative entry if there is a difference in the SSN or DoB, for example. We use skilled data staff to review these instances and determine if the record is a duplicate or a different client entirely by looking at their name, SSN, DoB, service history and times of services. If there is a record duplication, all information under the duplicative records is merged into one single record with no information or data being lost. This is done manually, record by record, only by system administrator level licenses within ServicePoint held by the HMIS Director and Data Analyst. Attached are examples of these duplication identification reports directly from the ServicePoint User Manual on reporting under attachment E.

6) Required Reporting
Has the HMIS produced and submitted all HUD required reports by the deadlines? This includes all PIT, HIC, CAPER, System Performance Measures, and LSA Reports. Attach submission screen shots as **Attachment F.**

Below are each reports due dates and submission dates. Screenshots and/or email verifications of submission can be found under attachment F:

	Due Date	Date Submitted
PIT	5/6/2022	5/5/2022
HIC	5/6/2022	5/5/2022
CAPER	7/20/2022	7/18/2022
System Performance	2/28/2022	2/28/2022
AHAR/LSA	2/15/2022	2/15/2022

7) Provider Specific Reporting Support
Describe assistance available to providers with regard to data needed for annual HUD reporting. How does your HMIS staff support providers contributing data to the APR reports, CAPER reports, System Performance and LSA reports. Describe assistance provided for local and state reports and any custom report builds implemented. **Attachment G.**

All mandated reports from HUD are provided to the software vendor to create and set up as a report that is accessible to the program or CoC needing to run these reports. These mandatory reports include: System Performance Measures Reports; CAPER reports; and Clients Served reports (samples of each of these reports can be found in Attachment G). Our CoC also receives additional technical assistance through the Built for Zero initiative that allows us to customize and use another set of reports available in our system specific to chronic and veteran homelessness. We also create custom reports per request from agencies as they are working on funding opportunities and working to improve data quality and project performance. The CoC HMIS team has created and updated custom reports to track funder-specific metrics (ARPA; CHSP – samples of both included on Attachment G) or non-standard data elements and trends (racial equity in project entries/exits; sexual orientation). When assistance is needed with any report, whether it be an existing report, or a request for a custom report, users or agency leadership can submit a request through the BBCoC Helpdesk for support or custom report programming.

All HMIS users are trained by the CoC Data and Training Director and the CoC Data Analyst to be able to use and run all reports needed for their project and funding type. There are refresher trainings available as requested to ensure everyone using the system to run reports understands how the reports are pulling data and how to recognize when there may be an error present in a reports' calculation. This also ensures the user is using the prompts needed to run specific reports in the way needed to generate accurate reports. You will find a reporting schedule for all mandatory reports under attachment G.

8) Bed Coverage

Describe current bed coverage recorded in HMIS. If bed coverage is below 85%, describe barriers to raising the bed coverage to 85% or greater. Describe proposed or current strategies implemented to address barriers. **Attachment H.**

Bed Coverage Rate using HIC and HMIS Data

Project Type	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	100%
Transitional Housing (TH) Beds	100%
Other Permanent Housing (OPH) Beds	50.9%

Our OPH beds experienced a significant drop in percentage from last year due to several factors: Difficulty in finding landlords who will accept vouchers; Decreased participation from the VA; Unstable economy causing significant increase in rental prices; and the end of the national eviction moratorium.

To help with this, the CoC hired a new Landlord Liaison in February 2022 to seek landlords who are willing to accept vouchers, work with our agencies and accept our clients.

Complete HIC submission data for all project types can be found on Attachment H.

9) Accuracy of System Performance Measures

Describe system capacity to accurately measure improvement on HUD System Performance Measures? Describe barriers to accurate system performance measurement. Describe strategies implemented to address barriers. **Attachment I.**

All HUD approved HMIS software vendors must ensure their product can accurately capture all data related to the System Performance Measures, and Wellsky has fulfilled that obligation. We are able to run reports on specific performance measures, for specific programs or as an entire CoC, for specific dates. By drilling down in the reports, we can see what programs are impacting which measures and where improvements need to be made. This past year we did an analysis on all system performance data going back to 2015 to identify trends and see where we needed to focus improvement efforts in the coming year. This analysis is provided under attachment I. Overall, the results from this analysis revealed that our CoC needs to focus on improving the following measures in the following ways; 1) decrease average length of stay for Emergency Shelter and Transitional Housing programs by completing data cleanup and exit old shelter data entries that were never exited, 2) reduce the percent of returns to homelessness by ensuring clients are educated on maintaining housing and aware of homeless prevention resources 3) decrease the annual count of homeless by making more permanent affordable housing options

available to high needs/vulnerable individuals with housing instability histories, 4) Increase income for clients leaving permanent supportive housing for reasons other than death, 5) continue to decrease the number of individuals experiencing 1st time homelessness by focusing on prevention and diversion strategies, 6) Housing Prevention and Housing Placement - this measure is not currently required or set up to be captured in data systems per HUD 7) continue to maintain positive outcome of permanent housing placements directly from outreach and increase permanent housing placements from other types of programs by expanding permanent housing options available to our community. A presentation of our System Performance Measures can be found in Attachment I.

10) Policies and Procedures

Describe how the HMIS project has implemented policies and procedures regarding the following;
   a. Data system access and background screening requirements
   b. User Training on data input and reporting
   c. Data Security and releases of information
   d. Requests for technical assistance
   e. Creating and reporting on custom projects
   f. Costs for HMIS licenses for participating agencies.
   g. Data Quality Improvement Plan, Policies and Procedures
Attach detailed policies and procedures for full points. **Attachment J.**

Over the last year, BBCoC HMIS team has implemented several new policies, procedures and technologies to meet the evolving needs of HMIS users.
   a. CoC HMIS team has adjusted the new user policy to adopt DCF's 'Affidavit of Good Moral Character' (copy in attachment J). In addition, the new user process has been streamlined and documented on the BBCoC website (screenshot in attachment J).
   b. CoC HMIS Team has implemented a Learning Management System (LMS), which houses all HMIS-related training courses held over the last 12 months. Prior to system access, all new users are required to complete an online training module outlining best practices for data quality, client privacy and data security and HMIS policies & procedures. Immediately after this online course, a live, the user participates in a live instructor-led course covering daily system use, to include client data entry, program workflows and reporting. In addition, live CoC-wide monthly training sessions on various HMIS-related topics are held via Zoom online meetings and are recorded and posted to the CoC LMS for replay by anyone who missed the live meeting. A screenshot of the LMS course catalog can be found in attachment J.
   c. As part of the BBCoC HMIS merger into the PromisSE shared HMIS implementation (June 2021), the CoC has adopted the PromisSE Policies and Procedures which covers all aspects of HMIS use, to include data security and client confidentiality. As part of this merger, the CoC has also adopted the PromisSE Release of Information (ROI), a copy of which can be found in attachment J.
   d. In September 2020, the CoC HMIS team implemented the HMIS helpdesk. This helpdesk, hosted on the BBCoC website, allows users to submit tickets through the website or via email, and receive responses via email or phone. Further, CoC HMIS staff have the ability to remotely view end users screens (with user-granted permission) via Teams online meeting software. This allows CoC HMIS staff to troubleshoot technical issues with users in real time. In the last 12 months, the BBCoC HMIS

helpdesk has handled 322 support requests/tickets with a Mean Time To Resolve (MTTR) of 31 minutes.

e. All new projects are required to have a Provider Descriptive Data Elements (PDDE) form completed by the requesting agency's Executive Director, which documents all of the HUD-mandated data elements so they can be correctly configured in HMIS. All new projects are then tested and confirmed reportable by all of our standard annual reports (SPM, LSA, HIC/PIT). Additionally, custom reports have been created to track funder-specific items (ESG; CHSP; ES Diversions; County of previous residence) or non-standard data elements and trends (racial equity in project entries/exits).

f. As part of the BBCoC HMIS merger into the PromisSE shared HMIS implementation (June 2021), the CoC has adopted the HMIS license cost plan shared by all PromisSE participating CoCs. According to the PromisSE Policy and Procedures (Attachment J, PromisSE & CoC Participation Agreement, Section 2D) - "The cost of all Wellsky Community Services modules will be divided evenly among all Continuum-designated HMIS Lead Agencies. The cost of software licenses, reporting licenses, and associated fees allocated to each Continuum-designated HMIS Lead Agency will be the responsibility of that agency, and will be added to the cost of the Wellsky Community Services modules; One Roof will charge a 3% fee for all HMIS software related billing to each Continuum-designated HMIS lead agency.

g. The CoC HMIS team has implemented a streamlined CoC-wide Data Quality Plan (DQP) in which all HMIS-participating agencies receive a data quality report from the CoC HMIS team by the 10th of each month. These agencies then have two weeks to make all necessary corrections and/or contact the CoC HMIS team for technical assistance. A copy of the official BBCoC Data Quality Plan can be found in attachment D.

11) Budget Narrative
Describe how requested funding will be allocated. Include amounts dedicated to personnel, equipment, licenses, consultants, fees, training, administration etc. **Attachment K.**
ARPC/BBCoC will allocate $121,768 to operate the HMIS. $100,000.00 will be dedicated to costs associated with personnel (2 full time System Administrators/Trainers). $21,768.00 will be allocated for vendor licenses and fees paid to the HMIS implementation PromiSE. $8,524.00 will be allocated to administrative costs related to operating the HMIS project including, office/training supplies, administration and oversight of the project and costs related to office space and communication equipment.
12) Match Documentation
Attach a letter from the source of match funds indicating the match funding is dedicated to carrying out activities related to this project. **Attachment L.**

Attachment A

e Front Office

elayton   Logout   Help

Front Office Portal

Profile

My Account
Change Password

Workspace

Applicants
Funding Opportunity
Registrations
Projects
Submissions

Contact Us

Applicant: Apalachee Regional Planning Council (FL-506 CoC)

Applicant Details

Applicant Name:	Apalachee Regional Planning Council
Applicant Number:	FL-506 CoC

Registrants

Delete	Open	Name	User Name	Email	Group
⊗		Rietow, Chris	CRietow	crietow@thearpc.com	Administrator ▼
⊗		Coleman, Johnna	JohnnaColeman	jcoleman@bigbendcoc.org	Administrator ▼
⊗		Layton, Eric	elayton	elayton@bigbendcoc.org	Administrator ▼
⊗		Ford, Lona	LonaFord	lford@bigbendcoc.org	Administrator ▼

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Grantium

Attachment B

Secure Systems

system administration
- **Business Partners Maintenance**
- **Participant Assignment Maintenance**
- **Password Change**
- **User Maintenance**

systems
- **Active Partners Performance System (APPS)**
- **Line of Credit Control System (eLOCCS)**

User List

Coordinators with active business partner relationships are listed in **bold**.

Organization ID	Last Name	First Name	User Id	User Status	User Type	BPR Type	BPR Status
591772505	**COLEMAN**	**JOHNNA**	**MEJT80**	**Active**	**Coordinator**	**Business Partner - Participant**	**Active Original (O)**
591772505	**FORD**	**LONA**	**MEJU68**	**Active**	**Coordinator**	**Business Partner - Participant**	**Active Original (O)**
591772505	**PITTS**	**MONICA**	**MEJS96**	**Active**	**Coordinator**	**Business Partner - Participant**	**Active Original (O)**
591772505	**RIETOW**	**CHRIS**	**MZK073**	**Active**	**Coordinator**	**Business Partner - Participant**	**Active Original (O)**
591772505	WATSON	JANICE	MZK171	Terminated	User	Business Partner - Participant	Active Original (O)

Attachment C

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
400 West Bay Street Suite 1015
Jacksonville, FL 32202

Grant Number (FAIN): FL0355L4H062011
Tax ID Number: 59-1772505
DUNS Number: 627133788

CONTINUUM OF CARE PROGRAM (CDFA# 14.267)
GRANT AGREEMENT

This Grant Agreement ("this Agreement") is made by and between the United States Department of Housing and Urban Development ("HUD") and Apalachee Regional Planning Council (the "Recipient").

This Agreement, the use of funds provided under this Agreement (the "Grant" or "Grant Funds"), and the operation of projects assisted with Grant Funds are governed by title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the "Act"), the Continuum of Care Program rule at 24 CFR part 578 (the "Rule"), as amended from time to time, and the Fiscal Year (FY) 2020 Continuum of Care (CoC) Program Non-competitive Funding Notice, Notice CPD-21-01. Capitalized terms that are not defined in this Agreement shall have the meanings given in the Rule.

Only the project (those projects) listed below are funded by this Agreement. HUD's total funding obligation for this grant is $130,292, allocated between the projects listed below and, within those projects, between budget line items, as shown below.

Project No.	Grant Term	Budget Period/Performance Period	Total Amount
FL0355L4H062011	12	05/01/2021-04/30/2022	$130,292

allocated between budget line items as follows:

a. Continuum of Care planning activities $0

b. Leasing $0

c. Rental assistance $0

d. Supportive Services $0

e. Operating costs $0

f. Homeless Management Information System $121,768

g. Administrative costs $8,524

h. Relocation costs $0

i. HPC homelessness prevention activities:

    Housing relocation and stabilization services $0

    Short-term and medium term rental assistance $0

Pre-award Costs for Continuum of Care Planning

The Recipient may, at its own risk, incur pre-award costs for continuum of care planning awards, after the date of the HUD selection notice and prior to the start date of the award budget period/performance period, if such costs: a) are consistent with 2 CFR 200.458; and b) would be allowable as a post-award cost; and c) do not exceed 10 percent of the total funds obligated to this award. The incurrence of pre-award costs in anticipation of an award imposes no obligation on HUD either to make the award, or to increase the amount of the approved budget, if the award is made for less than the amount anticipated and is inadequate to cover the pre-award costs incurred.

These provisions apply to all Recipients:

The Agreement constitutes the entire agreement between the parties, and may be amended only in writing executed by HUD and the Recipient.

The budget period/performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period/performance period (or final operating year for Supportive Housing Program (SHP) and Shelter Plus Care (S+C) grants being renewed for the first time) under the grant agreement being renewed. Eligible costs incurred between the end of Recipient's budget period/performance period (or final operating year for SHP and S+C grants being renewed for the first time) under the grant agreement being renewed and the date this Agreement is executed by both parties may be reimbursed with Grants Funds from this Agreement. No Grant Funds for renewal projects may be drawn down by Recipient before the end date of the project's budget period/performance period (or final operating year for SHP and S+C grants being renewed for the first time) under the grant that has been renewed.

The Recipient must complete the attached "Indirect Cost Rate Schedule" and return it to HUD with this Agreement. The Recipient must provide HUD with a revised schedule when any change is made to the rate(s) included in the schedule. The schedule and any revisions HUD receives from the Recipient will be incorporated into and made part of this Agreement, provided that each rate included satisfies the applicable requirements under 2 CFR part 200 (including appendices).

This Agreement shall remain in effect until the earlier of 1) written agreement by the parties; 2) by HUD alone, acting under the authority of 24 CFR 578.107; 3) upon expiration of the budget period/performance period for all projects funded under this Agreement; or 4) upon the expiration of the period of availability of Grant Funds for all projects funded under this Agreement.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Recipient's applicant profile in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

The Agreement constitutes the entire agreement between the parties and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

UNITED STATES OF AMERICA,
Secretary of Housing and Urban Development

By:

_____
(Signature)

Lisa Hill, Director
_____
(Typed Name and Title)

May 17, 2021
_____
(Date)

RECIPIENT

Apalachee Regional Planning Council
_____
(Name of Organization)

By:

_____
(Signature of Authorized Official)

Amanda Wander, Executive Director
_____
(Typed Name and Title of Authorized Official)

_____
(Date)

Attachment D

BBCoC ....h   o- k   ˙ ˙@   ˙ k\ @˙   **PromisSE**

Continuum of Care (CoC) Program Management Information System of the Southeast (PromisSE)

Client's Last Name_____ First Name_____ MI_____

Date of Birth_____ Social Security Number_____

* The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary under this record-keeping System. This System was authorized pursuant to directives from Congress and the Department of Housing and Urban Development (HUD). The Social Security number is used to verify identity, assure timely delivery of services, prevent duplication of services, and generate accurate required reports to HUD.

PromisSE is a shared, electronic record keeping System that captures information about people experiencing homelessness or near homelessness, including their service needs. Our Agency is participating in PromisSE, a database that collects information on clients served by its member agencies and the services they provide.

I understand that all information gathered about me is personal and private and that I do not have to share information collected in PromisSE. It has been explained to me that all information collected will serve for reporting purposes and as a precaution to prevent duplication of services to ineligible individuals and families. I have had an opportunity to ask questions about PromisSE and to review the identifying information, which is authorized by this release for the PromisSE Member Agencies to share. I also understand that information about non-confidential services provided to me by human service agencies in the CoC may be shared with other participating in PromisSE agencies. This Release of Information will remain in effect for **5 (five) years** and will expire on _____ unless I make a formal request to this Agency that I no longer wish to participate in PromisSE.

Upon a life-threatening emergency or death, my System information will be used for identification purposes.

Upon written consent, a community partner that is a non-System participating agency, including many state or local service agencies can utilize your System information to provide additional services. **This is dependent upon the receipt of a signed document verifying your consent to release your information to a Community Partner.**

_____I authorize sharing my data.

_____I do not authorize sharing my data,

The CoC, as PromisSE Member Agency, to share my information between all participating PromisSE agencies. I authorize the use of a copy of this original document to serve as a verification for the purposes stated above.

_____
Client's (Head of Household) Printed Name

_____
Other Adult in HH Printed Name

_____
Client's (Head of Household) Signature

_____
Other Adult in HH Signature

_____
Date (mm/dd/yy)

_____
Date (mm/dd/yy)

Based on the information on the previous page:

_____I authorize sharing my dependent's data.

_____I do not authorize sharing my dependent's data.

The CoC, as PromisSE Member Agency, to share my information between all participating PromisSE agencies. I authorize the use of a copy of this original document to serve as a verification for the purposes stated above.

Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB

Legal Guardian's Authorizing Signature   Date (mm/dd/yy)

Agency Representative's Authorizing Signature

Agency Representative's Printed Name

Date (mm/dd/yy)

FOR STAFF USE ONLY	
_____	Staff obtained telephonic consent from client and dependents under 18 as listed above
_____	Staff did not obtain telephonic consent from client and dependents under 18 as listed above.

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
Fill out separate form for each household member and attach to project entry template. (* indicates required field)

*PROJECT ENTRY DATE (e.g., 10/10/2016) *[All clients]*

		/		/			

Month   *Day*   *Year*

*NAME (First, Middle, Last Name, Suffix (e.g. Jr, Sr, III) *[All Clients]*   **NAME DATA QUALITY** *[all clients]*

First Name													☐ Full name reported
Middle Name													☐ Partial, Street name, or code name reported
Last Name													☐ Client doesn't know
Suffix													☐ Client refused

*SOCIAL SECURITY NUMBER *[All clients]*   ***DATE OF BIRTH** (e.g., 05/21/1991) *[All clients]*

			–			–				

		/		/			

☐ Full SSN reported   ☐ Full date of birth reported

☐ Approximate or partial SSN reported   ☐ Approximate or partial DOB reported

☐ Client doesn't know   ☐ Client doesn't know

☐ Client Refused   ☐ Client refused

*VETERAN STATUS? *[All clients]* ☐ Yes   ☐ No   ☐ Client doesn't know   ☐ Client refused

*ETHNICITY *[All clients]*

☐ Non-Hispanic/Non-Latin(a)(o)(x)	☐ Hispanic/Latin(a)(o)(x)	☐ Client doesn't know	☐ Client refused

*RACE More than one race is permitted. *Client doesn't know* and *Client refused* should only be selected if no other response is selected. *[All clients]*

☐ American Indian, Alaska Native, or Indigenous	☐ Asian or Asian American	☐ Black, African American, or African	☐ Native Hawaiian or Pacific Islander
☐ White	☐ Client doesn't know	Client refused	

*GENDER *[All clients]*

☐ Female	☐ A gender other than singularly male or female	☐ Questioning	☐ Client refused
☐ Male	☐ Transgender	☐ Client doesn't know	☐ Data Not Collected

DO YOU IDENTIFY AS LGBTQ?

☐ Yes	☐ No

*RELATIONSHIP TO HEAD OF HOUSEHOLD *[All clients]*

☐ Self (head of the household)	☐ Head of household's other relation member (other relation to head of household)
☐ Head of household's child	☐ Other: non-relation member
☐ Head of household's spouse or partner	

*CLIENT LOCATION *[All clients]*: **FL-506** (This code identifies the Big Bend CoC region)

*COUNTY OF LAST PERMANENT ADDRESS *[All clients]*

☐ Franklin	☐ Gadsden	☐ Jefferson	☐ Leon	☐ Liberty
☐ Madison	☐ Taylor	☐ Wakulla	☐ Other: _____	

*ZIP CODE WHERE CLIENT SLEPT LAST NIGHT *[All clients]*

Total number of months continuously homeless immediately prior to project entry (round up): _____

*RESIDENCE PRIOR TO PROJECT ENTRY (Mark "x" for the appropriate living condition)

HOMELESS SITUATIONS	INSTITUTIONAL SITUATIONS	TRANSITIONAL AND PERMANENT HOUSING SITUATIONS
___ Place not meant for habitation	___ Foster care home or foster care group home	___ Residential project or halfway house with no homeless criteria
___ Emergency Shelter, including hotel/motel paid for with ES voucher	___ Hospital or other residential non-psychiatric medical facility	___ Hotel or motel paid for without emergency shelter voucher
___ Safe Haven	___ Jail, prison, or juvenile detention center	___ Transitional housing for homeless persons (including homeless youth)
	___ Long term care facility or nursing home	___ Host Home (non-crisis)
___ Client doesn't know	___ Psychiatric hospital or other psychiatric facility	___ Staying or living in a friend's room, apartment or house
___ Client refused	___ Substance abuse treatment facility or detox center	___ Staying or living in a family member's room, apartment or house
		___ Rental by client, with GPD TIP housing subsidy
		___ Rental by client, with VASH housing subsidy
		___ Permanent housing (other than RRH) for formerly homeless persons
		___ Rental by client, with RRH or equivalent subsidy
		___ Rental by client, with HCV voucher (tenant or project based)
		___ Rental by client in a public housing unit
		___ Rental by client, no ongoing housing subsidy
		___ Rental by client, with other ongoing housing subsidy
		___ Owned by client, with ongoing housing subsidy
		___ Owned by client, no ongoing housing subsidy

LENGTH OF STAY IN PREVIOUS PLACE *[Head of household and adults]*

☐ One night or less   ☐ 2-6 nights   ☐ One week or more; less than one month   ☐ One month or more; less than 90 days

☐ 90 days or more; less than one year   ☐ One year or longer   ☐ Client doesn't know   ☐ Client refused

Approximate Date Homelessness Started _____/_____/_____

Number of TIMES the client has been on the streets, in ES or SH in the past three years, including today?
☐ One time   ☐ Two times   ☐ Three times   ☐ Four or more times   ☐ Client doesn't know   ☐ Client refused

Total number of MONTHS homeless on the streets, in ES, or SH in the past three years?
☐ One month (this is the first month)   ☐ Client doesn't know   ☐ Client refused

☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months

Updated 7/7/22

Income from any source? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Total monthly income (indicate "0" if no income): $_____

Source of Income	Receiving Income Source?	
	Yes (if yes, indicate exact or approximate amount)	No
Alimony or other spousal support	$	
Child support	$	
Earned income (i.e. employment income)	$	
General Assistance (GA)	$	
Other source (if yes, specify):	$	
Pension or retirement income from former job	$	
Private disability insurance	$	
Retirement income from Social Security	$	
Supplemental Security Income (SSI)	$	
Social Security Disability Income (SSDI)	$	
Temporary Assistance for Needy Families (TANF)	$	
Unemployment Insurance	$	
VA Non-Service-Connected Disability Pension	$	
VA Service-Connected Disability Compensation	$	
Worker's Compensation	$	

Non-cash benefit from any source? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Non-cash Benefit Source	Currently Receiving Benefit?	
	Yes	No
Special Supplemental Nutrition Assistance Program (SNAP)	Amount: $	
Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)		
TANF Child Care Services (or use local name):		
TANF transportation services (or use local name):		
Other TANF-Funded services (or use local name)		
Section 8, Public Housing, or other rental assistance		
Temporary rental assistance. If yes, specify source:		
Other Source (specify):		

Covered by health Insurance?
☐ Yes   ☐ No
☐ Client doesn't know
☐ Client refused
[Answer 'yes' or 'no' for each health insurance source with an 'x'. Answer 'no' for sources that are not currently active]

Health Insurance Type	Covered?	
	YES	NO
Medicaid		
Medicare		
State Children's Health Insurance Program		
Veteran's Administration (VA) Medical Services		
Employer-provided Health Insurance		
Health insurance obtained through COBRA		
Private Pay Health Insurance		
State Health Insurance for Adults		
Indian Health Services Program		
Other (please indicate):		

Updated 7/7/22

*Does the client have a disabling condition? *[All clients]*   ☐ Yes   ☐ No   ☐ Client doesn't know   ☐ Client refused

[Mark "x" for all disabilities and respond to last three columns with "yes/no", and a start date]

Disability Type	Disability Determination						
	Yes	No	Client doesn't know	Client refused	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	Long term condition? (Y/N)	Approximate Start Date of condition(s)
Alcohol Use (only)							
Both Alcohol and Drug Use							
Chronic Health Condition							
Developmental Condition							
Drug Use (only)							
HIV or AIDS							
Mental Health Problem							
Physical Condition							

Domestic Violence Victim/Survivor?

☐ Yes   ☐ No   ☐ Client doesn't know   ☐ Refused

If yes for "domestic violence victim/survivor: **When experience occurred?**

☐ Within the past three months   ☐ 3-6 months ago (excluding six months exactly)   ☐ 6-12 months (excluding one year exactly)
    ☐ More than a year ago   ☐ Client doesn't know   ☐ Client refused   ☐ Data Not Collected

If yes for "domestic violence victim/survivor: **Are you currently fleeing?**

☐ Yes   ☐ No   ☐ Client doesn't know   ☐ Refused

Housing Move-in Date (for PSH & RRH Projects Only): _____/_____/_____

Updated 7/7/22

WELL BEING SECTION (*CoC-Funded PSH Projects Only - Answer for Head of Household only*)

Client perceives their life has value and worth

☐ Strongly disagree   ☐ Somewhat disagree   ☐ Neither agree nor disagree   ☐ Somewhat agree

☐ Strongly agree   ☐ Strongly agree   ☐ Client doesn't know   ☐ Client refused

Client perceives they have support from others who will listen to problems

☐ Strongly disagree   ☐ Somewhat disagree   ☐ Neither agree nor disagree   ☐ Somewhat agree

☐ Strongly agree   ☐ Strongly agree   ☐ Client doesn't know   ☐ Client refused

Client perceives they have a tendency to bounce back after hard times

☐ Strongly disagree   ☐ Somewhat disagree   ☐ Neither agree nor disagree   ☐ Somewhat agree

☐ Strongly agree   ☐ Strongly agree   ☐ Client doesn't know   ☐ Client refused

Client's frequency of feeling nervous, tense, worried, frustrated or afraid

☐ Not at all   ☐ Once a month   ☐ Several times a month   ☐ Several times a week

☐ At least every day   ☐ Client doesn't know   ☐ Client refused

General Health Status

☐ Excellent   ☐ Very good   ☐ Good   ☐ Fair

☐ Poor   ☐ Client doesn't know   ☐ Client refused

School/Education

Current school enrollment and attendance

☐ Not currently enrolled in any school or educational course

☐ Currently enrolled but NOT attending regularly (when school or the course is in session

☐ Currently enrolled and attending regularly (when school or the course is in session

☐ Client doesn't know

☐ Client refused

Client's Emergency Contact Information
(*for Emergency Shelter use only*)

Emergency Contact Name:	
Emergency Contact Address:	
Emergency Contact Phone:	
Emergency Contact Relationship to Client:	
Emergency Medical Information:	
Primary Care Physician:	
What led to homelessness?	
License / ID Number:	
Valid State ID?	
Client Car: Year, Make, Model, Color, Tag#:	
Convicted Sex Offender?	
When are you available to meet with a Case Manager?	

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
Fill out separate form for each household member and attach to project entry template.

PROJECT ENTRY DATE (e.g., 10/01/2017) *[All clients]*

		/			/				

Month　　　*Day*　　　*Year*

CLIENT (name or other identifier)

REASON FOR LEAVING (check one):

☐ Completed program　　　☐ Criminal Activity/Violence　　　☐ Death

☐ Disagreement with rules/person　　☐ Left for housing opportunity before completing the program

☐ Needs could not be met　　☐ Non-compliance with program　　☐ Non-payment of rent

☐ Reached maximum time allowed　☐ Unknown/Disappeared　　☐ Other: _____

DESTINATION [Head of household and adults]

<mark>THIS IS A CRUCIAL FIELD. PLEASE DO YOUR BEST TO GET YOUR CLIENT'S EXIT DESTINATION.</mark>	___ Rental by client, with RRH or equivalent
___ Deceased	___ Rental by client, with VASH subsidy
___ Emergency shelter, including hotel/motel paid for with emergency shelter voucher	___ Rental by client, with GPD TIP housing subsidy
___ Foster care home or foster care group home	___ Rental by client, with other ongoing housing subsidy
___ Hospital or other residential non-psychiatric medical facility	___ Residential project or halfway house with no homeless criteria
___ Hotel/motel paid for without emergency shelter voucher	___ Safe Haven
___ Jail, prison, or juvenile detention facility	___ Staying or living with family, permanent tenure
___ Long-term care facility or nursing home	___ Staying or living with family, temporary tenure (e.g. room, apartment, or house)
___ Moved from one HOPWA funded project to HOPWA PH	___ Staying or living with friends, permanent tenure
___ Moved from one HOPWA funded project to HOPWA TH	___ Staying or living with friends, temporary tenure
___ Owned by client, no ongoing housing subsidy	___ Substance abuse treatment facility or detox center

___ Owned by client with ongoing housing subsidy	___ Transitional housing for homeless persons (including homeless youth)
___ Permanent housing (other than RRH) for formerly homeless persons	___ Other (please describe destination):
___ Place not meant for habitation	___ No exit interview completed
___ Psychiatric hospital or other psychiatric facility	___ Client doesn't know
___ Rental by client, no ongoing housing subsidy	___ Client refused

Income from any source?　☐ Yes　　☐ No　☐ Client doesn't know　☐ Client refused

Total Monthly Income: $_____

Source of Income	Receiving Income Source?	
	Yes (if yes, indicate exact or approximate amount)	**No**
Alimony or other spousal support	$	
Child support	$	
Earned income (i.e. employment income)	$	
General Assistance (GA)	$	
Other source (if yes, specify):	$	
Pension or retirement income from former job	$	
Private disability insurance	$	
Retirement income from Social Security	$	
Supplemental Security Income (SSI)	$	
Social Security Disability Income (SSDI)	$	
Temporary Assistance for Needy Families (TANF)	$	
Unemployment Insurance	$	
VA Non-Service-Connected Disability Pension	$	
VA Service-Connected Disability Compensation	$	
Worker's Compensation	$	

Non-cash benefit from any source?　☐ Yes　　☐ No　☐ Client doesn't know　☐ Client refused

Non-cash Benefit Source	Currently Receiving Benefit?	
	Yes	**No**
Special Supplemental Nutrition Assistance Program (SNAP/Food Stamps)	Amount: $	
Special Supplemental Nutrition Assistance Program for WIC		
TANF Child Care Services (or use local name):		
TANF transportation services (or use local name):		
Other TANF-Funded services (or use local name)		
Other Source		

<table>
<tr><td rowspan="2">Covered by health insurance?

☐   Yes   ☐   No

☐   Client doesn't know

☐   Client refused

[Indicate 'yes' or 'no' for each health insurance type with an "x". Answer "no" for sources that are not currently active]</td></tr>
</table>

Health Insurance Type	Covered?	
	YES	**NO**
Medicaid		
Medicare		
State Children's Health Insurance Program		
Veteran's Administration (VA) Medical Services		
Employer-provided Health Insurance		
Health insurance obtained through COBRA		
Private Pay Health Insurance		
State Health Insurance for Adults		
Indian Health Services Program		
Other (please indicate):		

Does the client have a disabling condition? *[All clients]*   ☐ Yes   ☐ No   ☐ Client doesn't know   ☐ Client refused

[Mark "x" for all disabilities and respond to last four columns with "yes/no", and a start date]

Disability Type	Disability Determination						
	Yes	No	Client doesn't know	Client refused	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	Long term condition?	Approximate Start Date of condition(s)
Alcohol Abuse (only)							
Both Alcohol and Drug abuse							
Chronic Health Condition							
Developmental Condition							
Drug Abuse (only)							
HIV or AIDS							
Mental Health Problem							
Physical Condition							

Assessment Disposition

☐ Referred to ES/SH   ☐ Referred to RRH   ☐ Referred to PSH   ☐ Referred to HP   ☐ Referred to Street Outreach

☐ Referred to other continuum project type

☐ Referred to a homeless diversion program

☐ Unable to refer/accept within continuum; ineligible for continuum projects

☐ Unable to refer/accept within continuum; continuum services unavailable

☐ Referred to other community project (non-continuum)

☐ Applicant declined referral/acceptance   ☐ Applicant terminated assessment prior to completion

☐ Other Assessment Disposition, specify: _____

Housing Assessment at Exit

☐ Able to maintain the housing they had at project entry   ☐ Moved to new housing unit

☐ Moved in with family/friends on a temporary basis   ☐ Moved in with family/friends on a permanent basis

☐ Moved to a transitional or temporary housing facility or program

☐ Client became homeless—moving to a shelter or other place unfit for human habitation

☐ Client went to jail/prison   ☐ Client died   ☐ Client Doesn't Know   ☐ Client Refused

If Able to maintain housing at entry, Subsidy Information

☐ Without a subsidy   ☐ With the subsidy they had at project entry

☐ With an on-going subsidy acquired since project entry

☐ Only with financial assistance other than a subsidy

☐ Data Not Collected

If Moved to new housing unit, Subsidy Information

☐ With an on-going subsidy

☐ Without an on-going subsidy

☐ Data Not Collected

Appendix A - List of Data Elements and Associated CSV Files

#	Data Element Name	File Location
2.01	Organization Information	Organization.csv
2.02	Project Information	Project.csv, Affiliation.csv,
2.03	Continuum of Care Information	ProjectCoC.csv
2.06	Funding Sources	Funder.csv
2.07	Bed and Unit Inventory Information	Inventory.csv
3.01	Name	Client.csv
3.02	Social Security Number	Client.csv
3.03	Date of Birth	Client.csv
3.04	Race	Client.csv
3.05	Ethnicity	Client.csv
3.06	Gender	Client.csv
3.07	Veteran Status	Client.csv
3.08	Disabling Condition	Enrollment.csv
3.10	Project Start Date	Enrollment.csv
3.11	Project Exit Date	Exit.csv
3.12	Destination	Exit.csv
3.15	Relationship to Head of Household	Enrollment.csv
3.16	Client Location	EnrollmentCoC.csv
3.20	Housing Move-In Date	Enrollment.csv
3.917	Prior Living Situation	Enrollment.csv
4.02	Income and Sources	IncomeBenefits.csv
4.03	Non-Cash Benefits	IncomeBenefits.csv
4.04	Health Insurance	IncomeBenefits.csv
4.05	Physical Disability	Disabilities.csv
4.06	Developmental Disability	Disabilities.csv
4.07	Chronic Health Condition	Disabilities.csv
4.08	HIV/AIDS	Disabilities.csv
4.09	Mental Health Problem	Disabilities.csv
4.10	Substance Abuse	Disabilities.csv
4.11	Domestic Violence	HealthAndDV.csv
4.12	Current Living Situation	CurrentLivingSituation.csv
4.13	Date of Engagement	Enrollment.csv
4.14	Bed Night Date	Services.csv
4.19	Coordinated Entry Assessment	Assessment.csv, AssessmentQuestions.csv AssessmentResults.csv
4.20	Coordinated Entry Event	Event.csv
C1	Well-being	HealthAndDV.csv
C2	Moving On	Services.csv
C3	Youth Education Status	YouthEducationStatus.csv

P1	Services Provided - PATH	Services.csv
P2	Referrals Provided - PATH	Services.csv
P3	PATH Status	Enrollment.csv
P4	Connection with SOAR	IncomeBenefits.csv
R1	Referral Source	Enrollment.csv
R10	Pregnancy Status	HealthAndDV.csv
R11	Formerly a Ward of Child Welfare/Foster Care Agency	Enrollment.csv
R12	Formerly a Ward of Juvenile Justice System	Enrollment.csv
R13	Family Critical Issues	Enrollment.csv
R14	RHY Service Connections	Services.csv
R15	Commercial Sexual Exploitation/Sex Trafficking	Exit.csv
R16	Labor Exploitation/Trafficking	Exit.csv
R17	Project Completion Status	Exit.csv
R18	Counseling	Exit.csv
R19	Safe and Appropriate Exit	Exit.csv
R2	RHY-BCP Status	Enrollment.csv
R20	Aftercare Plans	Exit.csv
R3	Sexual Orientation	Enrollment.csv
R4	Last Grade Completed	EmploymentEducation.csv
R5	School Status	EmploymentEducation.csv
R6	Employment Status	EmploymentEducation.csv
R7	General Health Status	HealthAndDV.csv
R8	Dental Health Status	HealthAndDV.csv
R9	Mental Health Status	HealthAndDV.csv
U1	Worst Housing Situation	Enrollment.csv
V1	Veteran's Information	Client.csv
V2	Services Provided – SSVF	Services.csv
V3	Referrals Provided - SSVF	Services.csv
V4	Percent of AMI	Enrollment.csv
V5	Last Permanent Address	Enrollment.csv
V6	VAMC Station Code	Enrollment.csv
V7	SSVF HP Targeting Criteria	Enrollment.csv
V8	HUD-VASH Voucher Tracking	Services.csv
V9	HUD-VASH Exit Information	Exit.csv
W1	Services Provided - HOPWA	Services.csv
W2	Financial Assistance - HOPWA	Services.csv
W3	Medical Assistance	IncomeBenefits.csv
W4	T-Cell (CD4) and Viral Load	Disabilities.csv
W5	Housing Assessment at Exit	Exit.csv
W6	Prescribed Anti-Retroviral	Disabilities.csv

BBCoC Data Quality Plan

Introduction

This document describes the Homeless Management Information System (HMIS) data quality plan for the FL-506 Continuum of Care (CoC). The document includes data quality planning and protocols for ongoing data quality monitoring that meets requirements set forth by the Department of Housing and Urban Development (HUD). It is developed by Big Bend Continuum of Care, the HMIS Lead Agency for FL-506. This HMIS Data Quality Plan is considered part of the HMIS Policies and Procedures and is to be reviewed, revised, and approved annually in accordance with S 578.7(b) of the CoC Program interim rule, and considering the latest HMIS data standards and locally developed performance plans.

What Is a Data Quality Plan?

A data quality plan is a community document that facilitates the ability of the CoC to achieve statistically valid and reliable data. A data quality plan sets expectations for the CoC, the HMIS Lead Agency, and the end users to capture valid and reliable data on persons accessing the homeless assistance system throughout the community. Developed by the HMIS Lead Agency and formally adopted by the CoC, the plan:

- Identifies the responsibilities of all parties within the CoC with respect to data quality;
- Establishes specific data quality benchmarks for timeliness, completeness, accuracy, and consistency;
- Describes the procedures for implementing the plan and monitoring progress toward meeting data quality benchmarks; and
- Establishes a timeframe for monitoring data quality on a regular basis and puts in place sanctions and incentives to continually improve HMIS data quality.

What Is Data Quality?

Data quality is a measurement of the reliability and validity of client-level data gathered and entered into HMIS. Several factors influence good data quality: timeliness of entry, completeness of the data, and accuracy of the data. Adhering to a strong data quality plan will ensure better outcome reporting, easier submissions of grant performance reports such as the HUD Annual Performance Report (APR), and supports the submission of the Longitudinal System Analysis (LSA), System Performance Measures Report (SPMs), Point In Time Count (PIT), and Housing Inventory Count (HIC).

With good data quality, the CoC can tell the story of the population experiencing homelessness. The quality of data is determined by assessing certain characteristics such as timeliness, completeness, and accuracy. In order to assess data quality, a community must first think about what data quality means and document this understanding in a data quality plan.

What Is a Data Quality Monitoring Plan?

A data quality monitoring plan is a set of procedures that outlines a regular, ongoing process for analyzing and reporting on the reliability and validity of the data entered into HMIS at both the project and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

Why Do We Need a Data Quality Plan?

Data quality is critical to the work of ending Homelessness. Along with the mandate that federally funded projects must enter data into HMIS, the database allows for much more than just meeting a requirement. Good data quality helps agencies and the CoC report on performance outcomes, allows for case managers to have all of the information necessary to help their clients, and provides a way to view system performance overall. When data quality is not where it should be, it affects the entire system. It can impact clients who may have to spend time correcting erroneous information with a case manager. It can negatively impact overall data quality scores for the CoC which could affect competitiveness in the HUD NOFA competitions. It could also impact an agency's ability to continue receiving funds from federal sources if consistently poor data goes to HUD in required reports. Data is a driving force in ending homelessness.

Data Quality Standards

The Data Quality Standards for FL-506 outlined in this plan are applicable to all projects participating in HMIS, with exceptions as noted under each standard. Unless otherwise noted, all participating projects are expected to achieve and maintain the data quality standards; this also includes those projects that are not funded by HUD or other governmental funding bodies, but whose data is used for federal reporting. Providers are expected to identify the appropriate program for their projects and comply with the requirements outlined in this plan.

Timeliness

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection and data entry. The individual doing the data entry may be relying on handwritten notes or their own recall of a case management session, a service transaction, or a program exit date; therefore, the sooner the data is entered, the better chance the data will be correct. Real-time data entry (i.e. entering data while interacting with the client) provides the optimum quality when entering data in HMIS. Timely data entry also ensures that the data is accessible when it is needed, either proactively (e.g. monitoring purposes, increasing awareness, meeting funded requirements), or reactively (e.g. responding to requests for information, responding to inaccurate information).

Timely data entry also includes correcting any data quality issues if notified by the CoC or HMIS Lead. In the event an Agency Admin receives notification of data issues needing rectification, the corrections must be made within two business days. If the issues are extensive and will take more than two days, the agency will provide a reasonable estimate of the time necessary to correct the data.

Target

Real time data entry is encouraged and considered a best practice. Otherwise, agencies should aim to have data entered within 24 hours of client contact.

Project Entry Data

When a client is initially enrolled in a project, the following information must be entered into HMIS in real-time or within 24 hours:

Entry Type	Data Element	Collected For	Entry Creation	Project Start	Interim Update	Annual Assessment	Project Exit	Post-Exit
All	Name	All	X					
All	Social Security Number	All	X					
All	Date of Birth	All	X					
All	Race	All	X					
All	Ethnicity	All	X					
All	Gender	All	X					
All	Veteran Status	HoH/Adults	X					
All	Disabling Condition	All		X				
All	Project Start Date	All		X				
All	Project Exit Date	All					X	
All	Destination	All					X	
All	Relationship to HoH	All		X				
All	Client Location	HoH		X	X			
All	Housing Move-In Date	HoH			X			
All	Prior Living Situation	HoH/Adults		X				
All	Income and Sources	HoH/Adults		X	X	X	X	
All	Non-Cash Benefits	HoH/Adults		X	X	X	X	
All	Health Insurance	All		X	X	X	X	
All	Disabilities	All		X	X		X	
All	Domestic Violence	HoHAdults		X	X			
STO	Current Living Situation	HoH/Adults		X	X			
STO	Date of Engagement	HoH/Adults	X	X				
CE	CE Assessment	HoH	X	X				
CE	CE Event	HoH	X	X				
HOPWA	Services Provided	All			X			
HOPWA	Financial Assistance	HoH			X			
HOPWA	Medical Assistance	All w/HIV or AIDS		X	X		X	
HOPWA	T-cell and Viral Load	All w/HIV or AIDS		X	X	X	X	
HOPWA	Housing Assess. at Exit	All					X	
PATH	Services Provided	Adults			X			
PATH	Referrals Provided	Adults			X			
PATH	PATH Status	Adults			X			
PATH	Connection with SOAR	Adults		X	X	X	X	
RHY	Referral Source	Adults		X				
RHY	RHY-BCP Status	All		X	X			
RHY	Sexual Orientation	Adults		X				
RHY	Last Grade Completed	Adults		X			X	
RHY	School Status	Adults		X			X	
RHY	Employment Status	Adults		X			X	
RHY	General Health Status	Adults		X			X	
RHY	Dental Health Status	Adults		X			X	
RHY	Mental Health Status	Adults		X			X	
RHY	Pregnancy Status	Female Adults		X	X			
RHY	Formerly Foster	Adults		X				
RHY	Formerly Juvenile	Adults		X				
RHY	Family Issues	Adults		X				
RHY	RHY Service Connections	Adults			X			
RHY	Commercial Sexual Expl.	Adults					X	
RHY	Labor Exploitation	Adults					X	
RHY	Project Completion Stat.	Adults					X	
RHY	Counseling	Adults					X	
RHY	Safe & Appropriate Exit	Adults					X	
RHY	Aftercare Plans	Adults						X
RHY	Veteran's Information	All Veterans	X					
VA	Services Provided	All			X			
VA	Financial Assistance	All			X			
VA	Percent of AMI	HoH		X				
VA	Last Permanent Address	HoH		X				
VA	VAMC Station Number	HoH		X				

VA	HP Targeting Criteria	HoH		X				
VA	HUD-VASH Voucher Track	Veteran HoH		X	X		X	
VA	HUD-VASH Exit Info	Veteran HoH					X	

Housing Move-In Date (Residential Projects)

Movement into housing at Permanent Housing projects ("Housing Move-in Dates") should be documented within two business days of the client physically moving into their unit or having the keys to their unit. This is not applicable to non-permanent housing projects. For further clarification, if a client enters a project on a Wednesday, the Entry record should be created in HMIS on or before Friday.

Exit Data

All data required to be collected at project exit is to be made available in HMIS within two working days of the client exiting any project type. When a client is exited from a project in HMIS, they should be exited as of the date they last utilized the bed/services provided by the project. (For example, if a client last received services from a project on 1/10/2019, they should be exited from the project on 1/10/2019, even if the user is doing the data entry on a future date.)

Completeness

Complete HMIS data helps a CoC meet various funding compliance requirements, and ensures that persons in the homeless assistance system receive the services needed to secure and maintain permanent housing. Additionally, it is necessary to fully understand the demographic characteristics and service use of persons accessing the homeless housing and services in the community.

Complete data facilitates confident reporting and analysis on the nature and extent of homelessness, including:

- Unduplicated counts of persons served;
- Patterns of use of persons entering and exiting the homeless assistance system in the community; and
- Evaluation of the effectiveness of the community's homeless assistance system.

Data Elements

The Continuum of Care's goal is to collect 100% of all data elements. However, the CoC recognizes this may not be possible in all cases. Therefore, the CoC has established an acceptable range of missing/null, don't know, refused, and data not collected responses, depending on the data element and the type of program entering data.

Target

All data in HMIS should be collected and entered in a common and consistent manner across all programs. Data collection and entry should be conducted in accordance with the most current HUD HMIS Data Standards.

All data entered into HMIS should be complete. Partially complete or missing data (e.g., missing digit(s) in a SSN, missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients. Missing data could mean the client does not receive needed services – services that could help them become permanently housed and end their episode of homelessness.

While HUD has not provided specific percentages of acceptable rates of missing or unknown data, there are statewide data standards that encourage no more than **5%** of a given data element to have missing

or unknown data. The goal, however, is 100% completion whenever possible. Complete data also includes entering the data for all clients served. Additionally, complete data also refers to the completeness of bed utilization in the system. Consistent data refers to agencies collecting data using the same definitions and entering data that has no contradictions. Consistent data has no values that are impossible; child veterans, for example.

All Clients Served

HUD expects that all clients receiving housing and/or services through the homeless assistance system will have their service delivery documented in HMIS. If a program only enters data on a few of its clients, the program's efficacy cannot accurately be determined. Incomplete data may erroneously reflect low bed utilization rates (for shelter/housing programs), and may inaccurately reflect client's progress in meeting programmatic goals (i.e. employment, transitioning to permanent housing).

For clients who do not wish their information to be shared within HMIS, their information can be entered and only the staff at the agency where the data was entered and HMIS System Administrators will be able to access that data. Whereas FL-506 maintains a target of 100% of clients served will be included in HMIS, no agency will be permitted to refuse or change their service delivery based on whether a client agrees to have their data entered within HMIS.

Target

All programs using HMIS will enter data for one hundred percent (100%) of clients served.

All projects participating in HMIS are required to comply with the data standards. Data entered needs to be valid and accurately represent information on the clients being served.

Universal Data Elements (UDE)

The purpose of the UDEs is to ensure that all service providers participating in HMIS are documenting the data elements necessary to produce Continuum-wide unduplicated count of clients served. This provides accurate counts for various reporting requirements, including the Annual Performance Report (APR) and the Longitudinal System Analysis (LSA) collected by the U.S. Department of Housing and Urban Development (HUD), plus other reporting requirements. This also ensures that the CoC has sufficient client data to conduct basic analysis on the extent and characteristics of the populations they serve.

Program Specific Data Elements (PDEs)

As outlined in the HUD Data standards, which Program Specific Data Elements are required is dictated by the reporting requirements set forth by each Federal partner for each of their projects. For the purposes of consistency, elements in the Entry Assessment are required for all projects participating in HMIS. This ensures all service providers are documenting the data elements necessary to produce the Annual Performance Report or ESG-Caper.

Bed Utilization

One of the primary features of HMIS is its ability to record the number of client stays or bed nights at a homeless residential facility. Bed utilization is based on the bed and unit inventory as set up by Big Bend Continuum of Care and the number of program participants and households served in that project. Changes over time should be documented at least annually as it is reported in the Homeless Inventory Count.

A program's bed utilization rate is the number of beds occupied as a percentage of the entire bed inventory. When a client is enrolled into a residential program (emergency/safe haven,

transitional/rapid re-housing, or permanent), they are assigned to a bed or unit. The client remains in that bed or unit until they are transferred to another bed or unit, or is exited from the program. When the client is exited from the program, they are also exited from the bed or unit in HMIS.

The CoC recognizes that new projects may require time to reach the projected occupancy numbers and will not expect them to meet the utilization rate requirement during the first operating year. Projects are to monitor themselves monthly on completeness of data entry which can be tracked in HMIS, with status and/or issues communicated to Big Bend Continuum of Care, who will also perform monitoring throughout the year.

Low utilization rates can indicate a program operating under capacity or it could be a sign that 100% of clients served were not entered into HMIS.

Accuracy

Accurate collection and entry of data into HMIS ensures the data is the best possible representation of reality as it relates to people experiencing or at risk of homelessness and the programs that provide homeless housing and services. HMIS data should accurately reflect any data collected in a physical file, along with information known about the client and the housing and/or services received by the client. All data entered (manually or through data exchange) into HMIS should be a reflection of information provided by the client and as documented in the client's file. Changes or updates in client information should be reflected in HMIS as they occur. To ensure the most up-to-date and complete data, data entry errors should be corrected monthly, or more frequently as required.

Often, false or inaccurate information is worse than incomplete information, since with the latter, it is at least possible to acknowledge the gap. Thus, it should be emphasized to clients and staff that it is better to enter nothing (or preferably "don't know" or "refused") than to enter inaccurate information. To ensure the most up-to-date and complete data, data entry errors should be corrected on a monthly basis.

Consistency

Consistency of data directly affects the accuracy of data. Consistency ensures that data is understood, collected, and entered in the same manner across all programs in HMIS. Basic enrollment (intake), annual assessment, and exit workflows/forms, designed to capture client data pursuant to HUD's HMIS Data Standards, provide for common and consistent data collection and are available to all programs. To that end, all intake and data entry staff will complete an initial basic user training before accessing HMIS and complete ongoing training provided by HMIS staff.

To ensure that data collected and entered into HMIS are consistent across all projects:

1. Every HMIS user is required to complete a new user training on the system, policies, procedures, and protocols prior to receiving access to the system. Current users are required to take an annual recertification course.
2. A standardized intake assessment as specified by Big Bend Continuum of Care must be used by all providers to collect data in a consistent manner.
3. New agencies that join the CoC are required to review and understand all policies and procedures including data quality requirements.
4. Providers will make every effort to record accurate data.

Monitoring

The purpose of monitoring is to ensure that the agreed-upon data quality targets are met to the greatest extent possible, and that data quality issues are quickly identified and resolved. The CoC recognizes that the data produced from HMIS is critical to meet the reporting and compliance requirements of HUD, the individual agencies, and the CoC as a whole.

To ensure that all projects are in compliance with the requirements and expectations outlined in this plan, Big Bend Continuum of Care HMIS staff will monitor data on a monthly basis, and will notify agency leadership (and/or their designated data lead(s)) to identify and resolve any issues that affect the timeliness, completeness and the accuracy of data.

Incentives

Agencies should be creative in finding ways to incentivize excellent data quality. Actively monitoring data quality within the organization will lead to agencies being able to easily identify high performing staff, those who've shown great improvement, and those who may still struggle with data entry. When an agency identifies a staff person continuing to struggle with their data quality, the option for retraining exists. Continuum of Care CoCs incentivize data quality through their annual CoC Prioritization process. The better the data quality, the better the data reflects the progress a project is making with their clients. This can lead to a higher rank for the HUD NOFA process, and more funding opportunities

Training

The Big Bend Continuum of Care HMIS team is responsible for training all agency users. In addition to this initial training for new users, ongoing training sessions are held monthly which cover commonly-asked questions, and refresher items to ensure quality data entry. In addition to training, the CoC HMIS Help Desk is available to assist agencies with any HMIS-related technical support.

Data Quality Monitoring Plan

The Data Quality Monitoring Plan entails a set of procedures that outlines a regular, ongoing process for analyzing and reporting on the reliability and validity of the data entered into HMIS at both the project and aggregate system levels. This plan serves as the primary tool for tracking and improving data quality for FL-506.

The following sections are covered under this monitoring plan:

A. Roles and Responsibilities
B. HMIS Lead Timelines
C. Timelines for Data Quality reports
D. Compliance and Monitoring frequency
E. Data Quality Reports and Outcomes

A. Roles and Responsibilities

Agencies

Individual Partner Agencies are at the front line of good data quality. Fostering a culture that uses data to make programmatic decisions will also encourage staff to enter data accurately, completely, and timely. Agencies can run the Data Quality Framework (DQF) report in HMIS to review the data quality within their projects. The Agency should run the report as often as possible to catch issues before they become problematic, with the recommendation that the report is run and reviewed at least once per month. This includes doing client file spot checks to ensure the data in a client file matches what was

entered into HMIS when necessary. When agencies determine a staff person is struggling to maintain good data quality, they should strongly consider providing additional training support in house or referring the staff person for additional training from Big Bend Continuum of Care.

Continuum of Care

The CoC regularly reviews the Data Quality Reports available in HMIS for the CoC's projects. Because data quality is critical to the operation of the entire system, all projects in the CoC should be included in the reporting, not just HUD funded projects.

HMIS Lead

The HMIS Lead (Big Bend Continuum of Care) ensures HMIS is operational and able to meet the specifications outlined by HUD and other federal partners. Big Bend Continuum of Care ensures that all required reports are available and functional in the system and communicates visible data quality issues to the agencies.

HMIS Committee

The HMIS Committee provides authorization for, and oversight of, the Data Quality program. They will support the efforts of the Big Bend Continuum of Care HMIS Team by enforcing the incentives described in the data quality plan.

B. HMIS Lead Timelines

It is the responsibility of Big Bend Continuum of Care to submit four important reports on behalf of FL-506: Longitudinal Systems Analysis (LSA), System Performance Measures (SPM), Point in Time Count (PIT), and Housing Inventory Count (HIC).

These reports are submitted annually on dates determined at HUD's discretion.

C. Timelines for Data Quality Reports

While it is highly recommended that every project run the reports on a monthly basis, each of the projects are required to be in compliance with HUD Data Standards. Big Bend Continuum of Care will provide the following reports by the 10th of every month:

1. Data Quality Framework
2. Data Completeness Report Card

D. Monitoring Frequency

To ensure accurate reporting to federal partners, the Big Bend Continuum of Care will perform routine reviews of the data at the beginning of each month. The following will be the generally expected flow of monitoring, counseling and/or corrective actions regarding data quality:

1. Each HMIS-contributing agency and Big Bend Continuum of Care will review DQFs and Data Completeness Report Cards monthly.
   a. Should agency quality outcomes for timeliness, completeness, accuracy and/or consistency fall outside acceptable benchmark parameters, said outcomes will be reported to the person designated as Agency Admin.
   b. Reporting of data quality issues to Agency Admins offers Big Bend Continuum of Care and the agency an opportunity to collaborate to correct the problem, to spot other potential problems before they arise, and to identify ways to improve systemically.
2. Additional monitoring may be conducted as needed, particularly if an agency continues to have data quality that falls outside parameters. Big Bend Continuum of Care's monitoring could

consist of spot checks of data quality and could include a review of the agency's record keeping process. If issues are reported or suspected, this may prompt required intensive HMIS training.

3. More isolated problems or those of lesser severity or urgency may not result in concerns unless or until an agency has been shown to have the same or similar problem in repeated monthly reports.

   a. While all reasonable efforts as outlined above will be made by Big Bend Continuum of Care to collaborate with a given agency to improve data quality problems that might occur, should those efforts fail or the agency is non-compliant with training, significant and/or egregious data quality problems that continue unresolved and/or which impact the wider CoC community may result in agency or user HMIS licenses being suspended.

   b. It is the responsibility of the Agency Admin to ensure compliance with all data quality requirements and will be notified if their program does not meet any or all of the requirements.

   c. For all HUD-funded projects, lack of compliance with data quality requirements may result in forfeiting points in the annual local NOFA rating and ranking, as determined annually by Big Bend Continuum of Care's Executive Committee. Similar negative impact may occur on grants that require the use of HMIS reporting.

4. In addition to the above, Big Bend Continuum of Care HMIS staff will conduct a monthly HMIS-only HIC and PIT count to ensure Bed and Unit inventory utilization match agency-reported available beds in Provider Admin. Any discrepancies will be communicated to the Agency Admin.

E. Data Quality Reports and Outcomes

Big Bend Continuum of Care HMIS staff will send data quality monitoring reports to the Agency Admin. Reports will indicate the percentage of data errors. The CoC benchmark is an error rate of 5% or less. If the agency fails to make corrections, or if there are repeated or egregious data quality errors, HMIS staff will require intensive training or a repeat of basic user training.

Big Bend Continuum of Care Internal Reports

In addition to the reports listed above, Big Bend Continuum of Care executes the following reports monthly:

Report Name	Description/Purpose	Action
Case Notes	Checks for recent case notes for open entries.	Agency and user notified.
Chronicity DQ	Finds missing data elements used to determine chronic status.	Agency Admin and user notified. Retraining or intensive training possible depending on severity.
Client Location	Looks at Client Location CoC Code and highlights missing codes or codes other than FL-506.	Agency and user notified.
Date of Birth	Reviews data for missing DOBs and DOBs that result in negative age or age over 100.	Agency and user notified.
Duplicate Clients	Finds clients with the same DOB, SSN, Name.	Corrected by HMIS staff.
Duplicate Entries	Checks for entries for the same client on the same date for the same agency.	Corrected by HMIS staff.

Exit Destination	Looks for missing exits, and exits to other than PH if client subsequently entered PH with a PH entry in HMIS.	Corrected by HMIS staff.
Funding Information	Examines at funding sources in HMIS to ensure they are accurate and current.	Agencies are required to report funding sources annually or when funding changes.
Head of HH DQ	Looks for entries with missing HoH, households with no HoH, and children as HoH.	Agency and user notified.
Housing Inventory	Big Bend Continuum of Care runs this report on the last Wednesday of every month to look for irregularities in enrolled clients vs Bed and Unit inventory in Provider Setup.	Agency notified if enrollments fall outside of the norm. Inventory adjustments are made when necessary.
Housing Move In	Checks HMI dates for: • dates prior to project entry, • no HMI date with long/open enrollment in PH, and • dates greater than the current date.	Agency and user notified and asked to correct within two business days. Re-training may be recommended.
Income Data Quality	Examines income for: • mismatches (yes to receives income, but no income sources listed), • SSI/SSDI with no disability. • Same income source with open entries • SSI/SSDI amounts not updated, etc.	Agency and user notified and asked to correct within two business days. Re-training may be recommended.
Point In Time	Big Bend Continuum of Care runs this report on the last Wednesday of every month to look for irregularities in enrolled clients vs Bed and Unit inventory in Provider Setup.	Agency notified if enrollments fall outside of the norm. Inventory adjustments are made when necessary.
Project Length of Stay	Looks at length of stay and checks for: • Long stays in emergency shelter • Stays longer than CoC standards for RRH. • Long stays in PH with no HMI date.	Agency and user notified and asked to correct within two business days.
Referrals	Checks that accepted referrals to PH have an HMI within 90 days.	Agency and user notified and asked to correct within two business days.
ROI	Ensures that all clients with open entries have non-expired ROIs.	Agency and user notified and asked to correct within two business days.

Services	Examines service entries for PH projects to look for current services, specifically Case Management services greater than one year for PH and 90 days for RRH.	Agency and user notified and asked to correct within two business days.
SSI/SSDI and Disability	Looks for discrepancies in reported disability and the receipt of SSI/SSDI.	Agency and user notified and asked to correct within two business days.
SSVF/VA Missing Data	Examines all data elements required for SSVF and VA projects to look for missing data.	Agency and user notified and asked to correct within two business days.
Underage Veterans	Checks for Veteran Status set to yes for clients under 18 years of age.	Corrected by HMIS staff.
User Login Report	Looks for users who have not logged in to HMIS in the last 30 days.	Agency is notified. Users are locked out of HMIS and required to re-take basic user training. There are no exceptions.

Data Completeness Report Card (EE)

Summary
Date Range: 10/1/2020- 9/30/2021

Grading Scale: A - 95 - 100 +   /   B - 90 - 94.99   /   C - 80 - 89.99 +   /   F - 0 - 79.99

Overall Grade

1 ─
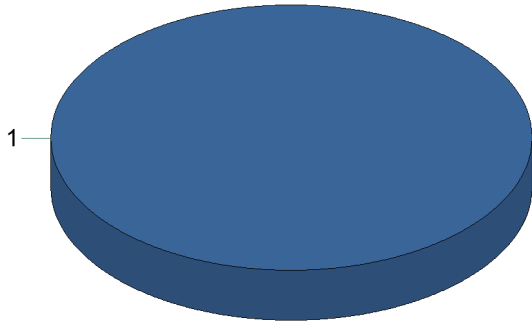
Provider
Grade
(Overall)

■ A

UDE ONLY Grade

1 ─
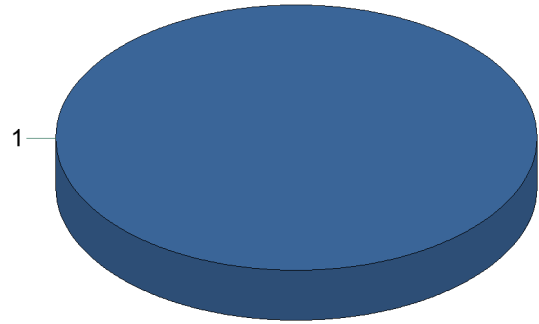
Provider
Grade
(UDE)

■ A

Additional ONLY Grade

1 ─
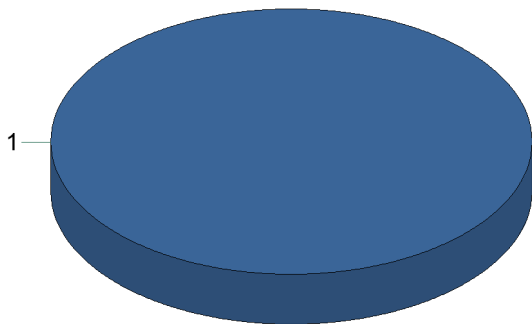
Provider
Grade
(Addtl)

■ A

HUD Verification ONLY Grade
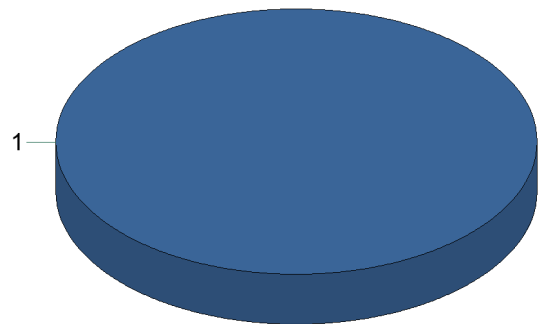
1 ─

Provider
Grade
(Ver)

■ B

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Data Completeness Report Card (EE)

Summary

Date Range: 10/1/2020- 9/30/2021

Grading Scale: A - 95 - 100 + /   B - 90 - 94.99 /   C - 80 - 89.99 + /   F - 0 - 79.99

Report Card Summary Table

(Grouped by OVERALL Grade / Ordered by OVERALL Percentage)

	UDE ONLY		Additional ONLY		Verification ONLY		OVERALL	
Provider	**%**	**Grade**	**%**	**Grade**	**%**	**Grade**	**%**	**Grade**
FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES)(65	98.85%	A	97.75%	A	94.69%	B	**97.76%**	**A**

Data Completeness Report Card (EE)

Overall Summary
Date Range: 10/1/2020- 9/30/2021

GRADE BASED ON COUNT FOR EACH ELEMENT:	HUD UDE ONLY	Additional ONLY	HUD Verification ONLY	OVERALL
	A	**A**	**B**	**A**
	98.85%	97.75%	94.69%	97.76%

Data Element	Required for	Number of Applicable Entry Exits	Number of Non-Null Values	Percentage Complete
***HUD Universal Data Elements:**				
Name	All	556	556	100.00%
Social Security Number	All	556	555	99.82%
Date of Birth	All	556	549	98.74%
Race	All	556	553	99.46%
Ethnicity	All	556	552	99.28%
Gender	All	556	554	99.64%
Veteran Status	Adults	556	553	99.46%
Disabling Condition (Y/N)	All	556	539	96.94%
Residence Prior to Project Entry	Adults/HoH	556	545	98.02%
Length of Stay in Previous Place	Adults/HoH	556	529	95.14%
Destination (Exit)	Adults/HoH at Exit	374	374	100.00%
Relationship to Head of Household	All	556	550	98.92%
Client Location	HoH ONLY	537	537	100.00%

Additional Data Elements:				
Domestic Violence	Adults/HoH	556	545	98.02%
Services Not Included	N/A	N/A	N/A	N/A
Income Received (Y/N)	Adults/HoH	556	544	97.84%
Non-Cash Benefit Received (Y/N)	Adults/HoH	556	543	97.66%
Covered by Health Insurance (Y/N)	All	556	542	97.48%

HUD Verification: **(Elements measure completeness at entry ONLY)**				
Disability Type	All	556	518	93.17%
Income Source	Adults/HoH	556	531	95.50%
Income Amount (for all valid sources)	Adults/HoH Recv Inc = Y	264	249	94.32%
Non-Cash Source	Adults/HoH	556	530	95.32%
Health Insurance Type	All	556	528	94.96%

* Refer to 0260 for Chronic Homelessness data quality fields.

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Tab B - Overall Report Card

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Data Completeness Report Card (EE)
Provider Report Card
Date Range: 10/1/2020- 9/30/2021

FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES)(6536)

GRADE BASED ON COUNT FOR EACH ELEMENT:	HUD UDE ONLY	Additional ONLY	HUD Verification ONLY	OVERALL
	A	**A**	**B**	**A**
	98.85%	97.75%	94.69%	97.76%

Data Element	Required for	Number of Applicable Entry Exits	Number of Non-Null Values	Percentage Complete
HUD Universal Data Elements:				
Name	All	556	556	100.00%
Social Security Number	All	556	555	99.82%
Date of Birth	All	556	549	98.74%
Race	All	556	553	99.46%
Ethnicity	All	556	552	99.28%
Gender	All	556	554	99.64%
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Client Location	HoH ONLY	537	537	100.00%
Additional Data Elements:				
Domestic Violence	Adults/HoH	556	545	98.02%
Services Not Included	N/A	N/A	N/A	N/A
Income Received (Y/N)	Adults/HoH	556	544	97.84%
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Income Amount (for all valid sources)	Adults/HoH Recv Inc = Y	264	249	94.32%
Non-Cash Source	Adults/HoH	556	530	95.32%
Health Insurance Type	All	556	528	94.96%

* Refer to 0260 for Chronic Homelessness data quality fields.

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Data Completeness Report Card (EE)
Client Detail by Provider
Date Range: 10/1/2020- 9/30/2021

FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES)(6536)

Entry Exit Information			HUD Universal Data Elements													Additional Data Elements					HUD Verification				
Client ID	Entry Date	Exit Date	Name	SSN	DOB	Race	Eth	Gen	Vet	YN Disab	Res Prior	LOS Prior	Dest Exit	HoH	Loc	DV	SVS	YN Inc	YN NC	YN Ins	Disab Ok=8	Inc Ok=15	Inc Amt	NC Ok=6	Ins Ok=10
34887	6/17/2021	6/17/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Null	1	Ok	Null	Null
38359	7/30/2021	8/2/2021	Ok	Ok	Ok	Ok	Null	Ok	Null	Null	Null	Null	Ok	Null	-	Null	N/A	Null	Null	Null	Null	Null	-	Null	Null
234206	5/27/2021		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
245076	6/4/2021		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
278997	5/29/2021	7/26/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
278997	7/26/2021	7/28/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
278997	7/28/2021	7/29/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
278997	7/29/2021		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
303700	8/5/2021	9/8/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
318115	7/28/2021	8/2/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
318115	8/3/2021	8/10/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
320807	8/12/2021	8/18/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
324653	5/13/2021	7/26/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
324653	7/27/2021		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
329770	4/1/2021	4/23/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
342751	5/21/2021	6/29/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
342805	5/20/2021	6/24/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
342805	7/30/2021	8/9/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
355540	6/11/2021	6/30/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
361758	7/16/2021		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
370452	4/1/2021	4/12/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
370729	6/17/2021	6/21/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
372195	6/25/2021	8/27/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
372195	9/14/2021		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
375152	6/17/2021	6/30/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
375152	7/1/2021	7/9/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
378458	6/17/2021	9/20/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
383549	8/6/2021	8/10/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
385990	4/1/2021	6/28/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	5
385990	6/28/2021		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	5
388555	5/31/2021	8/4/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
463311	7/30/2021	8/10/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
463311	8/11/2021	9/10/2021	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok
467077	4/1/2021		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok

Mediware Information Systems
0252 - Data Completeness Report Card (EE) - v18
Tab D - Client Detail

Page 1 of 16

v18
Printed: 10/11/2021
1:14:46 PM

Data Completeness Report Card (EE)
Additional Information
Date Range: 10/1/2020- 9/30/2021

User Prompt Field	Value(s) Selected
EDA Provider:	-Default Provider-
Enter Start Date:	10/1/20
Enter End Date PLUS 1 Day:	10/1/21
Select Provider(s):	FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES) (6536)
Include Services in Report Card?	No

Providers Reporting Information	Entry Exit Count
FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES)(6536)	556

Mediware Information Systems
0252 - Data Completeness Report Card (EE) - v18
Tab E - Additional Information

Page 1 of 1

v18
Printed: 10/11/2021
1:14:46 PM

Attachment E

ART Gallery Report 212
Duplicate Clients in ServicePoint

Contents

1. INTRODUCTION:

EXECUTIVE SUMMARY:

This ART report is designed to assist administrators in finding duplicate clients for one or more selected provider(s). The report identifies duplicates by comparing unique client ID numbers and by comparing Social Security numbers. Matches found are listed with relevant information including:

- Client Uid
- Client Id
- Client name
- Client DOB
- Gender
- SSN
- providers with matching clients

AUDIENCE:

This report is intended for use by HMIS administrators or other HMIS users with responsibility for monitoring and/or insuring that duplicate clients do not exist in the database.

FREQUENCY:

It is recommended that this report be run on a monthly basis so that duplicate clients can be identified and if possible merged.

PURPOSE:

The duplicate clients can result in erroneous and/or conflicting data. Duplicate clients should be identified and merged whenever the security permissions allow.

PREREQUISITES AND REQUREMENTS:

- ServicePoint version 5.11.x
- ART version 3.1x
- Standard Entry/Exit workflow.

2. REPORT INSTRUCTIONS AND PROMPTS:

The easiest way to start using this report is to navigate to the automapper. This is a folder that has the reports automatically mapped to your site, so that you don't have to map them yourself. You can navigate to the automapper as shown in Figure 2.1, below:
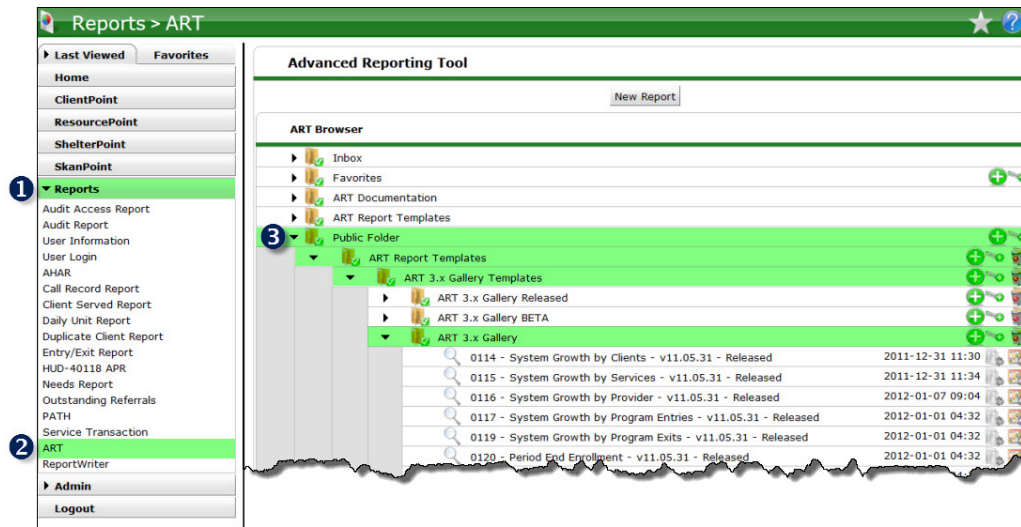
Figure 2.1

Requests for additional information concerning the report function/design should be directed to Bowman Systems' Customer Support Specialist (CSS) staff.

How to run: Upon opening the report, the User will be prompted (see Figure 2.2) to specify parameters which control the data returned by the report. Once the User has provided these parameters by responding to the user prompts, a green check-mark will appear next to each field to indicate that a selection has been made. The User should then single-click the "Refresh Data" button to generate the report.
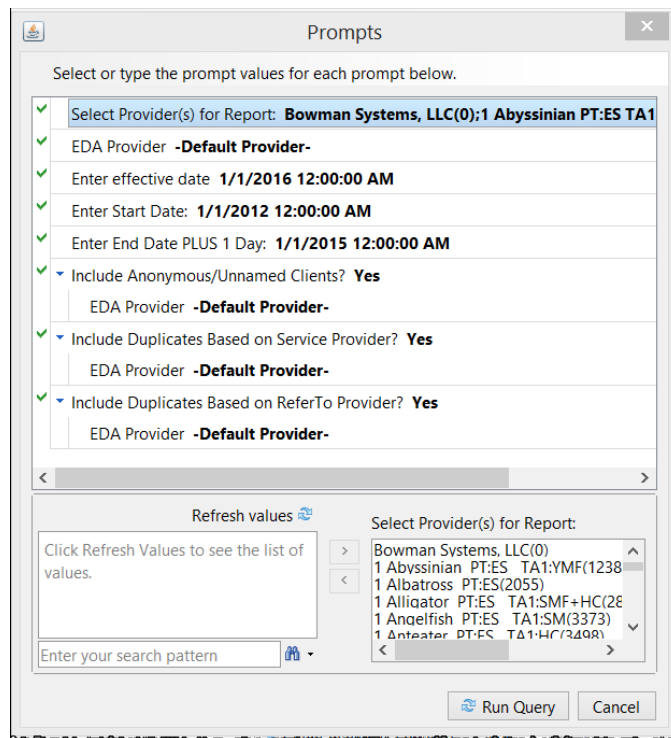
Figure 2.2

The user prompts contained in this report are:
1. **Select Provider(s) for Report:** Click the "refresh list" icon and wait for the left window to refresh. Now select the providers to include by highlighting them in the left window and moving them into the right window using the right selection arrow.
2. **EDA Provider:** Enter EDA provider if desired.
3. **Enter Effective Date:** The user should enter (or select from the calendar) the current date (or a historical date if historical data is desired). The value selected is retained as the default for the next time the report is run.
4. **Enter Start Date:** The user should enter (or select from the calendar) the first day of the desired date range.
5. **Enter End Date PLUS 1 Day:** The user should enter (or select from the calendar) the date immediately following the last day of the reporting date range.**EDA Provider:** The user should select the EDA provider to run the report as, or leave it at the default "-Default Provider-" if EDA mode is not desired.
6. **Include Anonymous Clients/Unnamed Clients:** The user should select Yes to include a comparison of anonymous or unnamed clients
7. **Include Duplicates based on Service Providers:** The user should select Yes to include a comparison of duplicate clients based on the service provider
8. **Include Duplicates based on the ReferTo Provider:** The user should select Yes to include a comparison of duplicates based on the ReferTo provider.

3. DESCRIPTION AND LAYOUT:

3.2 Tab A – Duplicates by Unique Id

This tab shows duplicates identified by comparing the clients Unique Id number. The header will display the options selected in the prompts.

Duplicate Clients in ServicePoint
Client Unique IDs by Entry Exit / Service / ReferTo Providers
Report Dates: 1/1/2012 - 1/1/2015   Data Effective: 12/31/2015

Client Unique ID 7,655	Client Uid 21,165	First Name	Last Name	Date of Birth	Gender
	427865	Amber	Eokiicdjm	2/15/88	Female
aekj52	466971	Andrew	Ehkvv	6/9/63	Male
	503810	Alexandra	Egkmq	12/5/04	Female
aeks43	46264	Arlene	Elkjqqc	7/1/65	Female
	443551	Angel	Eqknypc	5/12/05	Female
aelc43	362273	Adam	Ezlihb	6/26/83	Male
	431198	Anefria	Eelnmj	12/25/03	Female
aelm63	297951	Alfredo	Eplsnbzo		Male
	531869	Allen	Eilrl	7/11/11	Male
aemw45	374097	Abdul Rahim	Ecmkdnip	11/22/09	Male
	574558	Andre	Eemxskoo	12/10/09	Male
aeoc51	290255	Ana	Epowmt		Female
	556041	Abigail	Etobnsow	9/22/03	Female

Figure 3.2

Column Explanations:
- **Unique Id:** The Client Unique Id (and count) is provided for each client in the report. It is used throughout for de-duplication.
- **Client Id:** The Client Id (and count) is provided for each client in the report.
- **First Name:** The first name of the client is provided in this column
- **Last Name:** The last name of the client is provided in this column
- **Date of Birth:** The client's date of birth is provided in this column
- **Gender:** The client's gender is provider in this column.

3.4 Tab B – Duplicates by SSN

This tab is very similar to Tab A except duplicates are identified by comparing the client's Social Security Numbers rather than their Unique Id numbers. The header will display the options selected in the prompts.

Duplicate Clients in ServicePoint
SSN by Entry Exit / Service / ReferTo Providers
Report Dates: 1/1/2012 - 1/1/2015   Data Effective: 12/31/2015

Social Security Number 28	Client Uid 56	First Name	Last Name	Date of Birth	Gender
	475994	James	Zpsoc	3/3/31	Male
XXX-XX-3433	520990	Jusus	Xqzayug	1/1/67	Male
	277868	Felicia	Bohd	2/25/75	Female
XXX-XX-8330	416981	Asia	Ngxld	4/21/03	Female
	315115	Corina	Wehlrm	6/13/75	Female
XXX-XX-3970	589211	Mathew	Ycturc	7/6/91	Male
	253778	Mike	Aisgmix	6/18/84	Male
XXX-XX-4507	271495	Karen	Rmczuuc	11/11/73	Female
	135733	John	Fybebatv	2/25/64	Male
XXX-XX-5521	339700	Gerald	Zwsexh	8/2/40	Male

Figure 3.4

Column Explanations:
- **Unique Id:** The Client Unique Id (and count) is provided for each client in the report. It is used throughout for de-duplication.
- **Client Id:** The Client Id (and count) is provided for each client in the report.
- **First Name:** The first name of the client is provided in this column
- **Last Name:** The last name of the client is provided in this column
- **Date of Birth:** The client's date of birth is provided in this column
- **Gender:** The client's gender is provider in this column.

3.5 Tab C – Additional Information

This tab is provided as a reference to the user running the report and lists the parameters specified in the user prompts.

Duplicate Clients in ServicePoint
Additional Information
Report Dates: 1/1/2012 - 1/1/2015   Data Effective: 12/31/2015

User Prompt Field	Value Selected
	Bowman Systems, LLC(0);
	1 Abyssinian PT:ES TA1:YMF(1238);
	1 Albatross PT:ES(2055);
	1 Alligator PT:ES TA1:SMF+HC(2804);
	1 Angelfish PT:ES TA1:SM(3373);
	1 Anteater PT:ES TA1:HC(3498);
	1 Antelope PT:ES TA1:HC(5090);
	1 Arctic Fox PT:ES TA1:SMF(5134);
	1 Arctic Wolf PT:ES TA1:SM(6938);
	1 Armadillo PT:ES TA1:SF+HC TA2:DV(6985);

Figure 3.5

4. INPUT CONTROLS

There are no input controls in this report.

5. ALERTERS:

There are no Alerters in this report.

6. TECHNICAL INFORMATION:

6.1. How the data are pulled:

This report utilized three separate queries, one based on the Resource Universe and the other two based on the Client Universe.

The Providers query pulls the list of all for provider prompt.

The BISData query pulls duplicate clients based on Client Unique Id utilizing three combine queries. Each combine query pulls active clients that have multiple numeric IDs with the same Client Unique Id and a transaction that that occurs during the time frame by a provider selected in the prompts. The first combine query pulls based on Entry Exits, the second pulls based on services, and the third by referrals.

The Dup SSN query pulls duplicate clients based on Social Security Number utilizing three combine queries. Each combine query pulls active clients that have multiple numeric IDs with the same social security number and a transaction that that occurs during the time frame by a provider selected in the prompts. The first combine query pulls based on Entry Exits, the second pulls based on services, and the third by referrals.

6.2. Technical notes:

a) The duplicates in Tab A of this report are identified by comparing the Unique Client ID, which relies on, and assumes an accurate recording of the client's name, date of birth and gender. Duplicate clients with inaccurate or missing information in one or more of these key fields may cause the duplication to be unidentified in this report.
b) It should be noted that some of the duplicates identifies in this report may not actually be duplicates. Twins with similar first names may appear on the list in cases where they share a common gender, dates, of birth, last name and the first and third letter of their first names are the same such as Doris and Darla or Jane and June.

6.3. Modification options:

a) Users with ad-hoc ART licenses may wish to modify/customize this report to better suit their needs and purposes. When modifying an Art Gallery report such as this one, the user will need to make a copy of the original report into a different folder. This copy can be created either by using the "save as" feature or by clicking on the "organize" icon in folder view.
b) Administrators at the Agency or CoC levels may wish to add filters to limit the data to particular sub-set of providers with which they are concerned. This can be easily accomplished by the addition of an "in-list" type query filter or report filter

7.   MAPPING OBJECTS:

QUERY NAME	OBJECT TYPE	FIELD NAME	LOCATION
Providers resource_point_u	Result objects	Provider	Provider folder
BISData Client u	Result Objects	Client Uid	Clients folder
		Client Unique Id	Clients / Client Unique Id folder
		Client First Name	Clients / Client Unique Id folder
		Client Last Name	Clients / Client Unique Id folder
		Date of Birth	Clients / Assessments /HUD CoC and ESG Entry folder
		Gender	Clients / Assessments /HUD CoC and ESG Entry folder
		Race	Clients / Assessments /HUD CoC and ESG Entry folder
		Ethnicity	Clients / Assessments /HUD CoC and ESG Entry folder
	Filter Objects	Client Inactive	Clients folder
		Entry Exit Provider Id	Clients / Entry Exit (outer) folder
		Entry Exit Entry Date	Clients / Entry Exit (outer) folder
		Entry Exit Exit Date	Clients / Entry Exit (outer) folder
		Entry Exit Inactive	Clients / Entry Exit (outer) folder
		Service Provide Provider	Clients / Services (outer) folder
		Service Provide Start Date	Clients / Services (outer) folder
		Service Inactive	Clients / Services (outer) folder
		Service Referto Provider	Clients / Services (outer) folder
		Service Refer Date	Clients / Services (outer) folder
Dup SSN Client u	Result Objects:	Client Uid	Clients folder
		Client Unique Id	Clients / Client Unique Id folder
		Client First Name	Clients / Client Unique Id folder
		Client Last Name	Clients / Client Unique Id folder
		Client Soc Sec No Dashed	Clients / Client Unique Id folder
		Client Date Added	Clients folder
		Date of Birth	Clients / Assessments /HUD CoC and ESG Entry folder
		Gender	Clients / Assessments /HUD CoC and ESG Entry folder
		Race	Clients / Assessments /HUD CoC and ESG Entry folder
		Ethnicity	Clients / Assessments /HUD CoC and ESG Entry folder
	Filter Objects:	Client Inactive	Clients folder
		Entry Exit Provider Id	Clients / Entry Exit (outer) folder
		Entry Exit Entry Date	Clients / Entry Exit (outer) folder
		Entry Exit Exit Date	Clients / Entry Exit (outer) folder
		Entry Exit Inactive	Clients / Entry Exit (outer) folder
		Service Provide Provider	Clients / Services (outer) folder
		Service Provide Start Date	Clients / Services (outer) folder
		Service Inactive	Clients / Services (outer) folder
		Service Referto Provider	Clients / Services (outer) folder
		Service Refer Date	Clients / Services (outer) folder

8. REVISION HISTORY:

Version	Description of Changes
V1	Original version –BETA
V2	Revision: Complete rewrite of queries and formatting.

Duplicate Clients in ServicePoint

Client Unique IDs by Entry Exit Providers (Excluding Anonymous/Unnamed)

Report Dates: 10/1/2021 - 10/1/2022   Data Effective: 8/22/2022

Client Unique ID 36	Client Uid 74	First Name	Last Name	Date of Birth	Gender
abob10031974a535b650	481087	███	███	███	Male
	532729	███	███	███	Male
amca07181990a200m200	508075	██	███	███	Female
	508190	██	███	███	Female
amtb04111990a425m300	318115	███	███	███	Male
	506037	███	███	███	Male
	506180	███	███	███	Male

Bowman Systems
0212 - Duplicate Clients In ServicePoint - v2
Tab A - Duplicates by Unique ID

Page 1 of 2

v2
Printed: 8/23/2022
7:19:35 AM

Duplicate Clients in ServicePoint

SSN by Entry Exit Providers (Excluding Anonymous/Unnamed)

Social Security Number 65	Client Uid 143	First Name	Last Name	Date of Birth	Gender
XXX-XX-0018	289359	■	■	■	Female
	307701	■	■	■	Male
	309036	■	■	■	Female
	312986	■	■	■	Male
	520449	■	▪	■	Male
	520450	■	▪		
	538113	■	■	■	Male
XXX-XX-0660	481067	■	■	■	Female
	507821	■	■	■	Female
XXX-XX-6410	486740	■	■	■	Male
	508179	■	■	■	Male

Duplicate Clients in ServicePoint
Additional Information

User Prompt Field	Value Selected
Select Provider(s) for Report:	FL506 - BBCoC: ██████████ ██████████ ██████
EDA Provider:	-Default Provider-
Enter Effective Date:	8/23/2022
Enter Start Date:	10/1/2021
Enter End Date PLUS 1 Day:	10/1/2022
Include Anonymous/Unnamed Clients?	No
Include Duplicates Based on Service Provider?	No
Include Duplicates Based on ReferTo Provider?	No

Bowman Systems
333 Texas Street, 300
Shreveport, LA 71101
Toll Free: (844) 213-8780
Direct: (318) 213-8780
Fax: (318) 213-8784
http://www.bowmansystems.com

Bowman Systems
0212 - Duplicate Clients In ServicePoint - v2
Tab C - Additional Information

Page 1 of 1

v2
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Attachment F

Homelessness Data Exchange Now viewing data for: FL-506 - Tallahassee/Leon County CoC

Home Dashboard HIC PIT AHAR Sys PM Messages Reports

| Point-in-Time (PIT) | PIT Counts | All Homeless Populations | Additional Homeless Populations | Youth Populations | Veteran Populations | Methodology | Notes | **Reporting Status** |

Reporting Status for FL-506 - Tallahassee/Leon County CoC

Date of Count: 02/21/2022 ⌄

Click on the **+** sign to expand the selection to better see available reports and a list of all validation errors and warnings.

Current Status	Submitted
Reports	• Point-in-Time Summary 📄 ⊠ • Point-in-Time Summary Youth Populations 📄 ⊠ • Point-in-Time Methodology 📄 ⊠ • Point-in-Time Summary Veterans 📄 ⊠ • Additional Homeless Populations Summary 📄 ⊠ • Notes Report 📄 ⊠
Last Update On	5/5/2022
Last Update By	Eric Layton
Submitted On	5/5/2022 ✔
Submitted By	Eric Layton
+ Validation Errors	0 Validation Errors
+ Validation Warnings	2 Validation Warnings Print
+ Messages	1 Message

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Welcome, Eric Layton | Log Out

CONNECT WITH HUD

Now viewing data for: FL-506 - Tallahassee/Leon County CoC ▼

Información en Español

Home   Dashboard   HIC   PIT   AHAR   Sys PM   Messages   Reports

| Housing Inventory Counts (HIC) | **Organizations and Projects**   **Inventory List**   **Inventory Details**   **HIC Questions**   **Reporting Status**   **Import Data** |

Reporting Status for FL-506 - Tallahassee/Leon County CoC

Year: 2022 ▼

Click on the **+** sign to expand the selection to better see available reports and a list of all validation errors and warnings.

Current Status	Submitted
Date of the Housing Inventory Counts	2/21/2022 Change
+ Reports	12
Last Update On	7/25/2022
Last Update By	Alyssa Andrichik
Submitted On	5/5/2022 ✔
Submitted By	Eric Layton
+ Validation Errors	0 Validation Errors
+ Validation Warnings	0 Validation Warnings
+ Messages	1 Message

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CAPERs upload

Reply   Reply All   Forward

PS   Piotrowski, Shannon K <shannon.piotrowski@myflfamilies.com>

To ● Eric Layton

Tue 8/23/2022 10:24 AM

ⓘ You replied to this message on 8/23/2022 10:25 AM.

To Whom it May Concern,

This email is confirmation that Big Bend Continuum of Care, FL-506 successfully uploaded the annual ESG CAPERs report prior to the reporting deadline. If you have any questions, please call me.

Sincerely,

TOGETHER WE ARE

ONE

ACCOUNTABLE · VALUED
EMPOWERED · DETERMINED
TRANSPARENT · OPTIMISTIC
ENGAGED · COLLABORATIVE

IDEAL TEAM PLAYERS

Shannon Piotrowski
Deputy Director
Office on Homelessness
Florida Department of Children and Families
Office: 850-694-9281
2415 N. Monroe St., Suite 400
Tallahassee, FL 32303
www.MyFLFamilies.com

Homelessness Data Exchange Now viewing data for FL-506 - Tallahassee/Leon County CoC

Home   Dashboard   HIC   PIT   AHAR   Sys PM   Messages   Reports

Performance Measurement Module (Sys PM)   Reports   Measure 1   Measure 2   Measure 3   Measure 4   Measure 5   Measure 6   Measure 7   Data Quality   **Reporting Status**   Import

Reporting Status for FL-506 - Tallahassee/Leon County CoC

Reporting Period: FY 2021 (10/1/2020 - 9/30/2021)   ▼

Click on the **+** sign to expand the selection to better see available reports and a list of all validation errors and warnings.

Current Status	Submitted
Reports	• Sys PM Report 📄 📊
Last Updated On	2/28/2022
Last Updated By	Eric Layton
Submitted On	2/28/2022 ✔
Submitted By	Eric Layton
+ Validation Errors	0 Validation Errors
+ Validation Warnings	0 Validation Warnings
+ Messages	1 Message

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Eric Layton

HDX 2.0 LSA Upload Accepted: FL506_LSA_2021 for CoC FL-506:Tallahassee/Leon County CoC

Your LSA upload has been accepted. You may now view it at: https://hudhdx2.info/module/lsa/uploads/21756.

Your error flags are generated immediately. Your warning flags will be processed as of 7pm EST and will be ready the following business day.

- HDX Team

The HDX initiative is brought to you by U.S. Department of Housing and Urban Development

Submit questions or comments about the HDX 2.0 via Ask A Question [https://www.hudexchange.info/program-support/my-question/] (choose "HDX" as the topic)

Attachment G

HMIS Annual Data Reporting Timeline

1st Quarter [01/01 – 03/31]

- **Point in Time Count**

  o Requires coordination, planning, and training prior to January

- **Housing Inventory Count**

  o Requires coordination, and survey completion in January

- **ESG CAPER**

  o Due to DCF, Office on Homelessness by April 15th

- **HUD System Performance Measures**

  o Typically due end of February

- **BBCoC Data Quality Reports**

  o Run by CoC HMIS Staff and provided to all HMIS-participating agencies by the 10th of every month.
  o Agencies have two weeks to make necessary data quality corrections and/or reach out to the CoC HMIS team for additional technical assistance.

2nd Quarter [04/01 – 06/30]

- **Point in Time Count**

  o Requires coordination, planning, and training prior to January
  o Requires Board/Exec Comm prior to release
  o Submission to HUD around end of April

- **Housing Inventory Count**

  o Requires coordination, and survey completion in January
  o Requires Board/Exec Comm prior to release
  o Submission to HUD around end of April

- **ESG CAPER**

    o Due to DCF, Office on Homelessness by July 15th

- **BBCoC Data Quality Reports**

    o Run by CoC HMIS Staff and provided to all HMIS-participating agencies by the 10th of every month.
    o Agencies have two weeks to make necessary data quality corrections and/or reach out to the CoC HMIS team for additional technical assistance.

3rd Quarter [07/01 – 09/30]

- **ESG CAPER**

    o Due to DCF, Office on Homelessness by October 15th

- **BBCoC Data Quality Reports**

    o Run by CoC HMIS Staff and provided to all HMIS-participating agencies by the 10th of every month.
    o Agencies have two weeks to make necessary data quality corrections and/or reach out to the CoC HMIS team for additional technical assistance.

4th Quarter [10/01 – 12/31]

- **ESG CAPER**

    o Due to DCF, Office on Homelessness by January 15th

- **Longitudinal Systems Analysis (LSA)**

    o Due by January 15th

- **BBCoC Data Quality Reports**

    o Run by CoC HMIS Staff and provided to all HMIS-participating agencies by the 10th of every month.
    o Agencies have two weeks to make necessary data quality corrections and/or reach out to the CoC HMIS team for additional technical assistance.

Additional Reports

- **CoC APR** (run at different times depending on grant start/end dates)
- **Data Quality Framework** (used for data quality checks and troubleshooting)
- **ART Data Quality Reports** (used for data quality checks and troubleshooting)

FY2021 - Performance Measurement Module (Sys PM)

Summary Report for FL-506 - Tallahassee/Leon County CoC

Measure 1: Length of Time Persons Remain Homeless

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2020	FY 2021	Submitted FY 2020	FY 2021	Difference	Submitted FY 2020	FY 2021	Difference
1.1 Persons in ES and SH	2070	1534	105	106	1	58	54	-4
1.2 Persons in ES, SH, and TH	2180	1655	144	140	-4	65	68	3

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

FY2021 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2020	FY 2021	Submitted FY 2020	FY 2021	Difference	Submitted FY 2020	FY 2021	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	2308	1816	463	496	33	182	197	15
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2413	2123	466	498	32	183	225	42

FY2021 - Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2021	% of Returns	FY 2021	% of Returns	FY 2021	% of Returns	FY 2021	% of Returns
Exit was from SO	34	3	9%	3	9%	1	3%	7	21%
Exit was from ES	424	43	10%	21	5%	13	3%	77	18%
Exit was from TH	52	2	4%	3	6%	5	10%	10	19%
Exit was from SH	0	0		0		0		0	
Exit was from PH	245	6	2%	18	7%	6	2%	30	12%
TOTAL Returns to Homelessness	755	54	7%	45	6%	25	3%	124	16%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

FY2021 - 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 2020 PIT Count	January 2021 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	805	621	-184
Emergency Shelter Total	551	462	-89
Safe Haven Total	0	0	0
Transitional Housing Total	145	68	-77
Total Sheltered Count	696	530	-166
Unsheltered Count	109	91	-18

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2020	FY 2021	Difference
Universe: Unduplicated Total sheltered homeless persons	2334	1686	-648
Emergency Shelter Total	2220	1564	-656
Safe Haven Total	0	0	0
Transitional Housing Total	127	137	10

FY2021 - 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 2020	FY 2021	Difference
Universe: Number of adults (system stayers)	99	143	44
Number of adults with increased earned income	8	9	1
Percentage of adults who increased earned income	8%	6%	-2%

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

	Submitted FY 2020	FY 2021	Difference
Universe: Number of adults (system stayers)	99	143	44
Number of adults with increased non-employment cash income	63	67	4
Percentage of adults who increased non-employment cash income	64%	47%	-17%

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

	Submitted FY 2020	FY 2021	Difference
Universe: Number of adults (system stayers)	99	143	44
Number of adults with increased total income	69	74	5
Percentage of adults who increased total income	70%	52%	-18%

FY2021 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2020	FY 2021	Difference
Universe: Number of adults who exited (system leavers)	28	26	-2
Number of adults who exited with increased earned income	1	3	2
Percentage of adults who increased earned income	4%	12%	8%

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

	Submitted FY 2020	FY 2021	Difference
Universe: Number of adults who exited (system leavers)	28	26	-2
Number of adults who exited with increased non-employment cash income	17	8	-9
Percentage of adults who increased non-employment cash income	61%	31%	-30%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2020	FY 2021	Difference
Universe: Number of adults who exited (system leavers)	28	26	-2
Number of adults who exited with increased total income	18	11	-7
Percentage of adults who increased total income	64%	42%	-22%

FY2021 - 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 2020	FY 2021	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2166	1465	-701
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.	988	569	-419
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)	1178	896	-282

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

	Submitted FY 2020	FY 2021	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2473	1896	-577
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.	1090	704	-386
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.)	1383	1192	-191

FY2021 - Performance Measurement Module (Sys PM)

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 FY2021 (Oct 1, 2020 - Sept 30, 2021) 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 2020	FY 2021	Difference
Universe: Persons who exit Street Outreach	195	106	-89
Of persons above, those who exited to temporary & some institutional destinations	123	41	-82
Of the persons above, those who exited to permanent housing destinations	35	27	-8
% Successful exits	81%	64%	-17%

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

FY2021 - Performance Measurement Module (Sys PM)

	Submitted FY 2020	FY 2021	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1954	1547	-407
Of the persons above, those who exited to permanent housing destinations	641	645	4
% Successful exits	33%	42%	9%

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

	Submitted FY 2020	FY 2021	Difference
Universe: Persons in all PH projects except PH-RRH	212	359	147
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	205	353	148
% Successful exits/retention	97%	98%	1%

FY2021 - SysPM Data Quality

FL-506 - Tallahassee/Leon County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2019	Submitted FY2020	FY2021	Submitted FY2019	Submitted FY2020	FY2021	Submitted FY2019	Submitted FY2020	FY2021	Submitted FY2019	Submitted FY2020	FY2021	Submitted FY2019	Submitted FY2020	FY2021
1. Number of non-DV Beds on HIC	407	407	183	295	137	64	659	683	525	10	106	34			
2. Number of HMIS Beds	407	407	183	80	80	64	579	395	238	10	106	34			
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	27.12	58.39	100.00	87.86	57.83	45.33	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	3251	2400	1627	157	127	20	448	241	183	337	463	478	712	484	352
5. Total Leavers (HMIS)	2644	1955	1366	97	75	16	45	33	25	261	338	315	587	306	274
6. Destination of Don't Know, Refused, or Missing (HMIS)	1788	1020	590	6	0	0	6	2	1	17	17	31	3	62	40
7. Destination Error Rate (%)	67.62	52.17	43.19	6.19	0.00	0.00	13.33	6.06	4.00	6.51	5.03	9.84	0.51	20.26	14.60

	Report Run History					Processing…		
	Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
	255960	08/17/2022 03:20:02 PM (2.70 mins)	EsgCaper		Eric Layton	FL506 - BBCoC: Big Bend Continuum of Care	Eric Layton	**Completed**
	254918	08/02/2022 01:42:32 PM (0.06 mins)	EsgCaper		Eric Layton	FL506 - BBCoC: Big Bend Continuum of Care	Eric Layton	**Completed**
	254916	08/02/2022 01:37:47 PM (0.63 mins)	EsgCaper		Eric Layton	FL506 - BBCoC: Big Bend Continuum of Care	Eric Layton	**Completed**
	254915	08/02/2022 01:36:34 PM (0.04 mins)	EsgCaper		Eric Layton	FL506 - BBCoC: Big Bend Continuum of Care	Eric Layton	**Completed**
	254722	08/01/2022 11:00:11 AM (1.14 mins)	EsgCaper		Eric Layton	FL506 - BBCoC: Big Bend Continuum of Care	Eric Layton	**Completed**
						Showing 1-5 of 16		

Report Options

Name	
Description	
Provider Type	○ Provider ● Reporting Group
Reporting Group *	FL506_BBCoC All Projects 2022
Program Date Range *	10/01/2021 to 09/30/2022
Entry/Exit Types *	☐ Basic ☑ HUD ☑ PATH ☐ Quick Call ☑ RHY ☐ Standard ☑ VA ☐ HPRP (Retired)

ESG Report Results - Date Ran: 08/17/2022 03:20:02 PM - Report ID: 255960

4a - Project Identifiers in HMIS

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z **All**

Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	Method for Tracking ES	Affiliated with a residential project? (SSO)	Project IDs of Affiliation	CoC Codes	Geocodes	Victim Service Provider
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st	9346	Services Only (HUD)		Yes	9346	FL-506	129073	False
FL506 - BBCoC: Ability 1st - APCH_Families (PSH)	9368	FL506 - BBCoC: Ability 1st - APCH_Families (PSH)	9368	PH - Permanent Supportive Housing (disability required for entry) (HUD)				FL-506	129073	False
FL506 - BBCoC: Ability 1st - APCH_Individuals (PSH)	9367	FL506 - BBCoC: Ability 1st - APCH_Individuals (PSH)	9367	PH - Permanent Supportive Housing (disability required for entry) (HUD)				FL-506	129073	False
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st DCF-ESG Rapid Rehousing	9702	PH - Rapid Re-Housing (HUD)				FL-506	129073	False
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st DCF-ESG Street Outreach	9701	Street Outreach (HUD)				FL-506	129073	False
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st - Rapid Rehousing (DCF-ESG-CV) (RRH)	9570	PH - Rapid Re-Housing (HUD)				FL-506	129073	False
FL506 - BBCoC: Ability 1st - Street Outreach (CoT-ESG-CV) (SO)	5978	FL506 - BBCoC: Ability 1st - Street Outreach (CoT-ESG-CV) (SO)	5978	Street Outreach (HUD)				FL-506	123000	False
FL506 - BBCoC: Ability 1st - Street Outreach (CoT-ESG-CV) (SO)	5978	FL506 - BBCoC: Ability 1st - Street Outreach (DCF-ESG-CV) (SO)	9569	Street Outreach (HUD)				FL-506	123000	False
FL506 - BBCoC: Apalachee Homeless Project	9347	FL506 - BBCoC: Apalachee Homeless Project	9347	Services Only (HUD)		No		FL-506	129073	False
FL506 - BBCoC: Apalachee - Street	9370	FL506 - BBCoC: Apalachee - Street	9370	Street Outreach (HUD)				FL-506	129073	False

Outreach (SO)		Outreach (SO)							

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5a - Report Validation Table

Report Validation Table

1. Total Number of Persons Served	**4152**
2. Number of Adults (age 18 or over)	**3011**
3. Number of Children (under age 18)	**1070**
4. Number of Persons with Unknown Age	**71**
5. Number of Leavers	**2088**
6. Number of Adult Leavers	**1364**
7. Number of Adult and Head of Household Leavers	**1570**
8. Number of Stayers	**2064**
9. Number of Adult Stayers	**1647**
10. Number of Veterans	**530**
11. Number of Chronically Homeless Persons	**672**
12. Number of Youth Under Age 25	**467**
13. Number of Parenting Youth Under Age 25 with Children	**25**
14. Number of Adult Heads of Household	**2786**
15. Number of Child And Unknown-Age Heads of Household	**251**
16. Heads of Households and Adult Stayers in the Project 365 Days or More	**895**

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	Total	% of Error Rate
Name (3.1)	**2**	**4**	**12**	**18**	0%
SSN (3.2)	**188**	**39**	**57**	**284**	7%
Date of Birth (3.3)	**25**	**47**	**6**	**78**	2%
Race (3.4)	**26**	**46**		**72**	2%
Ethnicity (3.5)	**25**	**54**		**79**	2%
Gender (3.6)	**13**	**40**		**53**	1%
Overall Score				**388**	**9%**

6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	**49**	2%
Project Start Date (3.10)	**0**	0%
Relationship to Head of Household (3.15)	**180**	4%
Client Location (3.16)	**0**	0%
Disabling Condition (3.8)	**267**	6%

6c - Data Quality: Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination (3.12)	**480**	23%
Income and Sources (4.2) at Start	**471**	14%
Income and Sources (4.2) at Annual Assessment	**802**	90%
Income and Sources (4.2) at Exit	**166**	11%

6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	**982**			**100**	**113**	**126**	16%
TH	**96**	**0**	**0**	**5**	**1**	**1**	5%
PH (all)	**791**	**0**	**28**	**17**	**12**	**16**	7%
Total	**1869**						**12%**

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	**1159**	**1111**
1 - 3 days	**580**	**314**
4 - 6 days	**182**	**102**

	# of Records	# of Inactive Records	% of Inactive Records
7 - 10 days	151	73	
11+ days	370	322	

6f – Data Quality: Inactive Records: Street Outreach and Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	127	127	100%
Bed Night (All clients in ES - NBN)	7	7	100%

7a – Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	3011	2519	483		9
Children	1070		818	251	1
Client Doesn't Know/Client Refused	26	0	0	0	26
Data not collected	45	0	0	0	45
Total	4152	2519	1301	251	81
For PSH and RRH - the total persons served who moved into housing	556	345	200	0	11

7b – Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	1762	1239	444	35	44
April	1834	1264	489	36	45
July	1775	1299	393	33	50
October	1647	1146	422	35	44

8a – Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	3037	2413	372	202	50
For PSH and RRH - the total persons served who moved into housing	400	336	58	0	6

8b – Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	1366	1192	134	12	28
April	1396	1212	144	11	29
July	1407	1252	112	13	30
October	1272	1102	128	15	27

9a – Number of Persons Contacted

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	138	2	77	0
2-5 Times	24	4	13	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Contacted	162	6	90	0

9b – Number of Persons Engaged

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	71	0	44	0
2-5 Times	2	0	1	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Engaged	73	0	45	0
Rate of Engagement	0.45	0.00	0.50	0.00

10a – Gender of Adults

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	1738	1630	106	2
Female	1250	867	376	7
No Single Gender	3	3	0	0

	Total			
Questioning	2	1	1	0
Transgender	11	11	0	0
Client Doesn't Know/Client Refused	1	1	0	0
Data not collected	6	6	0	0
Subtotal	**3011**	**2519**	**483**	**9**

10b - Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	514	389	124	1
Female	552	428	124	0
No Single Gender	1	0	1	0
Questioning	1	0	1	0
Transgender	1	0	1	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	1	1	0	0
Subtotal	**1070**	**818**	**251**	**1**

10c - Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	9	0	0	0	9
Female	13	0	0	0	13
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	12	0	0	0	12
Data not collected	37	0	0	0	37
Subtotal	**71**	**0**	**0**	**0**	**71**

10d - Gender by Age Ranges

	Total	Under Age 18	Age 18-24	Age 25-61	Age 62 and over	Client Doesn't Know/Client Refused	Data not collected
Male	2261	514	145	1261	332	5	4
Female	1815	552	183	963	104	9	4
No Single Gender	4	1	2	1	0	0	0
Questioning	3	1	0	2	0	0	0
Transgender	12	1	7	3	1	0	0
Client Doesn't Know/Client Refused	13	0	0	1	0	12	0
Data not collected	44	1	0	4	2	0	37
Subtotal	**4152**	**1070**	**337**	**2235**	**439**	**26**	**45**

11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	252		235	17	0
5 - 12	454		382	72	0
13 - 17	364		201	162	1
18 - 24	337	255	81		1
25 - 34	564	394	169		1
35 - 44	585	423	158		4
45 - 54	589	534	54		1
55 - 61	497	484	11		2
62 +	439	429	10		0
Client Doesn't Know/Client Refused	26	0	0	0	26
Data not collected	45	0	0	0	45
Total	**4152**	**2519**	**1301**	**251**	**81**

12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	1115	914	137	59	5
Black, African American, or African	2755	1460	1095	180	20
Asian or Asian American	17	14	2	1	0
American Indian, Alaska Native, or Indigenous	22	20	2	0	0

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Native Hawaiian or Pacific Islander	15	11	4	0	0
Multiple Races	131	70	52	9	0
Client Doesn't Know/Client Refused	47	22	5	1	19
Data not collected	50	8	4	1	37
Total	**4152**	**2519**	**1301**	**251**	**81**

12b - Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latin(a)(o)(x)	3883	2363	1252	234	34
Hispanic/Latin(a)(o)(x)	181	127	40	13	1
Client Doesn't Know/Client Refused	26	8	4	0	14
Data not collected	62	21	5	4	32
Total	**4152**	**2519**	**1301**	**251**	**81**

13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	1337	1141	86	35	60	15
Alcohol Use Disorder	144	141	2	0	0	1
Drug Use Disorder	124	120	4	0	0	0
Both Alcohol and Drug Use Disorders	206	200	3	0	1	2
Chronic Health Condition	818	719	64	26	6	3
HIV/AIDS	51	47	3	0	0	1
Development Disability	187	119	17	41	9	1
Physical Disability	911	839	45	15	4	8

13b1 - Physical and Mental Health Conditions of Leavers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	543	414	48	22	56	3
Alcohol Use Disorder	56	55	1	0	0	0
Drug Use Disorder	45	45	0	0	0	0
Both Alcohol and Drug Use Disorders	83	79	2	0	1	1
Chronic Health Condition	338	287	29	18	4	0
HIV/AIDS	21	19	1	0	0	1
Development Disability	95	48	8	33	6	0
Physical Disability	352	314	24	10	3	1

13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	797	729	38	14	4	12
Alcohol Use Disorder	89	87	1	0	0	1
Drug Use Disorder	79	75	4	0	0	0
Both Alcohol and Drug Use Disorders	124	121	1	0	0	2
Chronic Health Condition	488	437	36	10	2	3
HIV/AIDS	30	28	2	0	0	0
Development Disability	93	72	9	8	3	1
Physical Disability	564	530	21	5	1	7

14a - Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	558	423	118	6	11
No	2476	2016	364	78	18
Client Doesn't Know/Client Refused	36	25	2	0	9
Data not collected	192	55	6	118	13
Total	**3262**	**2519**	**490**	**202**	**51**

14b - Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	129	83	37	3	6
No	382	302	73	3	4
Client Doesn't Know/Client Refused	5	4	1	0	0

Data not collected	42	34	7	0	1
Total	**558**	**423**	**118**	**6**	**11**

15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	417	341	65	5	6
Transitional housing for homeless persons (including homeless youth)	97	93	2	0	2
Place not meant for habitation	1013	930	61	13	9
Safe Haven	19	15	4	0	0
Host Home (non-crisis)	1	1	0	0	0
Subtotal	**1547**	**1380**	**132**	**18**	**17**
Institutional Settings					
Psychiatric hospital or other psychiatric facility	39	36	1	2	0
Substance abuse treatment facility or detox center	8	8	0	0	0
Hospital or other residential non-psychiatric medical facility	49	48	0	1	0
Jail, prison, or juvenile detention facility	127	112	1	13	0
Foster care home or foster care group home	2	1	0	1	0
Long-term care facility or nursing home	1	1	0	0	0
Residential project or halfway house with no homeless criteria	5	4	1	0	0
Subtotal	**231**	**210**	**3**	**17**	**1**
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	5	5	0	0	0
Owned by client, no ongoing housing subsidy	23	19	4	0	0
Owned by client, with ongoing housing subsidy	4	1	2	0	1
Rental by client, with RRH or equivalent subsidy	1	1	0	0	0
Rental by client, with HCV voucher (tenant or project based)	5	1	4	0	0
Rental by client in a public housing unit	4	4	0	0	0
Rental by client, no ongoing housing subsidy	457	296	150	4	7
Rental by client, with VASH housing subsidy	35	30	5	0	0
Rental by client, with GPD TIP housing subsidy	3	3	0	0	0
Rental by client, with other housing subsidy (including RRH)	23	15	7	0	1
Hotel or motel paid for without emergency shelter voucher	154	77	74	2	1
Staying or living in a friend's room, apartment or house	255	197	37	18	3
Staying or living in a family member's room, apartment or house	422	214	64	143	1
Client Doesn't Know/Client Refused	33	21	1	0	11
Data Not Collected	60	45	7	0	8
Subtotal	**1484**	**929**	**355**	**167**	**33**
Total	**3262**	**2519**	**490**	**202**	**51**

16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	1330	10	529
$1 - 150	17	1	6
$151 - $250	22	0	9
$251 - $500	74	0	38
$501 - $1000	506	5	243
$1001 - $1500	296	3	147
$1501 - $2000	231	23	117
$2001 +	321	32	186
Client Doesn't Know/Client Refused	27	0	18
Data Not Collected	187	0	71
Number of adult stayers not yet required to have an annual assessment		780	
Number of adult stayers without required annual assessment		793	
Total Adults	**3011**	**1647**	**1364**

17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	593	8	348

Unemployment Insurance	39	0	25
Supplemental Security Income (SSI)	537	46	267
Social Security Disability Insurance (SSDI)	296	22	136
VA Service - Connected Disability Compensation	104	0	35
VA Non-Service Connected Disability Pension	63	1	24
Private Disability Insurance	0	0	0
Worker's Compensation	2	0	1
Temporary Assistance for Needy Families (TANF)	29	1	16
General Assistance (GA)	3	0	1
Retirement Income from Social Security	61	14	30
Pension or retirement income from a former job	28	0	11
Child Support	55	0	34
Alimony and other spousal support	2	0	0
Other Source	81	3	40
Adults with Income Information at Start and Annual Assessment/Exit		74	0

19b - Disabling Conditions and Income for Adults at Exit

	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	38	166	204	19%	10	118	128	8%	1	0	1	100%
Supplemental Security Income (SSI)	156	32	188	83%	29	40	69	42%	1	1	2	50%
Social Security Disability Insurance (SSDI)	104	11	115	90%	7	7	14	50%	0	0	0	0%
VA Service - Connected Disability Compensation	32	1	33	97%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	1	0	1	100%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	2	2	0%	4	9	13	31%	0	0	0	0%
Retirement Income from Social Security	17	9	27	63%	0	2	2	0%	0	0	0	0%
Pension or retirement income from a former job	5	2	7	71%	0	2	2	0%	0	0	0	0%
Child Support	4	3	7	57%	6	20	26	23%	0	0	0	0%
Other Source	36	26	62	58%	4	15	19	21%	0	0	0	0%
No Sources	217	205	422	51%	19	55	74	26%	0	1	1	0%
Unduplicated Total Adults	508	426	934		62	211	273		1	2	3	

20a - Type of Non-Cash Benefit Source

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	1233	48	557
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	37	0	23
TANF Child Care Services	3	0	2
TANF Transportation Services	3	0	2
Other TANF-Funded Services	4	0	2
Other Source	27	1	14

21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	1719	53	993

MEDICARE	288	25	135
State Children's Health Insurance Program	44	0	21
Veteran's Administration (VA) Medical Services	373	1	118
Employer-Provided Health Insurance	136	0	93
Health Insurance obtained through COBRA	6	0	5
Private Pay Health Insurance	66	1	37
State Health Insurance for Adults	46	0	31
Indian Health Services Program	9	0	5
Other	82	0	63
No Health Insurance	1538	17	671
Client doesn't know/Client refused	62	0	47
Data not collected	191	980	71
Number of stayers not yet required to have an annual assessment		1006	
1 Source of Health Insurance	2135	43	1180
More than 1 Source of Health Insurance	280	18	136

22a2 - Length of Participation - ESG Projects

	Total	Leavers	Stayers
0-7 days	892	560	332
8 to 14 days	190	190	0
15 to 21 days	77	77	0
22 to 30 days	94	94	0
31 to 60 days	363	249	114
61 to 90 days	312	196	116
91 to 180 days	614	387	227
181 to 365 days	503	277	226
366 to 730 Days (1-2 Yrs)	306	39	267
731 to 1,095 Days (2-3 Yrs)	233	5	228
1,096 to 1,460 Days (3-4 Yrs)	135	1	134
1,461 to 1,825 Days (4-5 Yrs)	157	0	157
More than 1,825 Days (>5 Yrs)	276	13	263
Data not collected	0	0	0
Total	4152	2088	2064

22c - Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	78	33	45	0	0
8 to 14 days	36	19	17	0	0
15 to 21 days	30	10	20	0	0
22 to 30 days	26	11	15	0	0
31 to 60 days	41	20	21	0	0
61 to 180 days	53	29	24	0	0
181 to 365 days	20	4	16	0	0
366 to 730 Days (1-2 Yrs)	1	1	0	0	0
Total (persons moved into housing)	285	127	158	0	0
Average length of time to housing	51	44	55	0	0
Persons who were exited without move-in	278	95	176	5	2
Total	563	222	334	5	2

22d - Length of Participation by Household Type

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	892	689	82	95	26
8 to 14 days	190	91	28	68	3
15 to 21 days	77	47	15	14	1
22 to 30 days	94	57	33	3	1
31 to 60 days	363	205	142	14	2
61 to 90 days	312	130	175	5	2
91 to 180 days	614	246	361	7	0
181 to 365 days	503	246	244	10	3
366 to 730 Days (1-2 Yrs)	306	185	100	17	4
731 to 1,095 Days (2-3 Yrs)	233	132	69	11	21
1,096 to 1,460 Days (3-4 Yrs)	135	108	17	3	7

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
1,461 to 1,825 Days (4-5 Yrs)	157	132	19	1	5
More than 1,825 Days (>5 Yrs)	276	251	16	3	6
Data not collected	0	0	0	0	0
Total	**4152**	**2519**	**1301**	**251**	**81**

22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	476	73	225	172	6
8 to 14 days	53	31	22	0	0
15 to 21 days	26	15	11	0	0
22 to 30 days	54	29	24	1	0
31 to 60 days	106	70	35	1	0
61 to 180 days	184	141	38	5	0
181 to 365 days	127	92	32	3	0
366 to 730 Days (1-2 Yrs)	140	108	30	0	2
731 days or more	212	189	20	1	2
Total (persons moved into housing)	**1378**	**748**	**437**	**183**	**10**
Not yet moved into housing	667	304	329	30	4
Data Not Collected	289	161	91	7	30
Total Persons	**2334**	**1213**	**857**	**220**	**44**

23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	20	4	16	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	582	195	385	2	0
Rental by client, with VASH subsidy	36	35	1	0	0
Rental by client with GPD TIP subsidy	1	1	0	0	0
Rental by client, other ongoing subsidy	37	20	17	0	0
Permanent Housing (other than RRH) for formerly homeless persons	11	6	5	0	0
Staying or living with family, permanent tenure	183	44	35	102	2
Staying or living with friends, permanent tenure	11	6	2	3	0
Rental by client, with RRH or equivalent subsidy	123	34	84	5	0
Rental by client, with HCV voucher (tenant or project based)	37	10	27	0	0
Rental by client in a public housing unit	17	5	12	0	0
Subtotal	**1058**	**360**	**584**	**112**	**2**
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	50	28	13	5	4
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	11	8	3	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	90	12	35	41	2
Staying or living with friends, temporary tenure (e.g., room apartment or house)	32	16	9	6	1
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	109	103	5	1	0
Safe Haven	6	1	2	0	3
Hotel or motel paid for without emergency shelter voucher	23	4	18	1	0
Host Home (non-crisis)	1	1	0	0	0
Subtotal	**322**	**173**	**85**	**54**	**10**
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	9	2	1	6	0
Substance abuse treatment facility or detox center	5	4	0	1	0
Hospital or other residential non-psychiatric medical facility	6	5	0	1	0
Jail, prison, or juvenile detention facility	25	16	3	5	1
Long-term care facility or nursing home	3	3	0	0	0
Subtotal	**48**	**30**	**4**	**13**	**1**
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	17	16	1	0	0

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Other	71	55	11	3	2
Client Doesn't Know/Client Refused	4	1	1	2	0
Data Not Collected (no exit interview completed)	509	380	107	5	17
Subtotal	**601**	**452**	**120**	**10**	**19**
Total	**2088**	**1066**	**799**	**189**	**34**
Total persons exiting to positive housing destinations	717	260	344	112	1
Total persons whose destinations excluded them from the calculation	24	22	1	1	0
Percentage	35%	25%	43%	60%	3%

24 - Homeless Prevention Housing Assessment at Exit

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Able to maintain the housing they had at project start--Without a subsidy	183	69	113	1	0
Able to maintain the housing they had at project start--With the subsidy they had at project entry	8	5	3	0	0
Able to maintain the housing they had at project start--With an on-going subsidy acquired since project entry	0	0	0	0	0
Able to maintain the housing they had at project start--Only with financial assistance other than a subsidy	1	0	1	0	0
Moved to new housing unit--With on-going subsidy	11	1	10	0	0
Moved to new housing unit--Without an on-going subsidy	40	7	33	0	0
Moved in with family/friends on a temporary basis	3	0	3	0	0
Moved in with family/friends on a permanent basis	1	1	0	0	0
Moved to a transitional or temporary housing facility or program	0	0	0	0	0
Client became homeless - moving to a shelter or other place unfit for human habitation	1	0	1	0	0
Client went to jail/prison	1	1	0	0	0
Client died	0	0	0	0	0
Client doesn't know/Client refused	19	3	16	0	0
Data Not Collected (no exit interview completed)	131	41	88	1	1
Total	**399**	**128**	**268**	**2**	**1**

25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	119	117	2	0
Non-Chronically Homeless Veteran	411	391	19	1
Not a veteran	2432	1964	460	8
Client doesn't know/Client refused	14	13	1	0
Data not collected	35	34	1	0
Total	**3011**	**2519**	**483**	**9**

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	672	584	80	2	6
Not Chronically Homeless	2939	1504	1173	226	36
Client Doesn't Know/Client Refused	66	50	3	8	5
Data not collected	475	381	45	15	34
Total	**4152**	**2519**	**1301**	**251**	**81**

Client Served Report

Processing…

Report Options

Reporting Group	FL506_BBCoC All Projects 2022	
Provider		
	○ This provider AND its subordinates ● This provider ONLY	
Services	☑ Services Provided (other than shelter or referred services) ☑ Shelter Stays ☑ Referrals Served by the Selected Provider(s)	
Grouping	○ Clients Receiving Services as a Family ● Clients in a Household	
Funding Source		
Service Code	-Select- ⌄	
Served Date Range	10/01/2021 to 09/30/2022	
Served Before Date Range (Old client count)	to	
Treat Open-Ended Services/Referrals as 1-day Services	● Yes ○ No	
Legal Adult Age	18	

Report Details

CLIENTS SERVED	Old	New	Total
A. Adults	**0**	**2127**	**2127**
Male	0	1063	1063
Female	0	917	917
No Single Gender	0	1	1
Questioning	0	2	2
Transgender	0	6	6
Client Doesn't Know/Client Refused	0	3	3
Data Not Collected	0	135	135
B. Children	**0**	**661**	**661**
Male	0	317	317
Female	0	340	340
No Single Gender	0	1	1
Questioning	0	1	1
Transgender	0	1	1
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	1	1
C. Total (A+B)	**0**	**2788**	**2788**

HOUSEHOLD MEMBERS SERVED	Old	New	Total
A. Adults	**0**	**506**	**506**
Male	0	98	98
Female	0	293	293
No Single Gender	0	0	0
Questioning	0	1	1
Transgender	0	0	0
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	114	114

B. Children	0	469	469
Male	0	221	221
Female	0	247	247
No Single Gender	0	0	0
Questioning	0	0	0
Transgender	0	0	0
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	1	1
C. Total (A+B)	**0**	**975**	**975**
D. Total Households Served	**0**	**303**	**303**
E. Average Household Members Served	**0**	**3**	**3**

SINGLES SERVED	Old	New	Total
A. Adults	**0**	**1621**	**1621**
Male	0	965	965
Female	0	624	624
No Single Gender	0	1	1
Questioning	0	1	1
Transgender	0	6	6
Client Doesn't Know/Client Refused	0	3	3
Data Not Collected	0	21	21
B. Children	**0**	**192**	**192**
Male	0	96	96
Female	0	93	93
No Single Gender	0	1	1
Questioning	0	1	1
Transgender	0	1	1
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	0	0
C. Total (A+B)	**0**	**1813**	**1813**

HOUSEHOLD MEMBERS	Children			Adults					
	0-5	6-12	13-17	18-30	31-50	51-61	62+	No DOB	Total
Male	62	84	75	45	33	15	4	1	319
Female	80	97	70	92	167	26	8	0	540
No Single Gender	0	0	0	0	0	0	0	0	0
Questioning	0	0	0	0	1	0	0	0	1
Transgender	0	0	0	0	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0	0	0	0
Data Not Collected	1	0	0	1	0	0	0	113	115
Total	**143**	**181**	**145**	**138**	**201**	**41**	**12**	**114**	**975**

SINGLES	Children			Adults					
	0-5	6-12	13-17	18-30	31-50	51-61	62+	No DOB	Total
Male	0	27	69	136	376	283	163	7	1061
Female	3	21	69	130	273	146	66	9	717
No Single Gender	0	0	1	1	0	0	0	0	2
Questioning	0	0	1	0	0	1	0	0	2
Transgender	0	0	1	4	1	0	1	0	7
Client Doesn't Know/Client Refused	0	0	0	0	0	0	0	3	3
Data Not Collected	0	0	0	2	1	0	1	17	21
Total	**3**	**48**	**141**	**273**	**651**	**430**	**231**	**36**	**1813**

CLIENTS SERVED BY RACE	Secondary Total	Total
American Indian, Alaska Native, or Indigenous (HUD)		21
Black, African American, or African (HUD)	2	
Data not collected (HUD)	1	

Not Given	16	
White (HUD)	2	
Asian or Asian American (HUD)		21
Black, African American, or African (HUD)	3	
Not Given	18	
Black, African American, or African (HUD)		1892
American Indian, Alaska Native, or Indigenous (HUD)	15	
Client doesn't know (HUD)	1	
Client refused (HUD)	2	
Data not collected (HUD)	6	
Native Hawaiian or Pacific Islander (HUD)	4	
Not Given	1840	
White (HUD)	24	
Client doesn't know (HUD)		1
Not Given	1	
Client refused (HUD)		15
Black, African American, or African (HUD)	1	
Not Given	14	
Native Hawaiian or Pacific Islander (HUD)		10
Black, African American, or African (HUD)	1	
Not Given	9	
White (HUD)		690
American Indian, Alaska Native, or Indigenous (HUD)	7	
Asian or Asian American (HUD)	3	
Black, African American, or African (HUD)	14	
Client refused (HUD)	1	
Data not collected (HUD)	4	
Native Hawaiian or Pacific Islander (HUD)	2	
Not Given	659	
Not Given		138
Total		**2788**

CLIENTS SERVED BY ETHNICITY	Total
Client doesn't know (HUD)	1
Client refused (HUD)	9
Data not collected (HUD)	1
Hispanic/Latin(a)(o)(x) (HUD)	114
Non-Hispanic/Non-Latin(a)(o)(x) (HUD)	2494
Not Given	169
Total	**2788**

CLIENTS SERVED BY HOUSEHOLD TYPE	Total
BB_Couple (Parent & Friend) and Children	30
BB_Grandparent(s) and Children	2
Couple With No Children	41
Female Single Parent	720
Foster Parent(s)	2
Grandparent(s) and Child	10
Male Single Parent	22
Other	45
Two Parent Family	103
Not Given	1813
Total	**2788**

SERVICE COUNT					
Service Type	**Funding Source**	**Total Referral**	**Total Provided**	**Total Cost**	**Avg Cost**

AMERICAN RESCUE PLAN ACT (ARPA) MONTHLY ACTIVITY REPORT

FL506 - BBCoC: BBHC – HOPE Community Family ES (ES)(9377)
Contract Number: ARPA - BBCOC
Month of Service: 1/1/22 - 12/31/22

Section 1: Clients Served by Race and Gender								
Persons Served:	American Indian, Alaska Native, or Indigenous	Black / African American	Black, African American, or African & American Indian, Alaska Native, or Indigenous	Black, African American, or African & White	Native Hawaiian or Pacific Islander	Other / Multi Racial	White	Sum:
Female	2	144	3	6	3	0	16	174
Male	0	85	2	3	1	1	10	102
Sum:	2	229	5	9	4	1	26	276

Section 2: Clients Served by Zip Code					
32301	**32304**	**32310**	**33613**	**44104**	
4	32	6	2	3	229

Number of Unduplicated Clients Served:	276

AMERICAN RESCUE PLAN ACT (ARPA) MONTHLY ACTIVITY REPORT

FL506 - BBCoC: BBHC – HOPE Community Family ES (ES)(9377)

Reporting Period: 1/1/22 - 12/31/22

Client Count
276

Client Uid	Client Primary Race	Client Secondary Race	Race	Client Gender
248807	Black, African American, or African (HUD)		Black / African American	Female
336294	Black, African American, or African (HUD)	Data not collected (HUD)	Black / African American	Female
349006	White (HUD)		White	Female
353024	Black, African American, or African (HUD)		Black / African American	Female
354698	White (HUD)		White	Female
468672	Black, African American, or African (HUD)		Black / African American	Female
468901	Black, African American, or African (HUD)		Black / African American	Male
469250	Black, African American, or African (HUD)		Black / African American	Female
469728	Black, African American, or African (HUD)		Black / African American	Male
470265	Black, African American, or African (HUD)	Black, African American, or African (HUD)	Black / African American	Female
470654	Black, African American, or African (HUD)		Black / African American	Female
470695	Black, African American, or African (HUD)		Black / African American	Male
471159	Black, African American, or African (HUD)		Black / African American	Female
471297	Black, African American, or African (HUD)		Black / African American	Female
471367	Black, African American, or African (HUD)		Black / African American	Female
471761	Black, African American, or African (HUD)		Black / African American	Male
471779	Black, African American, or African (HUD)		Black / African American	Female
473943	Black, African American, or African (HUD)		Black / African American	Female
473945	Black, African American, or African (HUD)		Black / African American	Male
473946	Black, African American, or African (HUD)		Black / African American	Male

BBCoC CHSP Report

Reporting Period: 10/1/21 - 9/30/22

	American Indian, Alaska Native, or Indigenous	Black / African American	Black, African American, or African & American Indian, Alaska Native, or Indigenous	Black, African American, or African & White	Native Hawaiian or Pacific Islander	Other / Multi Racial	White	Sum:
Female	2	158	5	7	3	1	17	193
Male	0	92	2	4	1	1	14	114
Sum:	2	250	7	11	4	2	31	307

Hispanic	0	8	0	6	4	0	2	

								Sum:
Birth - 5	1	54	3	6	0	2	6	72
6 - 12	0	67	2	3	0	0	3	75
13 - 18	0	37	1	1	1	0	4	44
19 - 25	0	11	0	0	2	0	2	15
26 - 39	1	56	1	1	0	0	12	71
40 - 54	0	21	0	0	1	0	5	27
55 & Above	0	4	0	0	0	0	0	4
Age Category Totals	2	250	7	11	4	2	32	

BBCoC CHSP Report

Reporting Period: 10/1/21 - 9/30/22

Race	AMI Groups (Modified)	Client Count
American Indian, Alaska Native, or Indigenous	Extremely Low (30% and Below AMI)	1
American Indian, Alaska Native, or Indigenous	Other	1
Black / African American	Extremely Low (30% and Below AMI)	126
Black / African American	Low (51% - 80% of AMI)	5
Black / African American	Other	106
Black / African American	Very Low (31% - 50% of AMI)	16
Black, African American, or African & American Indian, Alaska Native, or Indigenous	Extremely Low (30% and Below AMI)	1
Black, African American, or African & American Indian, Alaska Native, or Indigenous	Other	6
Black, African American, or African & White	Extremely Low (30% and Below AMI)	2
Black, African American, or African & White	Other	9
Native Hawaiian or Pacific Islander	Extremely Low (30% and Below AMI)	3
Native Hawaiian or Pacific Islander	Other	1
Other / Multi Racial	Other	2
White	Extremely Low (30% and Below AMI)	19
White	Other	11
White	Very Low (31% - 50% of AMI)	1

Calculations are based off of the AMI specified in the reporting prompts. AMI specified for this report = $72,700

Attachment H

HIC Total Summary for FL-506 - Tallahassee/Leon County CoC

Total Year-Round Beds - Household without Children

1. Current Year-Round Beds for Households without Children	801
1A. Current Year Round ES Beds for Households without Children	248
1B. Current Year Round TH Beds for Households without Children	52
1C. Current Year Round Safe Haven Beds for Households without Children	0
1D. Current Year Round RRH Beds for Households without Children	57
1E. Current Year Round PSH Beds for Households without Children	429
2. Total Year-Round Beds for Households without Children	801
2A. Number of DV Year-Round Beds for Households without Children	5
2B. Subtotal, non-DV Year-Round Beds for Households without Children	796
3. Total Year Round HMIS Beds for Households without Children	529
3A. Total Year Round ES HMIS Beds for Households without Children	243
3B. Total Year Round TH HMIS Beds for Households without Children	52
3C. Total Year Round Safe Haven HMIS Beds for Households without Children	0
3D. Total Year Round RRH HMIS Beds for Households without Children	57
3E. Total Year Round PSH HMIS Beds for Households without Children	177
4. Total Year Round HMIS Beds for Households without Children	529
5. HMIS Bed Coverage: Beds for Households without Children	66.46%

Total Year-Round Beds - Households with Children

1. Current Year Round Beds for Households with Children	424
1A. Current Year Round ES Beds for Households with Children	188
1B. Current Year Round TH Beds for Households with Children	39
1C. Current Year Round Safe Haven Beds for Households with Children	0

1D. Current Year Round RRH Beds for Households with Children	75
1E. Current Year Round PSH Beds for Households with Children	36
2. Total Year Round Beds for Households with Children	424
2A. Number of DV Year-Round Beds for Households with Children	75
2B. Subtotal, non-DV Year-Round Beds for Households with Children	349
3. Total Year Round HMIS Beds for Households with Children	263
3A. Total Year Round ES HMIS Beds for Households with Children	145
3B. Total Year Round TH HMIS Beds for Households with Children	12
3C. Total Year Round Safe Haven HMIS Beds for Households with Children	0
3D. Total Year Round RRH HMIS Beds for Households with Children	70
3E. Total Year Round PSH HMIS Beds for Households with Children	36
4. Total Year Round HMIS Beds for Households with Children	263
5. HMIS Bed Coverage: Beds for Households with Children	75.36%

Total Year-Round Beds - Households with only Children

1. Current Year Round Beds for Households with only Children	16
1A. Current Year Round ES Beds for Households with only Children	16
1B. Current Year Round TH Beds for Households with only Children	0
1C. Current Year Round Safe Haven Beds for Households with only Children	0
1D. Current Year Round RRH Beds for Households with only Children	0
1E. Current Year Round PSH Beds for Households with only Children	0
2. Total Year Round Beds for Households with only Children	16
2A. Number of DV Year-Round Beds for Households with only Children	0
2B. Subtotal, non-DV Year-Round Beds for Households with only Children	16
3. Total Year Round HMIS Beds for Households with only Children	16
3A. Total Year Round ES HMIS Beds for Households with only Children	16

Total Summary for FL-506 - Tallahassee/Leon County CoC

3B. Total Year Round TH HMIS Beds for Households with only Children	**0**
3C. Total Year Round Safe Haven HMIS Beds for Households with only Children	**0**
3D. Total Year Round RRH HMIS Beds for Households with only Children	**0**
3E. Total Year Round PSH HMIS Beds for Households with only Children	**0**
4. Total Year Round HMIS Beds for Households with only Children	**16**
5. HMIS Bed Coverage: Beds for Households with only Children	**100.00%**

HIC Basic Summary for FL-506 - Tallahassee/Leon County CoC (ES)

Total Year-Round Beds - Household without Children

1. Current Year-Round Emergency Shelter (ES) Beds for Households without Children	**248**
1A. Number of DV Year-Round ES Beds for Households without Children	**5**
1B. Subtotal, non-DV Year-Round ES Beds for Households without Children	**243**
2. Under Development Year-Round ES Beds for Households without Children	**0**
3. Total Year Round ES HMIS Beds for Households without Children	**243**
4. HMIS Bed Coverage: ES Beds for Households without Children	**100.00%**

Total Year-Round Beds - Households with Children

5. Current Year-Round ES Beds for Households with Children	**188**
5A. Number of DV Year-Round ES Beds for Households with Children	**43**
5B. Subtotal, non-DV Year-Round ES Beds for Households with Children	**145**
6. Under Development Year-Round ES Beds for Households with Children	**0**
7. Total Year-Round ES HMIS Beds for Households with Children	**145**
8. HMIS Bed Coverage: ES Beds for Households with Children	**100.00%**

Total Year-Round Beds - Households with only Children

9. Current Year-Round ES Beds for Households with only Children	**16**
9A. Number of DV Year-Round ES Beds for Households with only Children	**0**
9B. Subtotal, non-DV Year-Round ES Beds for Households with only Children	**16**
10. Under Development Year-Round ES Beds for Households with only Children	**0**
11. Total Year-Round ES HMIS Beds for Households with only Children	**16**
12. HMIS Bed Coverage: ES Beds for Households with only Children	**100.00%**

HIC Basic Summary for FL-506 - Tallahassee/Leon County CoC (ES)

Seasonal Beds

13. Total Seasonal Beds	**0**
14. Year Round Equivalent	**0**
15. Total HMIS Seasonal Beds	**0**
16. Year Round Equivalent HMIS Seasonal Beds	**0**
17. Seasonal HMIS Bed Coverage	**n/a**

Overflow Beds

18. Total Overflow Beds	**133**
19. Total HMIS Overflow Beds	**133**
20. Overflow HMIS Bed Coverage	**100.00%**

HIC Basic Summary for FL-506 - Tallahassee/Leon County CoC (TH)

Total Year-Round Beds - Household without Children

1. Current Year-Round Transitional Housing (TH) Beds for Households without Children	52
1A. Number of DV Year-Round TH Beds for Households without Children	0
1B. Subtotal, non-DV Year-Round TH Beds for Households without Children	52
2. Under Development Year-Round TH Beds for Households without Children	0
3. Total Year Round TH HMIS Beds for Households without Children	52
4. HMIS Bed Coverage: TH Beds for Households without Children	100.00%

Total Year-Round Beds - Households with Children

5. Current Year-Round TH Beds for Households with Children	39
5A. Number of DV Year-Round TH Beds for Households with Children	27
5B. Subtotal, non-DV Year-Round TH Beds for Households with Children	12
6. Under Development Year-Round TH Beds for Households with Children	0
7. Total Year-Round TH HMIS Beds for Households with Children	12
8. HMIS Bed Coverage: TH Beds for Households with Children	100.00%

Total Year-Round Beds - Households with only Children

9. Current Year-Round TH Beds for Households with only Children	0
9A. Number of DV Year-Round TH Beds for Households with only Children	0
9B. Subtotal, non-DV Year-Round TH Beds for Households with only Children	0
10. Under Development Year-Round TH Beds for Households with only Children	0
11. Total Year-Round TH HMIS Beds for Households with only Children	0
12. HMIS Bed Coverage: TH Beds for Households with only Children	n/a

HIC Basic Summary for FL-506 - Tallahassee/Leon County CoC (PH)

Total Year-Round Beds - Household without Children

1. Current Year-Round Permanent Housing (PH) Beds for Households without Children	**501**
1A. Number of DV Year-Round PH Beds for Households without Children	**0**
1B. Subtotal, non-DV Year-Round PH Beds for Households without Children	**501**
2. Under Development Year-Round PH Beds for Households without Children	**0**
3. Total Year Round PH HMIS Beds for Households without Children	**234**
4. HMIS Bed Coverage: PH Beds for Households without Children	**46.71%**

Total Year-Round Beds - Households with Children

5. Current Year-Round PH Beds for Households with Children	**197**
5A. Number of DV Year-Round PH Beds for Households with Children	**5**
5B. Subtotal, non-DV Year-Round PH Beds for Households with Children	**192**
6. Under Development Year-Round PH Beds for Households with Children	**0**
7. Total Year-Round PH HMIS Beds for Households with Children	**106**
8. HMIS Bed Coverage: PH Beds for Households with Children	**55.21%**

Total Year-Round Beds - Households with only Children

9. Current Year-Round PH Beds for Households with only Children	**0**
9A. Number of DV Year-Round PH Beds for Households with only Children	**0**
9B. Subtotal, non-DV Year-Round PH Beds for Households with only Children	**0**
10. Under Development Year-Round PH Beds for Households with only Children	**0**
11. Total Year-Round PH HMIS Beds for Households with only Children	**0**
12. HMIS Bed Coverage: PH Beds for Households with only Children	**n/a**

Attachment I

System Performance Measures

October 1, 2020 – September 30, 2021

THE MEASUREMENTS

Measure 1:
Length of Time
Homeless

Measure 2:
Returns to
Homelessness

Measure 3:
Number of
homeless persons
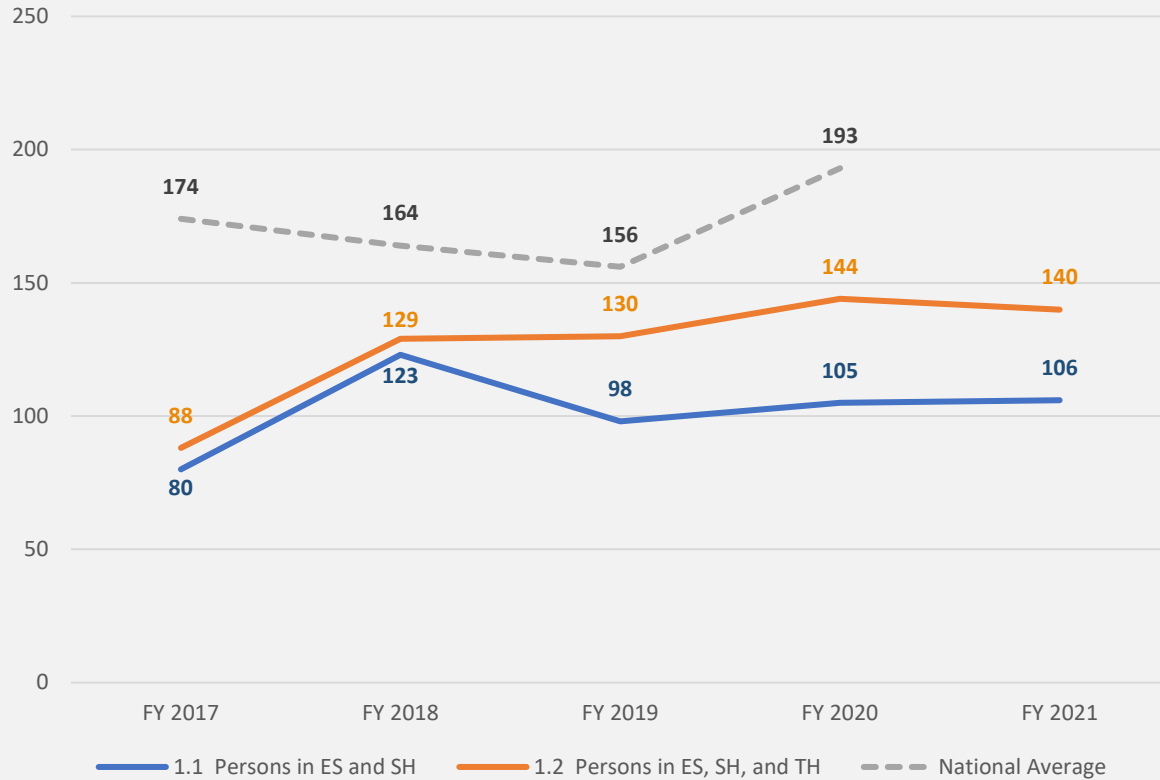
Measure 4:
Jobs and
Income Growth

Measure 5:
First Time
Homeless

Measure 7:
Successful Housing
Placement

Average LOT Homeless (bed nights)

FY 2017: 174, 88, 80
FY 2018: 164, 129, 123
FY 2019: 156, 130, 98
FY 2020: 193, 144, 105
FY 2021: 140, 106

— 1.1 Persons in ES and SH — 1.2 Persons in ES, SH, and TH - - - National Average

AVERAGE 2021 Length of time homeless = 140 NIGHTS

MEDIAN 2021 Length of time homeless = 68 NIGHTS

*Note: 2021 National Average data has not been posted by HUD.

Measurement 1

Length of time persons remain homeless

This report 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. This includes time homeless during the report date range as well as prior to the report start date.

Projects included in this metric: Emergency Shelters (ES) and Transitional Housing (TH)
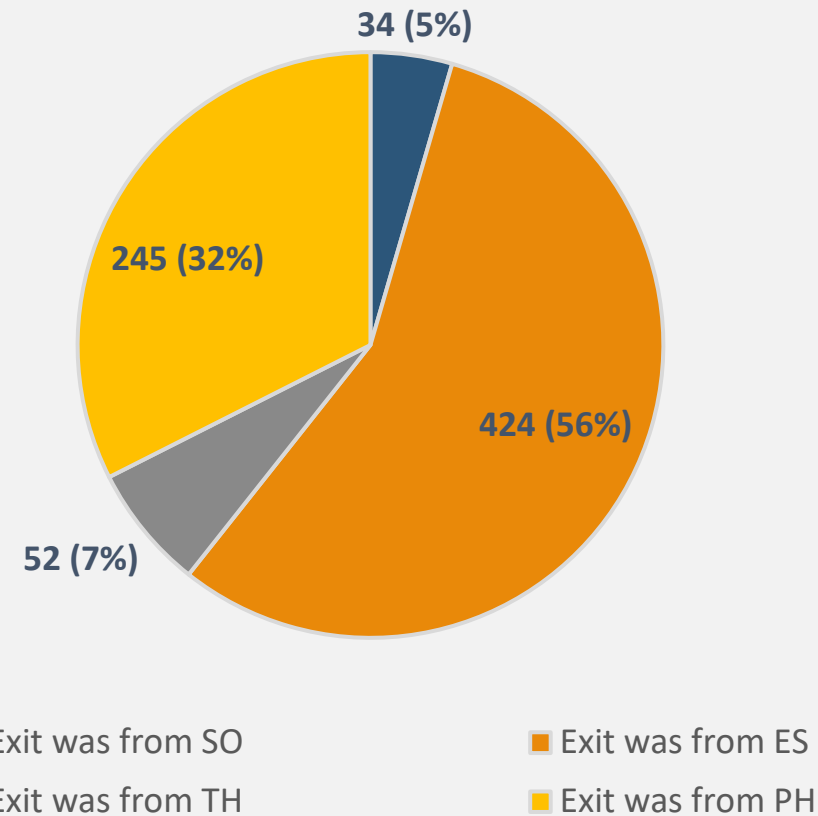
6

Measurement 2

Extent to which persons who exit homelessness to permanent housing destinations return to homelessness

This report begins with clients who have exited to a permanent 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 measured in the HMIS for up to two years after the initial exit

Projects included in this metric: Emergency Shelter (ES), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), Street Outreach (SO)

Total # of Persons who Exited to a Permanent Housing Destination (Last 2 years)

34 (5%)

245 (32%)

424 (56%)

52 (7%)

■ Exit was from SO   ■ Exit was from ES
■ Exit was from TH   ■ Exit was from PH

TOTAL EXITS TO PERMANENT HOUSING = 755
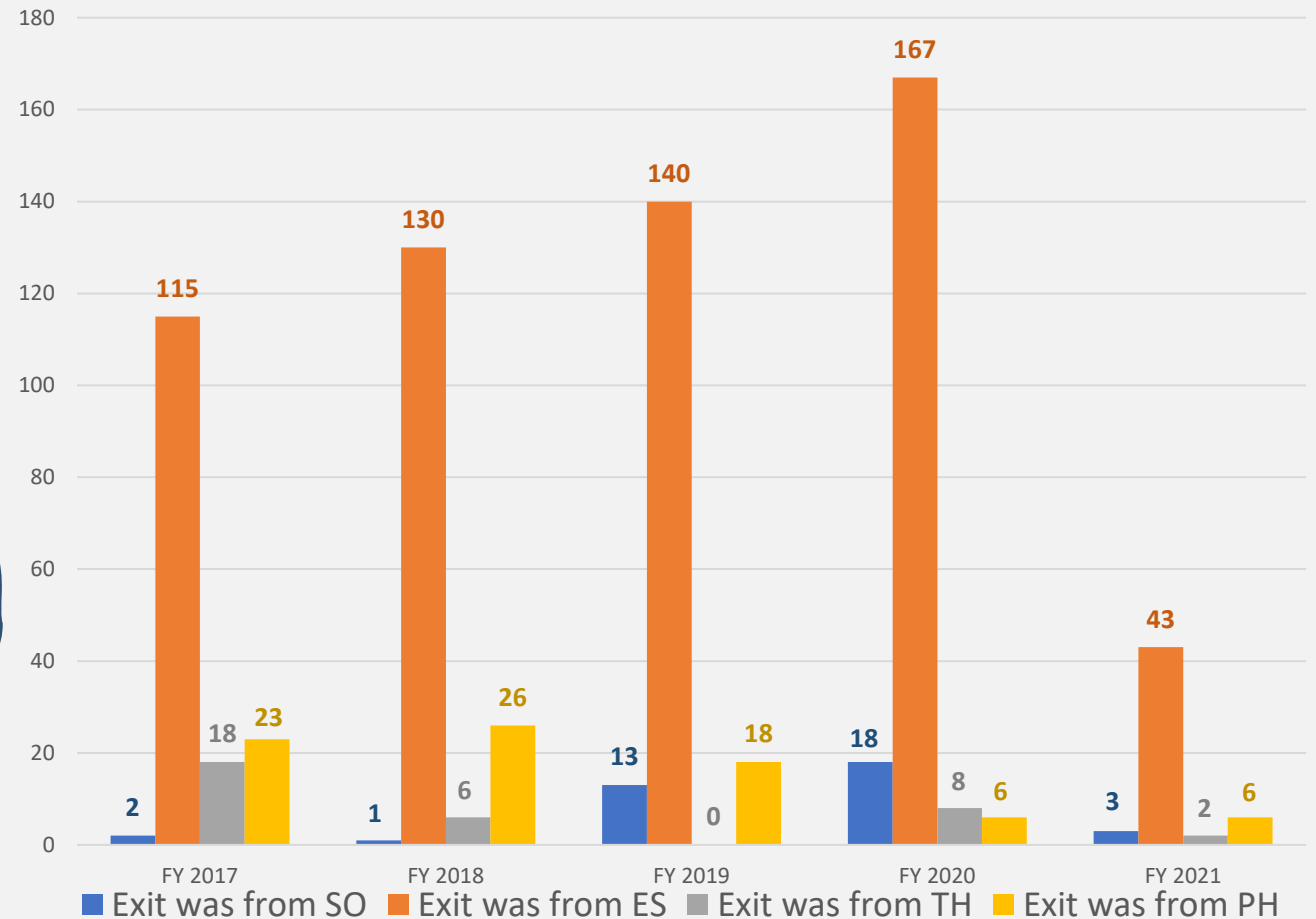
8

Measurement 2

Continued

Extent to which persons who exit homelessness to permanent housing destinations return to homelessness

This report begins with clients who have exited to a permanent 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 measured in the HMIS for up to two years after the initial exit

Projects included in this metric: Emergency Shelter (ES), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), Street Outreach (SO)

Returns to Homelessness in Less than 6 months

**TOTAL RETURNS IN LESS THAN 6 MONTHS: 54 (7%)**

Measurement 2

Continued

Extent to which persons who exit homelessness to permanent housing destinations return to homelessness

This report begins with clients who have exited to a permanent 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 measured in the HMIS for up to two years after the initial exit
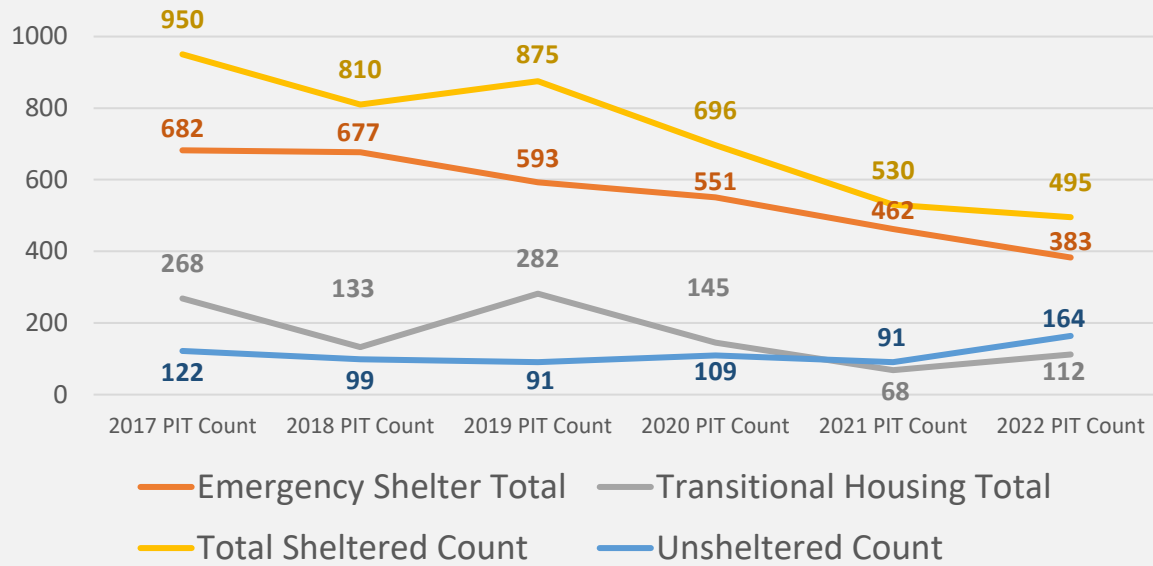
Projects included in this metric: Emergency Shelter (ES), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), Street Outreach (SO)
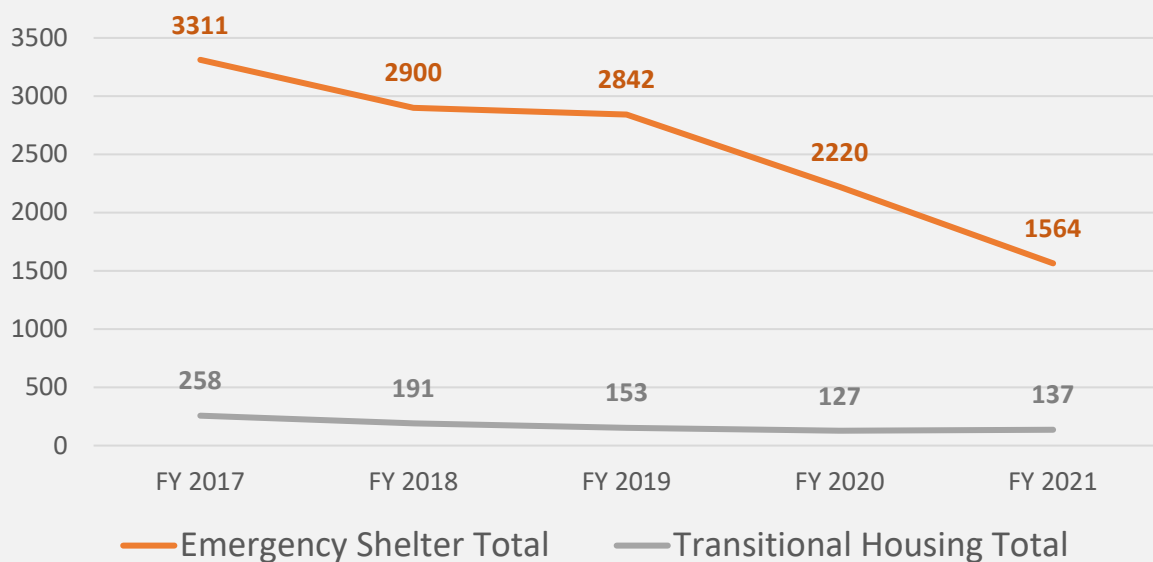
Returns to Homelessness in 2 Years
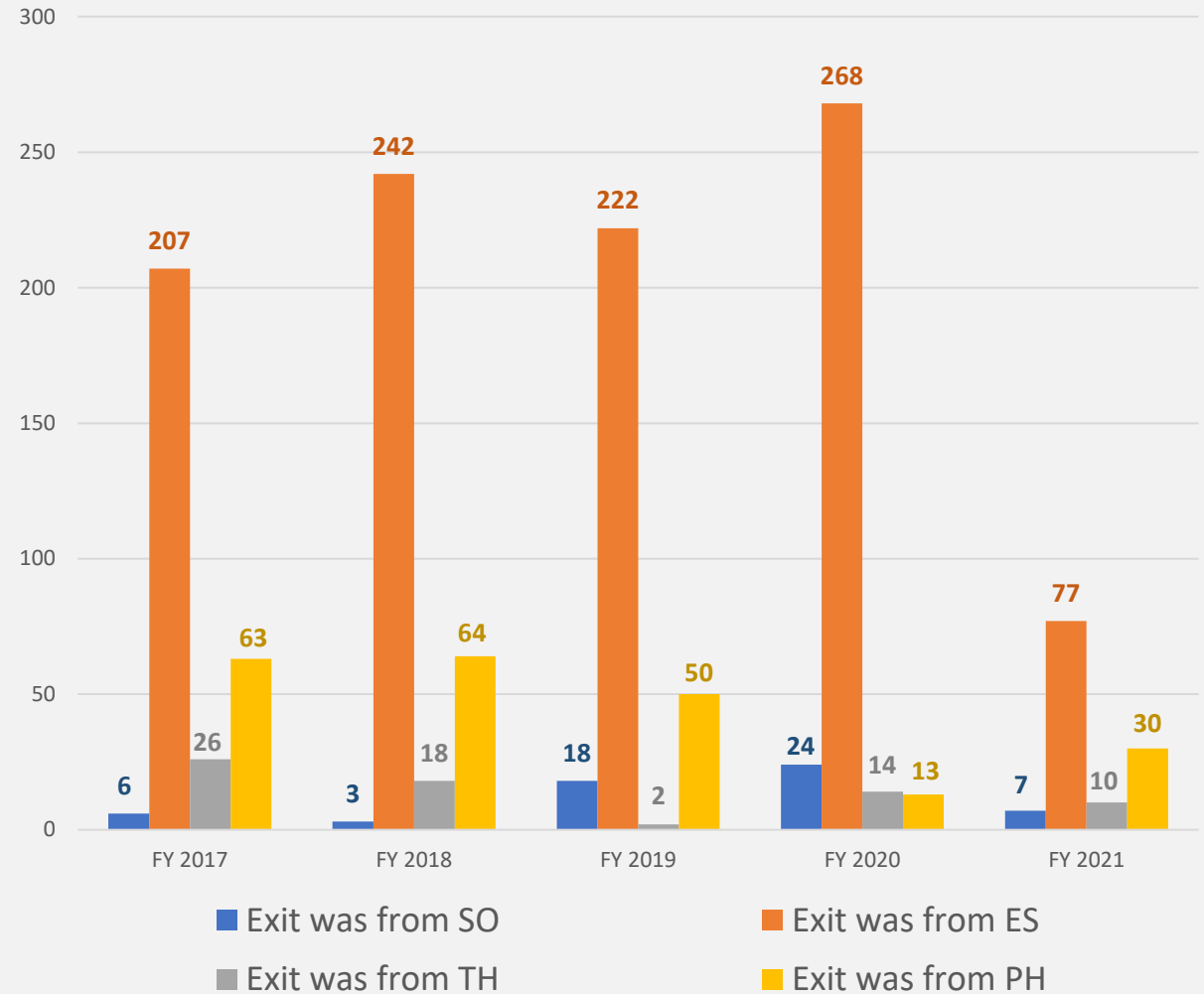
TOTAL RETURNS IN 2 YEARS: 124 (16%)

Measurement 3

Number of homeless persons

This metric uses counts of client level HMIS data to show an unduplicated annual count of homeless clients served in Emergency Shelter, Safe Haven and Transitional Housing.

Projects included in this metric: Emergency Shelter (ES), Transitional Housing (TH)

Change in PIT Counts

Emergency Shelter Total: 682, 677, 593, 551, 462, 383
Transitional Housing Total: 268, 133, 282, 145, 68, 112
Total Sheltered Count: 950, 810, 875, 696, 530, 495
Unsheltered Count: 122, 99, 91, 109, 91, 164

2017 PIT Count, 2018 PIT Count, 2019 PIT Count, 2020 PIT Count, 2021 PIT Count, 2022 PIT Count

Change in Annual Counts

Emergency Shelter Total: 3311, 2900, 2842, 2220, 1564
Transitional Housing Total: 258, 191, 153, 127, 137

FY 2017, FY 2018, FY 2019, FY 2020, FY 2021

13

Measurement 4

Jobs and Income Growth for Homeless Persons in CoC Program-funded Projects

This report looks at clients with an Entry or Exit from a CoC-funded project within a given operating year to determine the percentage of clients who have increased Earned, Other (non-earned) or total income during that timeframe. Metric 4 has (6) associated tables which focus on employment and income growth for our (3) CoC-funded projects

Projects included in this metric: HUD CoC Funded Permanent Supportive Housing (PSH), HUD CoC funded Rapid Rehousing (RRH)

4.1 – CHANGE IN EARNED INCOME FOR ADULT SYSTEM STAYERS

	FY 2020	FY 2021	Difference
Universe: Number of Adults (System Stayers)	99	143	44
Number of Adults with Increased Earned Income	8	9	1
Percentage of adults who increased earned income	8%	6%	-2%

4.2 – CHANGE IN NON-EMPLOYMENT CASH INCOME FOR ADULT SYSTEM STAYERS

	FY 2020	FY 2021	Difference
Universe: Number of Adults (System Stayers)	99	143	44
Number of Adults with Increased Non-employment Cash Income	63	67	4
Percentage of adults who increased Non-employment Cash Income	64%	47%	-17%

Measurement 4

Continued

Jobs and Income Growth for Homeless Persons in CoC Program-funded Projects

This report looks at clients with an Entry or Exit from a CoC-funded project within a given operating year to determine the percentage of clients who have increased Earned, Other (non-earned) or total income during that timeframe. Metric 4 has (6) associated tables which focus on employment and income growth for our (3) CoC-funded projects

4.3 – CHANGE IN TOTAL INCOME FOR ADULT SYSTEM STAYERS

	FY 2020	FY 2021	Difference
Universe: Number of Adults (System Stayers)	99	143	44
Number of Adults with Increased Earned Income	69	74	5
Percentage of adults who increased earned income	70%	52%	-18%

4.4 – CHANGE IN EARNED INCOME FOR ADULT SYSTEM LEAVERS

	FY 2020	FY 2021	Difference
Universe: Number of Adults (System Stayers)	28	26	-2
Number of Adults with Increased Non-employment Cash Income	1	3	2
Percentage of adults who increased Non-employment Cash Income	4%	12%	8%

Measurement 4

Continued

Jobs and Income Growth for Homeless Persons in CoC Program-funded Projects

This report looks at clients with an Entry or Exit from a CoC-funded project within a given operating year to determine the percentage of clients who have increased Earned, Other (non-earned) or total income during that timeframe. Metric 4 has (6) associated tables which focus on employment and income growth for our (3) CoC-funded projects

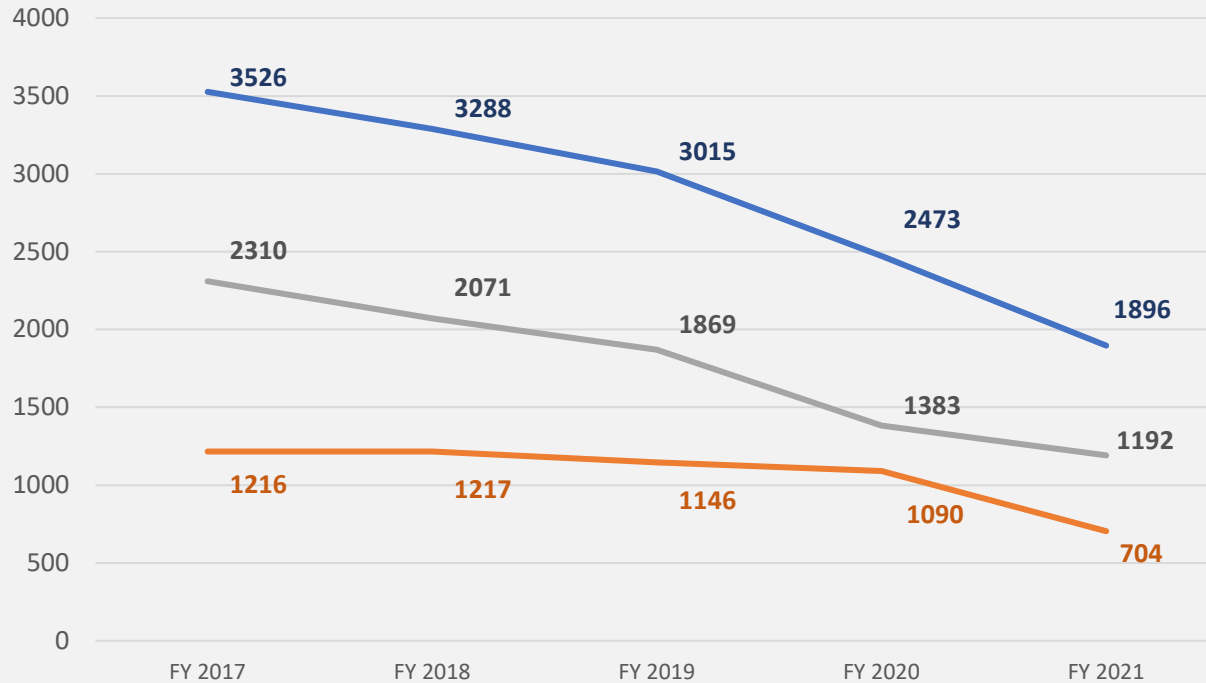### 4.5 – CHANGE IN NON-EMPLOYMENT CASH INCOME FOR ADULT SYSTEM LEAVERS

	FY 2020	FY 2021	Difference
Universe: Number of Adults (System Stayers)	28	26	-2
Number of Adults with Increased Earned Income	18	8	-9
Percentage of adults who increased earned income	61%	31%	-30%

4.6 – CHANGE IN TOTAL INCOME FOR ADULT SYSTEM LEAVERS

	FY 2020	FY 2021	Difference
Universe: Number of Adults (System Stayers)	28	26	-2
Number of Adults with Increased Non-employment Cash Income	18	11	-7
Percentage of adults who increased Non-employment Cash Income	64%	42%	-22%

Change in the number of persons entering ES, TH and PH projects with no prior enrollments

Chart data points:

Universe (blue line): FY 2017: 3526, FY 2018: 3288, FY 2019: 3015, FY 2020: 2473, FY 2021: 1896

Orange line (in ES, SH, TH or PH within 24 months prior): FY 2017: 1216, FY 2018: 1217, FY 2019: 1146, FY 2020: 1090, FY 2021: 704

Gray line (first time homeless): FY 2017: 2310, FY 2018: 2071, FY 2019: 1869, FY 2020: 1383, FY 2021: 1192

— Universe: Person with entries into ES, SH, TH or PH during the reporting period.

— 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.

— 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.)

486 fewer people became homeless for the 1st time

Measurement 5
Number of Persons Homeless for the First Time

This metric uses a client's entry date in relation to any prior project entries to determine whether the entry is a "new" homeless stay or whether the client was homeless in the prior 24 months.

Projects included in this metric: Emergency Shelter (ES), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH)
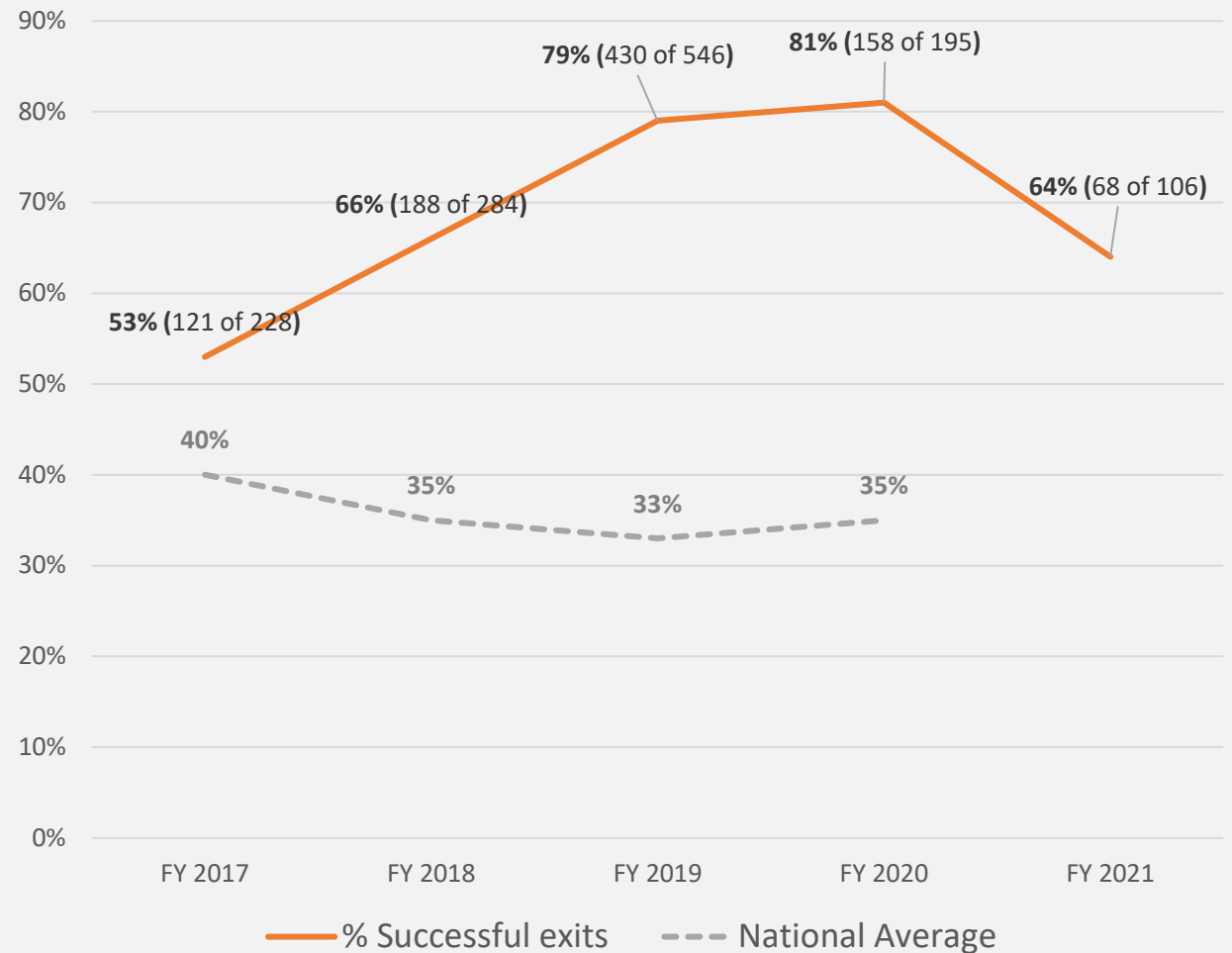
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Measurement 7

Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Measure 7a.1 Change in exits to PH destinations from Street Outreach Programs

This metric uses counts of client level HMIS data to show placements from Street Outreach into Temporary and Permanent Housing and Permanent Housing Placements and Retention in PH projects. It includes three tables – this table focuses on placements to PH from Street Outreach.

Projects included in this metric: Emergency Shelter (ES), Safe Haven (SH), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Street Outreach (SO), Transitional Housing (TH)

Change in exits to permanent housing destinations

Chart data points:
- FY 2017: 53% (121 of 228) — National Average 40%
- FY 2018: 66% (188 of 284) — National Average 35%
- FY 2019: 79% (430 of 546) — National Average 33%
- FY 2020: 81% (158 of 195) — National Average 35%
- FY 2021: 64% (68 of 106)

Legend: —— % Successful exits   - - - National Average

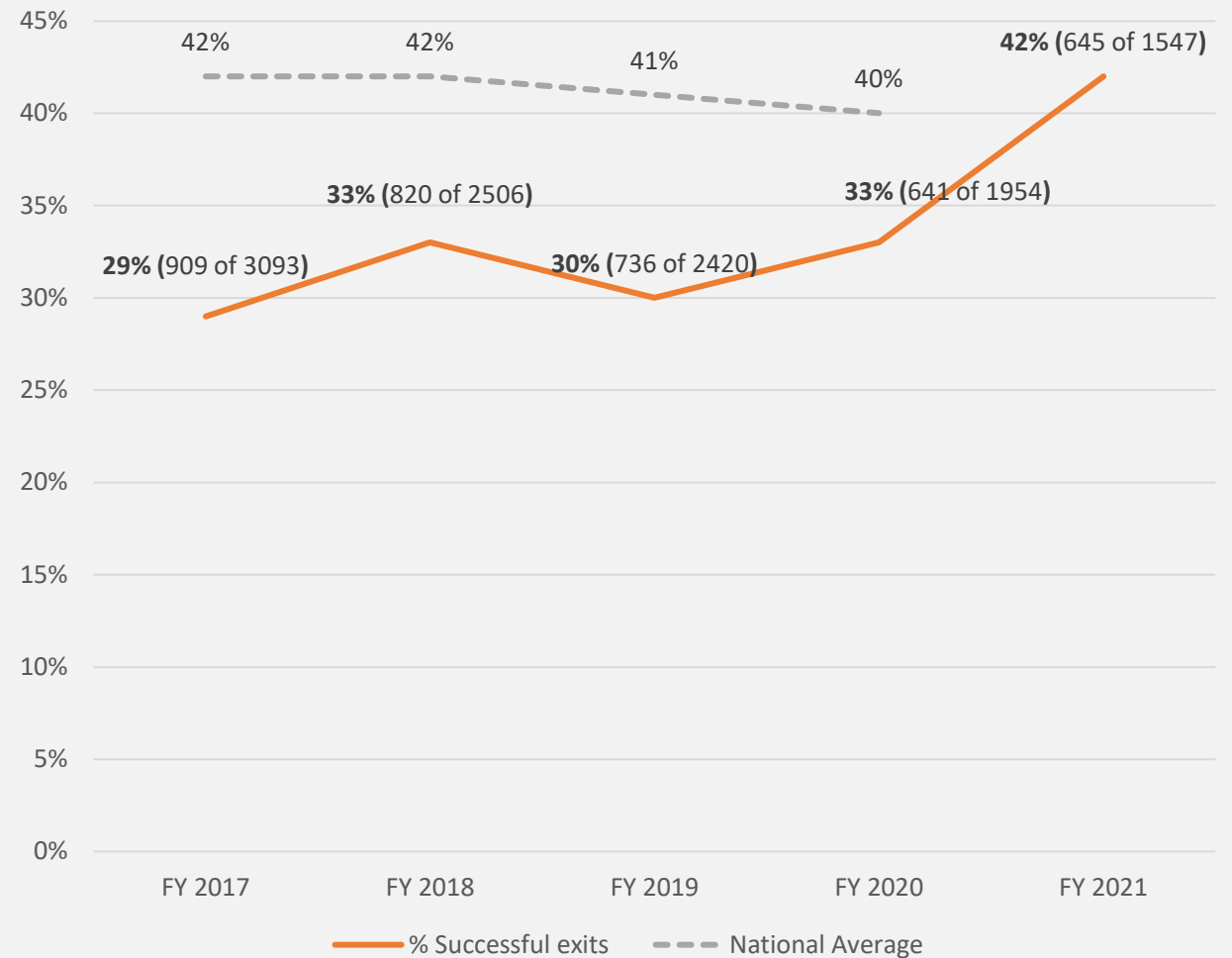*Note: 2021 National Average data has not been posted by HUD.

Measurement 7

Measure 7b.1 Change in exits from ES, SH, TH, RRH, PH to permanent housing destinations

This metric looks at clients exited from ES, SH, TH, RRH and PH projects who exited to permanent housing destinations

Projects included in this metric: Emergency Shelter (ES), Safe Haven (SH), Transitional Housing (TH), Rapid Rehousing (RRH), and Other Permanent Housing (OPH).

Change in exits to permanent housing destinations

- 42%
- 42%
- 41%
- 40%
- **42%** (645 of 1547)
- **33%** (820 of 2506)
- **33%** (641 of 1954)
- **29%** (909 of 3093)
- **30%** (736 of 2420)

FY 2017   FY 2018   FY 2019   FY 2020   FY 2021

—— % Successful exits   – – – National Average

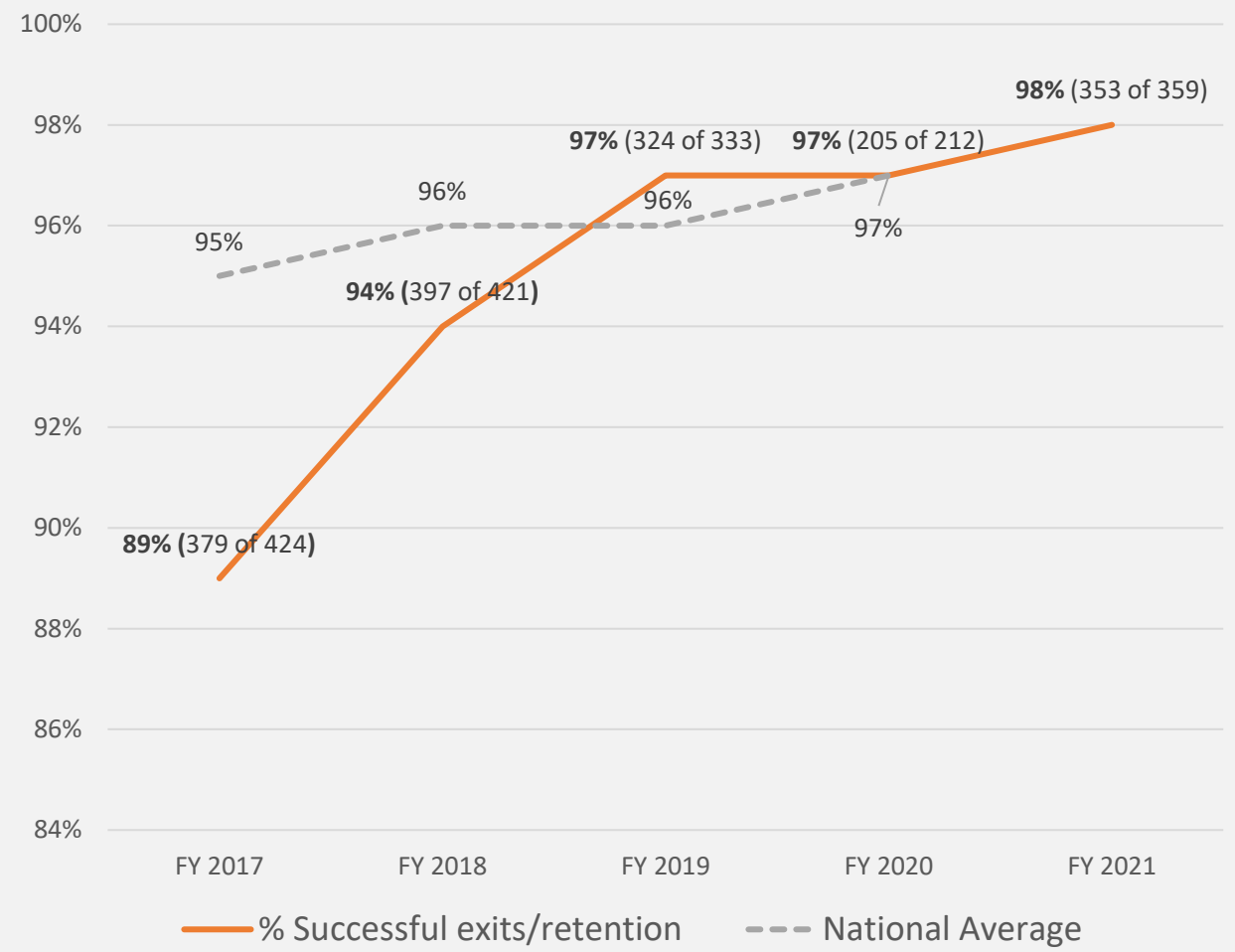*__Note__: 2021 National Average data has not been posted by HUD.

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Measurement 7

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

This metric uses counts of clients in all PH projects except RRH, that either remained in the PH projects or exited to other permanent housing destinations.

Projects included in this metric: all Permanent Housing (PH) except for RRH.

Change in exit to or retention of permanent housing

98% (353 of 359)

97% (324 of 333) **97%** (205 of 212)

96%

95%

94% (397 of 421)

97%

96%

89% (379 of 424)

FY 2017   FY 2018   FY 2019   FY 2020   FY 2021

—— % Successful exits/retention   - - - National Average

*__Note__: 2021 National Average data has not been posted by HUD.

Attachment J

BBC○C

To request HMIS user access, please follow these steps:

1. Download and complete the Affidavit of Good Moral Character and Background Check Consent form.

2. Have the User Agreement & Affidavit form notarized prior to submission.

3. Click here to send an email request (preferably from your work email address) for Helpdesk and Training Center access.

4. Submit these two documents, along with a legible copy of a photo ID / Drivers License, to the Big Bend CoC by submitting a helpdesk ticket.

5. The CoC will process these forms, and run a background check.

6. **NOTE:** If your agency has already run a background check, or a DCF background screening, please send us a copy. We will skip the background check, however we still require the background check consent form on file.

7. While these forms are being processed, please enroll in and complete our Introduction to HMIS and Homeless Services web course.

8. Once all forms and background checks have been processed, and you have successfully completed the online web course, the BBCoC HMIS Trainer will reach out to the new employee and their supervisor to schedule the employee for new user training.

9. New user login credentials will be provided only after users have completed the new user training session. New user trainings are conducted via a combination of online, self-paced training, and Zoom virtual meetings, which allow a live instructor to screen share and walk users through the system following their agency's workflows.

AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly

<div align="center">(Applicant's/Employee's Name)</div>

sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with
_____, I affirm and attest under penalty of perjury that I
meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a
plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or
expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any
similar statute of another jurisdiction for any of the offenses listed below:

	Relating to:
Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children

CONTINUED ON NEXT PAGE

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR SUBSTANCE USE AND MENTAL HEALTH DISORDER POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., "Service Provider Personnel" and "Peer Specialists" screened pursuant to s. 397.407, F.S.; "Recovery Residence Personnel" screened pursuant to s. 397.487, F.S., and any other substance use or mental health disorder professionals seeking certification requiring screening under s. 408.809, F.S

	Relating to:
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photo-optical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and

any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses.** I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT:_____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT:_____

Sworn to and subscribed before me this _____ day of _____, 20___.

_____
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

_____
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)
☐ Affiant personally known to notary

   OR

☐ Affiant produced identification
   Type of identification produced:_____

BIG BEND CONTINUUM OF CARE

Working to end homelessness in the Big Bend through accurate and meaningful data, high-quality best practices, and evidence-based interventions.

BBCoC Learning Management System Course Selection

3 Courses

Release Date (newest first) ˅

All Levels

☆☆☆☆☆

FY2022 HUD Data Standards Updates

👤 2   🕐 40m

EL   by Eric Layton

Free   Get Enrolled

Beginner

☆☆☆☆☆

Training Tuesday – HMIS Reports & Dashboard Widgets

👤 6   🕐 30m

EL   by Eric Layton
In Training Tuesdays

Free   Get Enrolled

All Levels

☆☆☆☆☆

Training Tuesday – Interims, Updates and Annual Assessments (April 27, 2021)

👤 1   🕐 35m

EL   by Eric Layton
In Training Tuesdays

Free   Get Enrolled

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1 2

Homeless Management Information System

Tags

Target Audience

✔ Anyone new to HMIS

✔ Existing users who want to brush up on the basics

New HMIS User Course Curriculum

About Course

What Will I Learn?

✔ Learn to be an HMIS expert ✔ Excel at Data Quality ✔ Safeguard client data
✔ Impress your friends

Course Page	Announcements	Gradebook	Resources

Topics for this course   14 Lessons

Start Here ⌄

Intro to the Continuum of Care ⌄

Introduction to HMIS ⌄

Terms and Definitions ⌄

Defining Homelessness ⌄

Privacy and Security ⌄

ServicePoint Policies ⌄

Data Quality ⌄

Final Exam ⌄

☰ Training | Trello   — ▢ ✕

Trello   Workspaces ⌄   Recent ⌄   Starred ⌄   Templates ⌄   Create   🔍 Search   🔔 👤 ⚙

Big Bend Continuum of Care
B Premium   ‹   000 Board ⌄   **Training** ☆   Big Bend Continuum of Care   👥 Workspace visible   👥 BS   **& Share**

                                                    🗔 Fields   🧭 Power-Ups   ⚡ Automation   ☰ Filter   ⋯ Show menu

📋 Boards   **TEMPLATES** ⋯   **Upcoming Trainings** ⋯   **Done** ⋯   **Training Archive** ⋯
👤 Members   ＋
⚙ Settings   ⌄   ▬▬▬   ＋ Add a card   🗔   Test   **Joya Riley**
                               NEW USER TEMPLATE   Training Type: Case Manager
Workspace views   ＋   ☑ 0/7   **Sheila Mathis**
                                                                                       Training Type: Case Manager   Date: Jun 30   Agency: CESC
🔲 Table
                               COMMUNITY TRAINING TEMPLATE   Date: Aug 3   Agency: BBHC   **Barry Walker**
📅 Calendar
                               Training Type: Community/Training Tuesday   Training Type: Case Manager
Your boards   ＋   **Gabriel Trollinger**
                               ＋ Add a card   🗔   Training Type: Case Manager   Date: Jun 14
🟥 CoC Admin
                                                                                      Date: Jul 26   Agency: CESC   Agency: Warrior's Restoration
🟩 Contract Management
                                                                                      Jaquandra Bess   **Benneishia Jackson**
🟦 Coordinated Entry
                                                                                       Training Type: Case Manager   Training Type: Intake   Date: Jun 14
🖼 HMIS & Data
                                                                                      Date: Jul 12   Agency: BBHC   Agency: CESC
🖼 HMIS Activity Log
                                                                                      ＋ Add a card   🗔   **Anna Mandell**
🟦 Landlord Liaison
                                                                                                                     Training Type: Intake   Date: Jun 14
🖼 Practice Board
                                                                                                                     Agency: CESC
🖼 Street Outreach
                                                                                                                     Bernabe Hernandez
🖼 Training
                                                                                                                     Training Type: Read-Only   Date: Jun 10

                                                                                                                     Agency: Leon County

                                                                                                                     Paul Pacchioli
                                                                                                                     Training Type: Read-Only   Date: Jun 10

                                                                                                                     Agency: Leon County

                                                                                                                     ＋ Add a card   🗔

Data Security Standards

1. Information security is the responsibility of all End Users with access to the System. The risk of a data breach is the burden of each End User and all other individuals with whom they collaborate. If a data breach occurs, the knowledgeable party is required to notify the Continuum-designated HMIS Lead Agency immediately. A complete investigation into the End User's access to the system will be completed. Unless otherwise noted, monitoring items listed below must be completed on an annual basis at minimum.
2. All licensed End Users of the System must be assigned Access Levels that are consistent with their job responsibilities and their business "need to know".
3. All computers have virus protection with automatic updates.
4. Agency Administrators and Security Officers are responsible for monitoring all computers that connect to the HMIS to ensure:
   a. The Anti-Virus Software is using the up-to-date virus database.
   b. That updates are automatic.
   c. Operating system updates are scheduled to run regularly.
   d. All computers are protected by a Firewall.
5. Agency Administrators and Security Officers are responsible for ensuring Physical access to computers that connect to the HMIS is controlled.
   a. All workstations are in secured locations (locked offices).
   b. Workstations are logged off when not manned.
   c. All workstations (computers, laptops, tablets, etc.) are password protected.
   d. All HMIS End Users are prohibited from using a computer that is available to the public or from accessing the System from a public location through an internet connection that is not secured. That is, staff are not allowed to use Internet Cafes, Libraries, Airport Wi-Fi or other non-secure internet connections to connect to the HMIS.
6. Agency Administrators and Security Officers are responsible for the development and implementation of a plan for remote access if staff will be using the System outside of the office, such as doing entry from home. Concerns addressed in this plan should include the privacy surrounding the off-site entry.
   a. The computer and environment of data entry must meet all the standards defined above.
   b. Downloads from the computer may not include client identifying information.
   c. System access settings should reflect the job responsibilities of the person using the System. Certain access levels do not allow for downloads.

WellSky Housing & Community Services Data Security

1. SSL Encryption - Data transported across the internet to the End User's web browser is encrypted through a protected data transfer mechanism called Secure Socket Layer (SSL) encryption, which keeps data private while it is being transmitted. When an End User accesses the PromisSE (HMIS) system, an SSL (encrypted) negotiation is performed between the server at Wellsky's data center and the End User's web browser. The traffic that then flows between the server and the End User's workstation is encrypted using the SSL certificate installed on that server.
2. PKI Encryption - An additional layer of encryption in the PromisSE (HMIS) system is provided by the use of a Public Key Infrastructure (PKI) Client Certificate, which requires a matching server certificate/client certificate pair, in order to decrypt the data that is sent from the End User's PromisSE (HMIS) system site to their web browser. Without the appropriate PKI Client Certificate installed on the End User's computer, their web browser is not able to decrypt the data, therefore prohibiting access the PromisSE (HMIS)

system. The PKI Client Certificate is installed on an End User's computer before the End User can access the PromisSE (HMIS) system, which allows agencies to regulate exactly which devices can and cannot access the PromisSE (HMIS) system.

3. Two Factor Authentication - The requirement of a username and password to access the PromisSE (HMIS) system along with the use of the PKI, is known as Two Factor Authentication, which makes it harder for potential hackers to gain access to and steal client information.
4. The PromisSE (HMIS) system database lives on a server protected by a firewall, which is a device meant to keep hackers and viruses away from the server. Firewalls are in place on all servers hosted by WellSky Housing & Community Services.
5. Only authorized personnel at WellSky have access to the equipment used to host the customer's data.

Disaster Recovery Plan

1. WellSky Housing & Community Services is responsible for providing a disaster recovery plan, in cases of system outages. As outlined by WellSky, the basic Disaster Recovery Plan is included in our PromisSE (HMIS) system contract and "includes the following:
   a. Nightly database backups.
   b. Offsite storage of backups.
   c. 7-day backup history stored locally on instantly accessible RAID storage.
   d. 1-month backup history stored off-site
   e. 24 x 7 access to WellSky emergency line to provide assistance related to "outages" or "downtime".
   f. 24 hours backed up locally on instantly-accessible disk storage
2. Standard Recovery: All customer site databases are stored online, and are readily accessible for approximately 24 hours; backups are kept for approximately one (1) month. Upon recognition of a system failure, a site can be copied to a standby server, and a database can be restored, and site recreated within three (3) to four (4) hours if online backups are accessible. As a rule, a site restoration can be made within six (6) to eight (8) hours. On-site backups are made once daily and a restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.
3. All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup unites that in turn are all connected to electrical circuits that are connected to a building generator.
4. All client data is backed-up online and stored on a central file server repository for 24 hours. Each night an encrypted backup is made of these client databases and secured in an offsite datacenter.
5. Historical data can be restored from backups as long as the data requested is 30 days or newer. As a rule, the data can be restored to a standby server within 6-8 hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.
6. For power outage, our systems are backed up via APC battery back-up units, which are also in turn connected via generator-backed up electrical circuits. For a system crash, Non-Premium Disaster Recovery Customers can expect six (6) to eight (8) hours before a system restore with potential for some small data loss (data that was entered between the last backup and the failure occurred) if a restore is necessary. If the failure is not hard drive related these times will possibly be much less since the drives themselves can be repopulated into a standby server.

7. All major outages are immediately brought to the attention of executive management. WellSky supports staff helps manage communication or messaging to customers as progress is made to address the service outage. WellSky takes major outages seriously, understands, and appreciates that the customer becomes a tool and utility for daily activity and client service workflow."
8. Communication between PromisSE's HMIS Vendor Contract-holding Agency, the Continuum Designated HMIS Lead Agency, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.

System Administration and Data Quality Plan

Provider Page Set-Up

All PromisSE (HMIS) system providers are required to have provider pages accurately setup to properly record and report on data entered for that provider. The local Lead Agency System Administrator is responsible for setting up and maintaining Provider pages.

1. Provider Pages are appropriately named per the PromisSE naming standards: <CoC #/Name> - <Agency name> - <Program Name><Program Type>. Example: "AL501- Housing First – Victory (TH)".
2. Inactive Provider Pages are properly identified with "ZZZ"><Provider Page Name.
3. Provider Pages maintained from the PromisSE (HMIS) system, but not actively used by the local Lead HMIS Agency, are properly identified with the following prefix: "Historic<CoC #">Provider Page Name. Example: "HistoricAL500 – Aletheia House – HUD Men (TH)".
4. Provider Pages that are used as placeholders in the PromisSE (HMIS) system are properly identified with the following prefix: "DB<CoC #> Provider Page Name. Example: "DBAL500 - Aletheia House".

HUD HMIS Data Standards

Project Descriptor Data Elements

Project Descriptor Data Elements are completed for all projects in HMIS using the standards set forth in the most recent HMIS Data Standards Manual published by HUD. (Appendix K)

Universal Data Elements

Universal Data Elements are required to be collected by all participating in HMIS using the standards set forth in the most recent HMIS Data Standards Manual published by HUD. (Appendix K)

Program Specific Data Elements

Program Specific Data Elements are required to be collected by all participating in HMIS using the standards set forth in the most recent HMIS Data Standards Manual published by HUD. (Appendix K)

Federal Partner Program Data Elements

Federal Partner Program Data Elements, as required by HMIS Federal Partner programs, are required to be completed. Refer to the most recent HMIS Federal Partner Manuals for program specific data elements:

- ESG Program HMIS Manual
- HOPWA Program HMIS Manual
- PATH Program HMIS Manual
- RHY Program HMIS Manual
- VA Program HMIS Manual

Continuum of Care (CoC) Program Management Information System of the Southeast (PromisSE)

Client's Last Name_____ First Name_____ MI_____

Date of Birth_____ Social Security Number_____

* The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary under this record-keeping System. This System was authorized pursuant to directives from Congress and the Department of Housing and Urban Development (HUD). The Social Security number is used to verify identity, assure timely delivery of services, prevent duplication of services, and generate accurate required reports to HUD.

PromisSE is a shared, electronic record keeping System that captures information about people experiencing homelessness or near homelessness, including their service needs. Our Agency is participating in PromisSE, a database that collects information on clients served by its member agencies and the services they provide.

I understand that all information gathered about me is personal and private and that I do not have to share information collected in PromisSE. It has been explained to me that all information collected will serve for reporting purposes and as a precaution to prevent duplication of services to ineligible individuals and families. I have had an opportunity to ask questions about PromisSE and to review the identifying information, which is authorized by this release for the PromisSE Member Agencies to share. I also understand that information about non-confidential services provided to me by human service agencies in the CoC may be shared with other participating in PromisSE agencies. This Release of Information will remain in effect for **5 (five) years** and will expire on _____ unless I make a formal request to this Agency that I no longer wish to participate in PromisSE.

Upon a life-threatening emergency or death, my System information will be used for identification purposes.

Upon written consent, a community partner that is a non-System participating agency, including many state or local service agencies can utilize your System information to provide additional services. **This is dependent upon the receipt of a signed document verifying your consent to release your information to a Community Partner.**

_____I authorize sharing my data.

_____I do not authorize sharing my data,

The CoC, as PromisSE Member Agency, to share my information between all participating PromisSE agencies. I authorize the use of a copy of this original document to serve as a verification for the purposes stated above.

_____   _____
Client's (Head of Household) Printed Name   Other Adult in HH Printed Name

_____   _____
Client's (Head of Household) Signature   Other Adult in HH Signature

_____   _____
Date (mm/dd/yy)   Date (mm/dd/yy)

Based on the information on the previous page:

_____I authorize sharing my dependent's data.

_____I do not authorize sharing my dependent's data.

The CoC, as PromisSE Member Agency, to share my information between all participating PromisSE agencies. I authorize the use of a copy of this original document to serve as a verification for the purposes stated above.

Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB
Dependent's Name	DOB	Dependent's Name	DOB

Legal Guardian's Authorizing Signature   Date (mm/dd/yy)

Agency Representative's Authorizing Signature

Agency Representative's Printed Name

Date (mm/dd/yy)

FOR STAFF USE ONLY	
_____	Staff obtained telephonic consent from client and dependents under 18 as listed above
_____	Staff did not obtain telephonic consent from client and dependents under 18 as listed above.

PromisSE and CoC Participation Agreement

CoC Name: _____

This agreement is entered into on _____(mm/dd/yy) between One Roof, designated as PromisSE's HMIS Vendor Contract-Holding Agency, and the above-stated Continuum designated Lead HMIS Agency hereafter known as "HMIS Lead," regarding access and use of the Program Management Information System, hereafter known as "PromisSE."

I. Introduction

The purpose of HMIS is to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for each Continuum of Care in addition to the implementation; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the effectiveness of programs and systems of care.

PromisSE's goals are to:

- Improve coordinated care for and services to homeless and at-risk persons in the PromisSE service area,

- Provide a user-friendly and high quality automated records system that expedites client intake procedures, improves referral accuracy, increases case management and administrative tools, creates a tool to follow demographic trends and service utilization patterns of families and individuals either currently experiencing or at risk of experiencing homelessness, and supports the collection of quality information that can be used for program improvement and service-planning.

- Meet the reporting requirements of the U.S. Department of Housing and Urban Development (HUD) and other funders as needed.

In compliance with all state and federal requirements regarding client/consumer confidentiality and data security, the PromisSE is designed to collect and deliver timely, credible, quality data about services and homeless persons or persons at risk of being homeless.

II. One Roof Responsibilities

A. One Roof, as PromisSE's HMIS Vendor Contract-holding Agency, will establish and manage the single shared Implementation contract with Wellsky, the HMIS software provider.
B. One Roof, as PromisSE's HMIS Vendor Contract-holding Agency, will offer initial training for the HMIS Coordinator of each local Continuum-designated HMIS Lead Agency, regarding the use of the HMIS compliant software used by PromisSE, so that the HMIS Coordinator will take responsibility for training end users within their Continuum. One Roof will provide notification of any Regional and other periodic training offered to Continuum-designated HMIS Lead Agencies electronically at least two weeks in advance, barring extenuating circumstances.
C. One Roof, as PromisSE's HMIS Vendor Contract-holding Agency, will provide PromisSE software support and technical assistance (i.e., general troubleshooting and assistance with standard report generation) to the HMIS Coordinator of each local Continuum-designated HMIS Lead Agency. Access to this basic technical assistance will be available during normal business hours Monday through Friday (with the exclusion of holidays) and limited availability outside of normal business hours.

D. One Roof will establish a fee structure for financing the software utilized by PromisSE, including an administrative fee. The current fee structure is as follows:
  a) The cost of all WellSky Community Services modules will be divided evenly among all Continuum-designated HMIS Lead Agencies.
  b) The cost of software licenses, reporting licenses, and associated fees allocated to each Continuum-designated HMIS Lead Agency will be the responsibility of that agency, and will be added to the cost of the WellSky Community Services modules.
  c) One Roof will charge a 3% fee for all HMIS software related billing to each Continuum-designated HMIS Lead Agency.
E. One Roof will invoice participants in a timely manner.
F. One Roof will order user licenses at the request of the HMIS Coordinator of each Continuum-designated HMIS Lead Agency.

III. Continuum-designated HMIS Lead Agency's Responsibilities

A. The Continuum-designated HMIS Lead Agency agrees to maintain documentation of their annual designation as HMIS Lead Agency by their local Continuum of Care as established by HUD and notify One Roof, as PromisSE's HMIS Vendor Contract-holding Agency, within 48 hours of any changes in this designation.
B. The Continuum-designated HMIS Lead Agency agrees to participate as a member of the Program Management Information System of the Southeast's Steering Committee, the governing entity of PromisSE.
C. The Continuum-designated HMIS Lead Agency agrees to designate system-level access based on job requirements for their CoC's users and provide appropriate training for each access level.
  a. All users assigned "System Operator", "System Admin I", or "System Admin II" access are required to:
    i. Complete, at a minimum, basic PromisSE system training and system administrator training.
    ii. Have job duties that require a majority of the following permissions within the PromisSE system:
       1. View Inactive Clients, Call Records, and Providers
       2. Delete any Client Record, Call Record, Household, or Provider
       3. Create, Delete, and Manage ALL users in the PromisSE system
       4. Create, Delete, and Manage ALL providers in the PromisSE system
       5. Add, Edit, and Delete EDA groups (system access for other users)
       6. View and Modify PromisSE System Preferences and Settings
       7. Bypass Security and ROIs to Access System Information
       8. Purchase, Allocate, and Assign Licenses
       9. Add, Edit, and Delete Resource, Reporting, EDA, and Visibility Groups
       10. Generate Audit, XML, and System-Wide Reports
       11. Delete Subordinate and Parent Provider Reportwriter Reports
       12. Access and Change Settings to Create, Read, Update, and Delete Assessment Information System-Wide
       13. View and Modify Picklists
    iii. Have PromisSE system access limited only to necessary providers (in users' EDA Group Settings)
D. The Continuum-designated HMIS Lead Agency agrees to support the HMIS Coordinator to ensure the Continuum Agencies who participate in PromisSE follow the basic standards as described in the PromisSE Policies and Procedures Manual and any Federal standards that supersede the Policies and Procedures.
E. The Continuum-designated HMIS Lead Agency agrees to pay One Roof in full and on time for use of the PromisSE software and services associated with the HMIS software.
F. The Continuum-designated HMIS Lead Agency agrees to make end user license and reporting license requests through One Roof.
G. The Continuum-designated HMIS Lead Agency agrees to make WellSky requests through One Roof.

Budget Narrative

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$121,768
6. Sub-total Costs Requested	$121,768
7. Admin (Up to 10%)	$8,524
8. Total Assistance plus Admin Requested	$130,292
9. Cash Match	$33,000
10. In-Kind Match	$0
11. Total Match	$33,000
12. Total Budget	$163,292

CITY OF TALLAHASSEE

October 7, 2021

US Department of Housing and Urban Development
Office of Community Planning and Development
400 West Bay Street, Suite 1015
Jacksonville, FL 32202

Re: HMIS Grant #FL0355L4H062011-Match of $33,000.00

Dear sir or madam:

This letter is to confirm that the City of Tallahassee will commit to provide match funds for the HUD CoC HMIS Grant. The match amount to which we are committing is $33,000.00. These funds are provided from the City of Tallahassee ESG entitlement funds for the period 5/1/22-9/30/22.

Please let me know if you need additional information.

Best Regards,

Abena Ojetayo
Director of Housing and Community Resilience Department