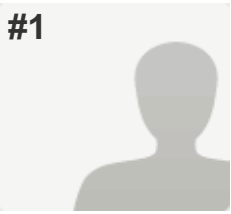## #1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, May 31, 2016 6:17:33 PM
Last Modified: Tuesday, May 31, 2016 6:46:09 PM
Time Spent: 00:28:36

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(WA-502) Spokane City & County CoC
Q2: If you serve a Balance of State CoC, which counties is this update for?	*Respondent skipped this question*
Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	*Respondent skipped this question*

Q4: Contact Information

Name	Stephen Miller
Organization	Goodwill Industries of the Inland Norhtwest
Email Address	stephenm@giin.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	Yes
Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	Yes

Q7: Who is the CoC point of contact?

Name:	Sheila Morley
Email:	smorley@spokanecity.org
Organization:	City of Spokane
Phone #:	509-625-6052

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	Yes	Yes
Grant and Per Diem (GPD) VAMC Liaison	Yes	Yes
Grant and Per Diem (GPD) Providers	Yes	Yes
Community Resource and Referral Center (CRRC)	Not Applicable	Not Applicable
Domiciliary Care for Veterans (VA-Dom)	Not Applicable	Not Applicable
Veterans Justice Outreach (VJO)	No	No
Safe Haven	Not Applicable	Not Applicable

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list) , Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)	Client-level information (e.g. data from the HOMES system such as key elements for the by name/master list) , Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?	Yes
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	*Respondent skipped this question*
Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Shauna Sampson / Jackie Thomson
Organization:	SNAP Catholic Charities
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	CoC
Phone #:	509-319-3002 509.340.9329 Ext. 102
Email:	Sampson@SNAPWA.org jthomson@ccspokane.org

Q15: Is the HUD-VASH program integrated into coordinated entry?
No

Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:
Respondent skipped this question

Q17: Is the GPD program integrated into coordinated entry?
No

Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:
Respondent skipped this question

Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)
No

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	Volunteers of America, Pioneer Victory
Total Number of Beds	46

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?
No

Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?
No

Q23: Does the community have a master list?
Yes

Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?
Yes

Q25: Who manages the master list?

Name:	Heather Simmons
Role:	SSVF Program Manager
Organization:	Goodwill Industries of the Inland Northwest
Organization Type (VAMC, CoC, SSVF Grantee, etc.):	SSVF Grantee

Q26: Does your list have the following elements? (Select all that apply.)	Includes all Veterans in emergency shelter (regardless of shelter funding source) , Includes all Veterans in transitional housing (GPD, community TH, regardless of funding source)
Q27: How often do you meet to review and update the master list?	Bi-weekly
Q28: Currently what are your community's top 3 priorities for ending Veteran homelessness?	VAMC engagement in planning efforts , Submitting a claim to the federal partners (USICH/HUD/VA) , Increasing permanent housing options (e.g. landlord engagement, etc.)

PAGE 5: Part 4: Meetings and Strategy

Q29: **What types of meetings does your community have?**

	(no label)
Case Conferences	Bi-Weekly
Strategic Planning/CoordinationMeetings (Bigger Picture)	Bi-Weekly

Q30: **When are your next three strategic planning/coordination meetings? (Include date, time)**

Meeting 1 06/02/2016 01:30 PM,

Meeting 2 06/16/2016 01:30 PM,

Meeting 3 06/30/2016 01:30 PM

Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?	Yes, If you selected "Yes" please provide the call In information 509-625-6052

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?	Yes
Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	*Respondent skipped this question*
Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?	No

Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).	*Respondent skipped this question*
Q36: List any technical assistance needs. (Select all that apply.)	Assistance with data sharing between VA and community and/or data tracking. , Assistance with sustainability planning

PAGE 7: Part 6: Sustainability

| Q37: Has your community begun sustainability planning efforts?	No
Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply	Need for additional prevention/rapid re-housing funds (non-SSVF) , Need for additional HUD-VASH vouchers, Need for additional Section 8 (non-VA) housing vouchers , Need for additional permanent supportive housing resources (VA and/or non-VA) , Need for affordable, permanent housing options, Funding for other intensive case management services for RRH Veterans currently housed but at-risk of returning to homelessness. , Other (please specify) Intensive Case Management for non ssvf participants
Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?	Yes
Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?	No, If the answer is "no", please explain. There are no replacement $ for when that $ end. There most likely will be a gap in funds needed.
Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?	Yes
Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?	Yes, If yes, please describe this process. They are initially routed through the diversion program and then if additional supports are needed referred to appropriate services

#2
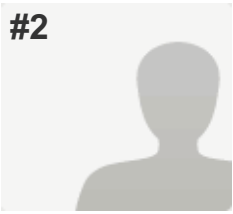
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Collector: Web Link 1 (Web Link)
Started: Thursday, June 02, 2016 11:26:02 AM
Last Modified: Thursday, June 02, 2016 11:50:08 AM
Time Spent: 00:24:05

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(WA-504) Everett/Snohomish County CoC
Q2: If you serve a Balance of State CoC, which counties is this update for?	N/A
Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	N/A

Q4: Contact Information

Name	Mary Wahl
Organization	Catholic Community Services
Email Address	wahls@comcast.net

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	Yes
Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	Yes

Q7: Who is the CoC point of contact?

Name:	Debbie Knowles
Email:	Debbi.Knowles@co.snohomish.wa.us
Organization:	Snohomish County
Phone #:	425-388-7116 or 425-309-6174

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	No	No
Grant and Per Diem (GPD) VAMC Liaison	Yes	Yes
Grant and Per Diem (GPD) Providers	No	No
Community Resource and Referral Center (CRRC)	No	No
Domiciliary Care for Veterans (VA-Dom)	No	No
Veterans Justice Outreach (VJO)	No	No
Safe Haven	No	No

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list) , Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)	Client-level information (e.g. data from the HOMES system such as key elements for the by name/master list) , Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?	Yes
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	Sample ROIs and MOUs that other communities have used. , Training related to security/privacy and the ability to share data with an outside source that is not the VA (e.g. transmission of PII over VA networks/systems).
Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Leila Bettys
Organization:	Snohomish County
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	CoC
Phone #:	425-388-7303
Email:	leila.bettys@co.snohomish.wa.us

Q15: Is the HUD-VASH program integrated into coordinated entry?

Yes

Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:

HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means

Q17: Is the GPD program integrated into coordinated entry?

Yes

Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:

GPD receives referrals from coordinated entry but also allows for direct entry into their program through other means

Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)

No

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	Snohomish County does not have GPD Housing, so we refer to all King County sites: Andrew's Glen, Arion Court Apartments, CATE Apartments, Compass Shoreline, Mark Cooper House, Michael's Place, and Veterans' Transitional Program at William Booth
Total Number of Beds	185

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?

No,

If "Yes", please list the agency names.
Note: Our answer is NO. We have no GPD housing in Snohomish County, but we refer to King County sites listed above.

Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?

No,

If "Yes", please provide the agency name.
Note: Our answer is NO. We have no GPD housing in Snohomish County, but we refer to King County sites listed above.

PAGE 4: Part 3: Master List

Q23: Does the community have a master list?

Yes

Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?	Yes

Q25: Who manages the master list?

Name:	Leila Bettys
Role:	Housing Referral Coordinator
Organization:	Snohomish County
Organization Type (VAMC, CoC, SSVF Grantee, etc.):	CoC

Q26: Does your list have the following elements? (Select all that apply.)	Includes all unsheltered Veterans,
	Includes all Veterans in emergency shelter (regardless of shelter funding source)
	,
	Includes all Veterans in transitional housing (GPD, community TH, regardless of funding source)

Q27: How often do you meet to review and update the master list?	Weekly

Q28: Currently what are your community's top 3 priorities for ending Veteran homelessness?	Sustainability: Ensuring that at least 1 party (most likely the CoC) is responsible for maintaining the goal of ending Veteran homelessness and codifying this into CoC governance structure
	,
	Designing the system to meet federal benchmark criteria.
	,
	Increasing permanent housing options (e.g. landlord engagement, etc.)

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?

	(no label)
Case Conferences	Weekly
Strategic Planning/CoordinationMeetings (Bigger Picture)	Bi-Weekly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)

Meeting 1	06/08/2016 12:00 PM,
Meeting 2	07/13/2016 12:00 PM,
Meeting 3	08/10/2016 12:00 PM

Q31: **Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?**

Yes,

If you selected "Yes" please provide the call In information
At CCS, Board Room 425-374-6312 / main line is 425-257-2111 We alternate locations, so a call before the meeting would be advised.

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: **Has your community decided to pursue the federal partners' process?**

Yes

Q33: **If the answer to the previous question was "No", why have you decided not to pursue the process?**

Respondent skipped this question

Q34: **Has your community submitted a claim to the federal partners (USICH, VA, HUD)?**

Yes

Q35: **If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).**

Date: December 15, 2015

Status: January 29, 2016; pending

Q36: **List any technical assistance needs. (Select all that apply.)**

Assistance with data sharing between VA and community and/or data tracking.

PAGE 7: Part 6: Sustainability

Q37: **Has your community begun sustainability planning efforts?**

Yes

Q38: **What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply**

Need for additional prevention/rapid re-housing funds (non-SSVF)
,

Need for additional HUD-VASH vouchers,

Need for additional Section 8 (non-VA) housing vouchers
,

Need for affordable, permanent housing options,

Funding for other intensive case management services for RRH Veterans currently housed but at-risk of returning to homelessness.
,

Other (please specify)
Funding for designated Veteran Liaison; Funding for Veteran Navigators

Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?

Yes

Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?

Yes

Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?

Yes

Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?

Yes,

If yes, please describe this process.
Our Coordinated Entry system is designed to include homeless veterans. A veteran may enter our system through a direct Coordinated Entry Site, and/or may reach Coordinated Entry as a result of touching down with a Veteran Service (i.e., Snohomish County Veterans Assistance, SSVF, VASH, Veteran's Benefit Specialist, The Serve Center (employment) and/or Everett Veteran Center, etc.). Either way, a Veteran completes a Coordinated Entry Assessment and is entered into Homeless Management Information System (HMIS). Each Veteran is discussed at our weekly phone triage, and is referred to appropriate Veteran services. Once a Veteran is served by a program, they receive needed housing and /or other services to address their needs. Upon becoming self-sufficient, a Veteran exists to permanent housing and they are on their own. In the future, should they need more assistance with prevention and/or other stabilization services, a Veteran may enter Coordinated Entry again. The Veteran's history is well documented in our HMIS system, which makes taking the next step easier for a Navigator who might be serving the Veteran and like before the Veteran will be discussed on a weekly triage call to discuss barriers to remaining housed and an appropriate referral is established. The key to assisting the Veteran who returns for other services, is to evaluate the level of services needed at the current time, which might be different than what was tried the first time around. Examining "what went wrong" is key to determining how to serve the Veteran in the present time and avoid future problems and/or failures. For example, a past SSVF Veteran might have failed due to multiple issues in their life, and might be a better fit for VASH and/or GPD this time around, and perhaps they need more tailored employment services that can offer Individual Placement Services and/or Supported Employment.

#3

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, June 02, 2016 1:26:15 PM
Last Modified: Thursday, June 02, 2016 1:38:33 PM
Time Spent: 00:12:17

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(WA-503) Tacoma/Lakewood/Pierce County CoC
Q2: If you serve a Balance of State CoC, which counties is this update for?	N/A
Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	N/A

Q4: Contact Information

Name	Patti Spaulding-Klewin
Organization	Catholic Community Services of Western Washington
Email Address	pattis@ccsww.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	Yes
Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	Yes

Q7: Who is the CoC point of contact?

Name:	Jeff Rodgers
Email:	jrodger@co.pierce.wa.us
Organization:	Pierce County Community Connections
Phone #:	253-798-6908

Q8: **Are representatives from the following VA funded programs present at community planning meetings/events?**

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	Yes	Yes
Grant and Per Diem (GPD) VAMC Liaison	Yes	Yes
Grant and Per Diem (GPD) Providers	Yes	Yes
Community Resource and Referral Center (CRRC)	Not Applicable	Not Applicable
Domiciliary Care for Veterans (VA-Dom)	Yes	Yes
Veterans Justice Outreach (VJO)	Yes	Yes
Safe Haven	Not Applicable	Not Applicable

Q9: **What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)**	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list) , Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: **What types of data can local VA Medical Center staff share with community providers? (Select all that apply)**	Client-level information (e.g. data from the HOMES system such as key elements for the by name/master list) , Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: **Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?**	Yes
Q12: **If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)**	Training related to security/privacy and the ability to share data with an outside source that is not the VA (e.g. transmission of PII over VA networks/systems). , Assistance getting buy-in from the local VA Medical Center(s) to share data.
Q13: **Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.**	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Marcy Stahl
Organization:	Associated Ministries
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	CE grantee
Phone #:	253-383-3056 x121
Email:	marcystahl@associatedministries.org

Q15: Is the HUD-VASH program integrated into coordinated entry?

No

Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:

Respondent skipped this question

Q17: Is the GPD program integrated into coordinated entry?

Yes

Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:

GPD receives referrals from coordinated entry but also allows for direct entry into their program through other means

Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)

No

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	Metropolitan Development Council (MDC)
Total Number of Beds	4

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?

No

Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?

No

Q23: Does the community have a master list?

Yes

Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?

Yes

Q25: Who manages the master list?

Name:	Patti Spaulding-Klewin
Role:	Veterans Program Supervisor
Organization:	Catholic Community Services of Western Washington
Organization Type (VAMC, CoC, SSVF Grantee, etc.):	SSVF and CE grantee

| Q26: **Does your list have the following elements? (Select all that apply.)** | Includes all unsheltered Veterans, |
| | Includes all Veterans in emergency shelter (regardless of shelter funding source) |

| Q27: **How often do you meet to review and update the master list?** | Weekly |

Q28: **Currently what are your community's top 3 priorities for ending Veteran homelessness?**	Sustainability: Developing written policies and procedures to maintain the master list and case conference processes
	,
	Sustainability: Ensuring that at least 1 party (most likely the CoC) is responsible for maintaining the goal of ending Veteran homelessness and codifying this into CoC governance structure
	,
	Increasing permanent housing options (e.g. landlord engagement, etc.)

PAGE 5: Part 4: Meetings and Strategy

Q29: **What types of meetings does your community have?**

	(no label)
Case Conferences	Weekly
Strategic Planning/CoordinationMeetings (Bigger Picture)	Weekly

Q30: **When are your next three strategic planning/coordination meetings? (Include date, time)**

Meeting 1 06/09/2016 02:00 PM,

Meeting 2 06/16/2016 02:00 PM,

Meeting 3 06/23/2016 02:00 PM

| Q31: **Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?** | No |

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: **Has your community decided to pursue the federal partners' process?**	Yes
Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	*Respondent skipped this question*
Q34: **Has your community submitted a claim to the federal partners (USICH, VA, HUD)?**	No

Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).

Date:	N/A
Status:	N/A

Q36: List any technical assistance needs. (Select all that apply.)

Assistance with data sharing between VA and community and/or data tracking.

,

Assistance with sustainability planning,

Assistance with integration and coordination of HUD-VASH, GPD, and/or other transitional housing

PAGE 7: Part 6: Sustainability

Q37: Has your community begun sustainability planning efforts?

No

Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply

Need for additional prevention/rapid re-housing funds (non-SSVF)

,

Need for additional HUD-VASH vouchers,

Need for additional Section 8 (non-VA) housing vouchers

,

Need for additional VA funded prevention/rapid re-housing (SSVF)

,

Need for additional permanent supportive housing resources (VA and/or non-VA)

,

Need for affordable, permanent housing options,

Other (please specify)
PSH that meets Housing First model (i.e. is not tied to PHA restrictions that present barriers to housing)

Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?

Yes

Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?

No,

If the answer is "no", please explain.
The rate of veterans entering homelessness in our community equals or exceeds the rate of those exiting to PH. We continue to need RRH resources in order to fulfill that need. In our CoC, veterans are not a prioritized sub-population, and we cannot allocate specific local resources to them.

Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?

No

Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?

No

#4
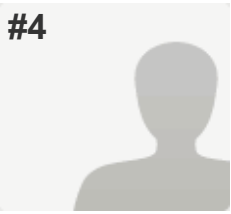
COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, June 02, 2016 7:14:02 PM
Last Modified: Thursday, June 02, 2016 7:30:12 PM
Time Spent: 00:16:09

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(WA-500) Seattle/King County CoC
Q2: If you serve a Balance of State CoC, which counties is this update for?	N/A
Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	N/A

Q4: Contact Information

Name	Kip Swanson
Organization	Community Psychiatric Clinic
Email Address	kswanson@cpcwa.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	Yes
Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	Yes

Q7: Who is the CoC point of contact?

Name:	Mark Putnam
Email:	Mark.Putnam@allhome.org
Organization:	All Home
Phone #:	206.263.9001

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	Yes	Yes
Grant and Per Diem (GPD) VAMC Liaison	No	Yes
Grant and Per Diem (GPD) Providers	No	Yes
Community Resource and Referral Center (CRRC)	Yes	Yes
Domiciliary Care for Veterans (VA-Dom)	Not Applicable	Not Applicable
Veterans Justice Outreach (VJO)	No	No
Safe Haven	Not Applicable	Not Applicable

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list) , Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)	Client-level information (e.g. data from the HOMES system such as key elements for the by name/master list) , Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?	Yes
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	*Respondent skipped this question*
Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Hedda McLendon
Organization:	King County
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	CoC
Phone #:	206.263.8965
Email:	Hedda.Mclendon@kingcounty.gov

Q15: Is the HUD-VASH program integrated into coordinated entry?

Yes

Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:

HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means

Q17: Is the GPD program integrated into coordinated entry?

Yes

Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:

GPD receives referrals from coordinated entry but also allows for direct entry into their program through other means

Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)

No

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	Catholic Community Services, Compass Housing Alliance, Imagine Housing, Low Income Housing Institute, Pioneer Human Services, The Salvation Army
Total Number of Beds	185

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?

No

Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?

Yes,

If "Yes", please provide the agency name.
Several GPD providers are reviewing Bridge Housing requirements and are considering submitting a change of scope.

PAGE 4: Part 3: Master List

Q23: Does the community have a master list?

Yes

Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?

Yes

Q25: Who manages the master list?

Name: Gretchen Bruce

Role: Project/Program Manager II

Organization: King County

Organization Type (VAMC, CoC, SSVF Grantee, etc.):   County government

---

Q26: Does your list have the following elements? (Select all that apply.)

Includes all unsheltered Veterans,

Includes all Veterans in emergency shelter (regardless of shelter funding source)
,

Includes all Veterans in transitional housing (GPD, community TH, regardless of funding source)

Q27: How often do you meet to review and update the master list?

Several times a week

Q28: Currently what are your community's top 3 priorities for ending Veteran homelessness?

Sustainability: Ensuring that at least 1 party (most likely the CoC) is responsible for maintaining the goal of ending Veteran homelessness and codifying this into CoC governance structure
,

Sustainability: Evaluating data on a regular basis to track any new trends, make modifications, and assess sustainability
,

Increasing permanent housing options (e.g. landlord engagement, etc.)

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?

	(no label)
Case Conferences	Weekly
Strategic Planning/CoordinationMeetings (Bigger Picture)	Weekly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)

Meeting 1   06/07/2016 01:00 PM,

Meeting 2   06/14/2016 01:00 PM,

Meeting 3   06/21/2016 01:00 PM

Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?

Yes,

If you selected "Yes" please provide the call In information
206.263.0100

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?	Yes
Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	*Respondent skipped this question*
Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?	No
Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).	*Respondent skipped this question*
Q36: List any technical assistance needs. (Select all that apply.)	Assistance with by name list, Assistance with data sharing between VA and community and/or data tracking. , Assistance with understanding the federal criteria and benchmarks , Assistance with sustainability planning, Assistance with integration and coordination of HUD-VASH, GPD, and/or other transitional housing , Assistance with CoC/stakeholder engagement

PAGE 7: Part 6: Sustainability

Q37: Has your community begun sustainability planning efforts?	Yes

|	
Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply	Need for additional prevention/rapid re-housing funds (non-SSVF) , Need for RRH Waiver to serve higher proportion of prevention clients in SSVF , Need for additional HUD-VASH vouchers , Need for additional Section 8 (non-VA) housing vouchers , Need for additional VA funded prevention/rapid re-housing (SSVF) , Need for income support / financial management services (e.g. Rep Payee) , Need for additional permanent supportive housing resources (VA and/or non-VA) , Need for affordable, permanent housing options, Funding for other intensive case management services for RRH Veterans currently housed but at-risk of returning to homelessness. , Other (please specify) Need low-barrier, service-enhanced housing for Veterans with acute medical, mental health, and/or active substance use. Need services and housing for Veterans with incomes greater than 50% AMI, women and people of color, older adults, and sex offenders.
Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?	Yes
Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?	No, If the answer is "no", please explain. King County's high-rent, low-vacancy rental market makes the SSVF funding difficult to utilize, as Veterans triaged to SSVF programs often decline services due to affordability issues or struggle to sustain the expensive rent long-term. While SSVF funding is the most flexible funding in our community, we lack the housing inventory to spend it on, and the inability to remove barriers such as rental arrears (i.e., related to a previous eviction) add unnecessary restraints on our Veterans' access to the housing that may be available.
Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?	Yes

Q42: **Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?**

No

#5
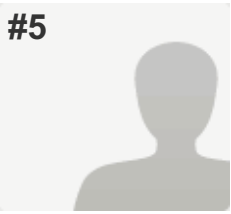
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Collector: Web Link 1 (Web Link)
Started: Friday, June 03, 2016 11:57:51 AM
Last Modified: Friday, June 03, 2016 12:08:14 PM
Time Spent: 00:10:23

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(WA-507) Yakima City & County CoC
Q2: If you serve a Balance of State CoC, which counties is this update for?	*Respondent skipped this question*
Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	*Respondent skipped this question*

Q4: Contact Information

Name	Melissa Winona
Organization	Blue Mountain Action Council
Email Address	melissaw@bmacww.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	No
Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	*Respondent skipped this question*

Q7: Who is the CoC point of contact?

Name:	Tim Sullivan
Email:	tim.sullivan@yvcog.org
Organization:	Yakima Valley Conference of Government
Phone #:	509-424-4695

Q8: **Are representatives from the following VA funded programs present at community planning meetings/events?**

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	No	No
Healthcare for Homeless Veterans (HCHV)	No	No
Grant and Per Diem (GPD) VAMC Liaison	No	No
Grant and Per Diem (GPD) Providers	No	No
Community Resource and Referral Center (CRRC)	No	No
Domiciliary Care for Veterans (VA-Dom)	No	No
Veterans Justice Outreach (VJO)	No	No
Safe Haven	No	No

Q9: **What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)**	Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: **What types of data can local VA Medical Center staff share with community providers? (Select all that apply)**	Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: **Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?**	No
Q12: **If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)**	A copy of the HUD/VA Guidance on data sharing and HMIS. , Sample ROIs and MOUs that other communities have used. , Training related to security/privacy and the ability to share data with an outside source that is not the VA (e.g. transmission of PII over VA networks/systems). , Assistance getting buy-in from the local VA Medical Center(s) to share data. , Assistance getting buy-in from other community stakeholders to share data.
Q13: **Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.**	No

Q14: Who is lead point of contact for coordinated entry?

Name:	Avery Zogleman
Organization:	Yakima Valley Conference of Government
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	CoC
Phone #:	509-574-1550
Email:	avery.zogleman@yvcog.org

Q15: Is the HUD-VASH program integrated into coordinated entry?

N/A

Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:

Respondent skipped this question

Q17: Is the GPD program integrated into coordinated entry?

N/A

Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:

Respondent skipped this question

Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)

Yes

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	Comprehensive Mental Health
Total Number of Beds	8

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?

No

Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?

No

PAGE 4: Part 3: Master List

Q23: Does the community have a master list?

No

Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?

Respondent skipped this question

Q25: Who manages the master list?

Name:	Melissa Winona
Role:	Coordinating
Organization:	Blue Mountain Action Council
Organization Type (VAMC, CoC, SSVF Grantee, etc.):	SSVF

Q26: Does your list have the following elements? (Select all that apply.)

Respondent skipped this question

Q27: How often do you meet to review and update the master list?	*Respondent skipped this question*
Q28: **Currently what are your community's top 3 priorities for ending Veteran homelessness?**	Master List development. , CoC engagement in planning efforts , Establishing a coordinated intake/entry system.

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?

	(no label)
Case Conferences	No meetings occur.
Strategic Planning/CoordinationMeetings (Bigger Picture)	Monthly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)

Meeting 1   06/14/2016 10:30 AM,

Meeting 2   07/12/2016 10:30 AM,

Meeting 3   08/08/2016 10:30 AM

Q31: **Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?**	No

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: **Has your community decided to pursue the federal partners' process?**	No
Q33: **If the answer to the previous question was "No", why have you decided not to pursue the process?**	Our CoC is not interested in pursuing the process.
Q34: **Has your community submitted a claim to the federal partners (USICH, VA, HUD)?**	No
Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).	*Respondent skipped this question*

Q36: List any technical assistance needs. (Select all that apply.)	Assistance with by name list,
	Assistance with data sharing between VA and community and/or data tracking. ,
	Assistance with integration and coordination of HUD-VASH, GPD, and/or other transitional housing ,
	Assistance with CoC/stakeholder engagement

PAGE 7: Part 6: Sustainability

|	
Q37: Has your community begun sustainability planning efforts?	No
Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply	Need for additional Section 8 (non-VA) housing vouchers ,
	Need for additional permanent supportive housing resources (VA and/or non-VA) ,
	Need for affordable, permanent housing options,
	Other (please specify) Housing for high barrier clients with mental health issues
Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?	No
Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?	*Respondent skipped this question*
Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?	No
Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?	Yes,
	If yes, please describe this process. At exit referral resources are given, and they are able to call SSVF at any time for further resources or referrals as needed.

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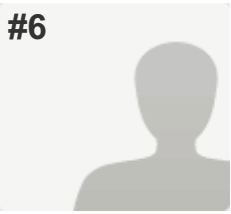
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Started: Friday, June 03, 2016 4:30:11 PM
Last Modified: Friday, June 03, 2016 5:13:56 PM
Time Spent: 00:43:44

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(WA-508) Vancouver/Clark County CoC
Q2: If you serve a Balance of State CoC, which counties is this update for?	*Respondent skipped this question*
Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	*Respondent skipped this question*

Q4: Contact Information

Name	Alex Glover
Organization	Transition Projects
Email Address	aglover@tprojects.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	Yes
Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	Yes

Q7: Who is the CoC point of contact?

Name:	Andy Silver
Email:	asilver@councilforthehomeless.org
Organization:	Council for the Homeless
Phone #:	360-993-9570

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Not Applicable
Healthcare for Homeless Veterans (HCHV)	Not Applicable	Not Applicable
Grant and Per Diem (GPD) VAMC Liaison	Not Applicable	Not Applicable
Grant and Per Diem (GPD) Providers	Not Applicable	Not Applicable
Community Resource and Referral Center (CRRC)	Not Applicable	Not Applicable
Domiciliary Care for Veterans (VA-Dom)	Not Applicable	Not Applicable
Veterans Justice Outreach (VJO)	Not Applicable	Not Applicable
Safe Haven	Not Applicable	Not Applicable

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list) , Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)	Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?	No
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	Sample ROIs and MOUs that other communities have used. , Assistance getting buy-in from the local VA Medical Center(s) to share data.
Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Olivia Resnick
Organization:	Council for the Homeless
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	CoC
Phone #:	360-699-5106 ex101
Email:	oresnick@councilforthehomeless.org

Q15: Is the HUD-VASH program integrated into coordinated entry?	Yes
Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:	HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means
Q17: Is the GPD program integrated into coordinated entry?	N/A
Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:	*Respondent skipped this question*
Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)	N/A
Q20: Please list the GPD providers currently serving your community.	*Respondent skipped this question*
Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?	No
Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?	*Respondent skipped this question*

PAGE 4: Part 3: Master List

Q23: Does the community have a master list?	No
Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?	*Respondent skipped this question*
Q25: Who manages the master list?	*Respondent skipped this question*
Q26: Does your list have the following elements? (Select all that apply.)	*Respondent skipped this question*
Q27: How often do you meet to review and update the master list?	*Respondent skipped this question*
Q28: Currently what are your community's top 3 priorities for ending Veteran homelessness?	Master List development. , Sustainability: Developing written policies and procedures to maintain the master list and case conference processes , Establishing regular meetings to review and update the BNL/Master List.

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?

	(no label)
Case Conferences	No meetings occur.
Strategic Planning/CoordinationMeetings (Bigger Picture)	Monthly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)

Meeting 1   07/05/2016 11:00 AM

Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?

No

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?

No

Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?

We are interested in pursuing the federal process but are unsure of the requirements, and training/TA needed.

Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?

No

Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).

Respondent skipped this question

Q36: List any technical assistance needs. (Select all that apply.)

Assistance with by name list,

Assistance with data sharing between VA and community and/or data tracking.

PAGE 7: Part 6: Sustainability

Q37: Has your community begun sustainability planning efforts?

Yes

|	
Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply	Need for additional prevention/rapid re-housing funds (non-SSVF) , Need for additional Section 8 (non-VA) housing vouchers , Need for additional VA funded prevention/rapid re-housing (SSVF) , Need for affordable, permanent housing options, Other (please specify) • Need for additional, time-limited (non-renewable) SSVF funds (e.g. new surge funding)
Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?	No
Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?	*Respondent skipped this question*
Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?	Yes
Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?	Yes

#7
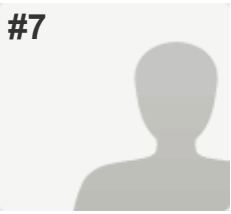
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Collector: Web Link 1 (Web Link)
Started: Friday, June 03, 2016 6:26:49 PM
Last Modified: Friday, June 03, 2016 6:36:36 PM
Time Spent: 00:09:47

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(WA-501) Washington Balance of State CoC

Q2: If you serve a Balance of State CoC, which counties is this update for?	San Juan, Island, Whatcom, Skagit, Clallam, Jefferson, Grays Harbor, Mason, Thurston, Lewis, Pacific, Wahkiakum, Cowlitz, Skamania, Klickitat, Okanogan, Chelan, Douglas, Grant, Kittitas, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin, Whitman, Adams, Lincoln, Ferry, Stevens, Pen Oreile

Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	*Respondent skipped this question*

Q4: Contact Information

Name	Valeri Knight
Organization	Metropolitan Development Council
Email Address	vknight@mdc-hope.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	Yes

Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	Yes

Q7: Who is the CoC point of contact?

Name:	Nick Mondau
Email:	nick.mondau@commerce.wa.gov
Organization:	Commerce
Phone #:	nick.mondau@commerce.wa.gov

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	Yes	Yes
Grant and Per Diem (GPD) VAMC Liaison	Yes	Yes
Grant and Per Diem (GPD) Providers	Yes	Yes
Community Resource and Referral Center (CRRC)	Yes	Yes
Domiciliary Care for Veterans (VA-Dom)	Yes	Yes
Veterans Justice Outreach (VJO)	Yes	Yes
Safe Haven	Yes	Yes

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)	Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)	Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?	No
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	Sample ROIs and MOUs that other communities have used.
Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	depends on which county. Coordinated entry available in some areas and not in others
Organization:	by county
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	by county
Phone #:	by county
Email:	by county

Q15: Is the HUD-VASH program integrated into coordinated entry?	No
Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:	*Respondent skipped this question*

Q17: **Is the GPD program integrated into coordinated entry?**	No
Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:	*Respondent skipped this question*
Q19: **Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)**	No

Q20: **Please list the GPD providers currently serving your community.**

List of Agency Names	WDVA, CCS, Spokane
Total Number of Beds	80, 11, 40

Q21: **Have any GPD providers in your community submitted a change of scope to the GPD Program Office?**	No
Q22: **If "No" to question 21, are any GPD providers planning to submit a change of scope?**	No, If "Yes", please provide the agency name. unsure

PAGE 4: Part 3: Master List

Q23: **Does the community have a master list?**	No
Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?	*Respondent skipped this question*
Q25: Who manages the master list?	*Respondent skipped this question*
Q26: Does your list have the following elements? (Select all that apply.)	*Respondent skipped this question*
Q27: How often do you meet to review and update the master list?	*Respondent skipped this question*
Q28: **Currently what are your community's top 3 priorities for ending Veteran homelessness?**	Master List development., Increase use of SSVF rapid re-housing to close gaps. , Data sharing

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?

	(no label)
Case Conferences	No meetings occur.
Strategic Planning/CoordinationMeetings (Bigger Picture)	Monthly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)

Meeting 1   07/14/2016 1:00 PM,

Meeting 2   10/12/2016 1:00 PM,

Meeting 3   01/11/2017 1:00 PM

Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?	Yes, If you selected "Yes" please provide the call In information Regional would be great at the July meeting

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?	No
Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	We do not feel we can meet the criteria/benchmarks.
Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?	No
Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).	*Respondent skipped this question*
Q36: List any technical assistance needs. (Select all that apply.)	Assistance with data sharing between VA and community and/or data tracking. , Assistance with sustainability planning

PAGE 7: Part 6: Sustainability

Q37: Has your community begun sustainability planning efforts?	Yes

Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply

Need for additional prevention/rapid re-housing funds (non-SSVF)

,

Need for RRH Waiver to serve higher proportion of prevention clients in SSVF

,

Need for additional HUD-VASH vouchers ,

Need for additional Section 8 (non-VA) housing vouchers

,

Need for additional VA funded prevention/rapid re-housing (SSVF)

,

Need for income support / financial management services (e.g. Rep Payee)

,

Need for additional permanent supportive housing resources (VA and/or non-VA)

,

Need for affordable, permanent housing options,

Funding for other intensive case management services for RRH Veterans currently housed but at-risk of returning to homelessness.

Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?

Yes

Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?

No,

If the answer is "no", please explain.
Once ssvf surge ends for the balance, there will be many counties with no services at all for Veterans.

Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?

Yes

Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?

Yes