



**CLACKAMAS COUNTY COMMUNITY CORRECTIONS**  
**1024 MAIN STREET • OREGON CITY • OREGON • 97045**  
**TELEPHONE 503-655-8603 • • • FAX 503-650-8942**

Capt. Malcolm McDonald  
 Director

July 28, 2021

Board of County Commissioners  
 Clackamas County

Members of the Board:

Approval of an Intergovernmental Agreement between  
 Clackamas County Community Corrections (CCCC) and Housing Authority of Clackamas  
 County (HACC) for Supportive Mental Health Housing

<b>Purpose/Outcomes</b>	Approval of an IGA between HACC and CCCC, for funding supportive mental health housing for clients exiting incarceration.
<b>Dollar Amount and Fiscal Impact</b>	\$343,064 – No County General Funds are involved.
<b>Funding Source(s)</b>	Supportive Housing Services
<b>Duration</b>	July 1, 2021 – June 30, 2022
<b>Previous Board Action</b>	
<b>Strategic Plan Alignment</b>	<ol style="list-style-type: none"> <li>1. Ensure safe, healthy and secure communities</li> <li>2. Build public trust through good government</li> </ol>
<b>Counsel Review</b>	
<b>Contact Person</b>	Malcolm McDonald, CCCC Director (503) 655-8717
<b>Contract Number</b>	Contract No. TBD

**BACKGROUND:** With the funds, provided by HACC under this Agreement, Clackamas County Community Corrections (CCCC) will continue to fund an existing program partnership with Bridges to Change (BTC) for housing needs related to CCCC’s most vulnerable participant who experience severe and persistent mental illness and need programming-related support to maintain stable housing. BTC provides the supportive mental health housing in two separate houses; Serenity and Haven. Serenity provides support for eight women in the program with one live in house manager. Haven house supports 11 men in the program with one live in house manager. The Mental Health Housing program in both houses has certified recovery mentors, behavioral health care providers and probation officers that participate with the participant care team.

**RECOMMENDATION:** CCCC respectfully requests that the Board of County Commissioners approve this Intergovernmental Agreement with Housing Authority of Clackamas County to provide supportive mental health housing, and authorizes Malcolm McDonald, CCCC Director to sign on behalf of Clackamas County and Commissioner Tootie Smith, Chair, to sign on behalf of the Board of County Commissioners.

Respectfully submitted,

Captain Malcolm McDonald  
 Director, Community Corrections

**INTERGOVERNMENTAL AGREEMENT  
BETWEEN HOUSING AUTHORITY OF CLACKAMAS COUNTY  
AND CLACKAMAS COUNTY COMMUNITY CORRECTIONS**

THIS AGREEMENT (this "Agreement") is entered into between the Housing Authority of Clackamas County ("HACC") and Clackamas County Community Corrections ("CCCC") collectively referred to as the "Parties" and each a "Party." HACC is a Public Corporation, established under the Federal Housing Act of 1937 and the provisions of Chapter 456 of the Oregon Revised Statutes.

**RECITALS**

Oregon Revised Statutes Chapter 190.010 confers authority upon local governments to enter into agreements for the performance of any and all functions and activities that a party to the agreement, its officers or agencies have authority to perform.

County has requested, and HACC has agreed, that HACC provide funding to cover housing needs for County's Community Corrections clients who have disabling conditions that are currently housed in supportive mental health housing.

In consideration of the mutual promises set forth below and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

**TERMS**

1. **Term.** This Agreement shall be effective upon execution, and shall expire upon the completion of each and every obligation of the Parties set forth herein, or June 30, 2022, whichever is sooner.
2. **Scope of Work.** CCCC agrees to provide the services further identified in the Scope of Work attached hereto as Exhibit A and incorporated herein ("Work").
3. **Consideration.** HACC agrees to pay CCCC, from available and authorized funds, a sum not to exceed **Three Hundred Forty Three Thousand Sixty Four Dollars (\$343,064)** for accomplishing the Work required by this Agreement.
4. **Payment.** Unless otherwise specified, payment will be contingent on recipient of Metro Supportive Housing Services funds to the HACC. CCCC shall submit itemized monthly invoices for reimbursement payments to HACC. CCCC shall only use the funds provided under this Agreement for the purposes described in Exhibit A. CCCC may begin accruing expenditures against this contract on July 1, 2021. Reporting requirements in Exhibit B will be reviewed quarterly by HACC.
5. **Representations and Warranties.**
  - A. *County Representations and Warranties:* County represents and warrants to HACC that CCCC has the power and authority to enter into and perform this Agreement, and this Agreement, when executed and delivered, shall be a valid and binding obligation of Agency enforceable in accordance with its terms.
  - B. *HACC Representations and Warranties:* HACC represents and warrants to CCCC that HACC has the power and authority to enter into and perform this Agreement, and this Agreement, when executed and delivered, shall be a valid and binding obligation of County enforceable in accordance with its terms.

C. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.

**6. Termination.**

- A. Either HACC or CCCC may terminate this Agreement at any time upon thirty (30) days written notice to the other party.
- B. Either HACC or CCCC may terminate this Agreement in the event of a breach of the Agreement by the other. Prior to such termination however, the Party seeking the termination shall give the other Party written notice of the breach and of the Party's intent to terminate. If the breaching Party has not entirely cured the breach within fifteen (15) days of deemed or actual receipt of the notice, then the Party giving notice may terminate the Agreement at any time thereafter by giving written notice of termination stating the effective date of the termination. If the default is of such a nature that it cannot be completely remedied within such fifteen (15) day period, this provision shall be complied with if the breaching Party begins correction of the default within the fifteen (15) day period and thereafter proceeds with reasonable diligence and in good faith to effect the remedy as soon as practicable. The Party giving notice shall not be required to give more than one (1) notice for a similar default in any twelve (12) month period.
- C. HACC or CCCC shall not be deemed to have waived any breach of this Agreement by the other Party except by an express waiver in writing. An express written waiver as to one breach shall not be deemed a waiver of any other breach not expressly identified, even though the other breach is of the same nature as that waived.
- D. Either Party may terminate this Agreement in the event the terminating Party fails to receive expenditure authority sufficient to allow that Party, in the exercise of its reasonable administrative discretion, to continue to perform under this Agreement, or if federal or state laws, regulations or guidelines are modified or interpreted in such a way that performance under this Agreement is prohibited or the terminating Party is prohibited from paying for such work from the planned funding source.
- E. Any termination of this Agreement shall not prejudice any rights or obligations accrued to the Parties prior to termination.

**7. Indemnification.**

- A. Subject to the limits of the Oregon Constitution and the Oregon Tort Claims Act or successor statute, HACC agrees to indemnify, save harmless and defend CCCC, its officers, elected officials, agents and employees from and against all costs, losses, damages, claims or actions and all expenses incidental to the investigation and defense thereof arising out of or based upon damages or injuries to persons or property caused by the negligent or willful acts of HACC or its officers, elected officials, owners, employees, agents, or its subcontractors or anyone over which HACC has a right to control.

Subject to the limits of the Oregon Constitution and the Oregon Tort Claims Act or successor statute, CCCC agrees to indemnify, save harmless and defend HACC, its officers, elected officials, agents and employees from and against all costs, losses, damages, claims or actions and all expenses incidental to the investigation and defense thereof arising out of or based upon damages or injuries to persons or property caused by the negligent or willful acts of CCCC or its officers, elected

officials, owners, employees, agents, or its subcontractors or anyone over which CCCC has a right to control.

8. **Insurance.** The Parties agree to maintain levels of insurance, or self-insurance, sufficient to satisfy their obligations under this Agreement and all requirements under applicable law.
9. **Notices; Contacts.** Legal notice provided under this Agreement shall be delivered personally, by email or by certified mail to the individuals identified below. Any communication or notice so addressed and mailed shall be deemed to be given upon receipt. Any communication or notice sent by electronic mail to an address indicated herein is deemed to be received 2 hours after the time sent (as recorded on the device from which the sender sent the email), unless the sender receives an automated message or other indication that the email has not been delivered. Any communication or notice by personal delivery shall be deemed to be given when actually delivered. Either Party may change the Party contact information, or the invoice or payment addresses by giving prior written notice thereof to the other Party at its then current notice address.

A. Vahid Brown or their designee will act as liaison for HACC.

**Contact Information:**

[VBrown@clackamas.us](mailto:VBrown@clackamas.us)

Malcom McDonald or their designee will act as liaison for CCCC.

**Contact Information:**

[malcolmmcd@clackamas.us](mailto:malcolmmcd@clackamas.us)

10. **General Provisions.**

- A. **Oregon Law and Forum.** This Agreement, and all rights, obligations, and disputes arising out of it will be governed by and construed in accordance with the laws of the State of Oregon and the ordinances of Housing Authority of Clackamas County without giving effect to the conflict of law provisions thereof. Any claim between HACC and CCCC that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within the Circuit Court of Clackamas County for the State of Oregon; provided, however, if a claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by CCCC of any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment to the Constitution of the United States or otherwise, from any claim or from the jurisdiction of any court. Agency, by execution of this Agreement, hereby consents to the in personam jurisdiction of the courts referenced in this section.
- B. **Compliance with Applicable Law.** Both Parties shall comply with all applicable local, state and federal ordinances, statutes, laws and regulations. All provisions of law required to be a part of this Agreement, whether listed or otherwise, are hereby

integrated and adopted herein. Failure to comply with such obligations is a material breach of this Agreement.

- C. **Non-Exclusive Rights and Remedies.** Except as otherwise expressly provided herein, the rights and remedies expressly afforded under the provisions of this Agreement shall not be deemed exclusive, and shall be in addition to and cumulative with any and all rights and remedies otherwise available at law or in equity. The exercise by either Party of any one or more of such remedies shall not preclude the exercise by it, at the same or different times, of any other remedies for the same default or breach, or for any other default or breach, by the other Party.
- D. **Access to Records.** CCCC shall retain, maintain, and keep accessible all records relevant to this Agreement (“Records”) for a minimum of six (6) years, following Agreement termination or full performance or any longer period as may be required by applicable law, or until the conclusion of an audit, controversy or litigation arising out of or related to this Agreement, whichever is later. CCCC shall maintain all financial records in accordance with generally accepted accounting principles. All other Records shall be maintained to the extent necessary to clearly reflect actions taken. During this record retention period, CCCC shall permit HACC’s authorized representatives’ access to the Records at reasonable times and places for purposes of examining and copying.
- E. **Work Product.** All work performed under this Agreement shall be considered work made for hire and shall be the sole and exclusive property of the District. The District shall own any and all data, documents, plans, copyrights, specifications, working papers and any other materials produced in connection with this Agreement. On completion or termination of the Agreement, the Agency shall promptly deliver these materials to the District’s Project Manager.
- F. **Hazard Communication.** CCCC shall notify HACC prior to using products containing hazardous chemicals to which HACC employees may be exposed, which includes any hazardous, toxic, or dangerous substance, waste, or material that is the subject of environmental protection legal requirements or that becomes regulated under any applicable local, state or federal law, including but not limited to the items listed in the United States Department of Transportation Hazardous Materials Table (49 CFR §172.101) or designated as hazardous substances by Oregon Administrative Rules, Chapter 137, or the United States Environmental Protection Agency (40 CFR Part 302), and any amendments thereto. Upon HACC’s request, CCCC shall immediately provide Material Safety Data Sheets for the products subject to this provision.
- G. **Debt Limitation.** This Agreement is expressly subject to the limitations of the Oregon Constitution and Oregon Tort Claims Act, and is contingent upon appropriation of funds. Any provisions herein that conflict with the above referenced laws are deemed inoperative to that extent.
- H. **Severability.** If any provision of this Agreement is found to be unconstitutional, illegal or unenforceable, this Agreement nevertheless shall remain in full force and effect and the offending provision shall be stricken. The Court or other authorized

body finding such provision unconstitutional, illegal or unenforceable shall construe this Agreement without such provision to give effect to the maximum extent possible the intentions of the Parties.

- I. **Integration, Amendment and Waiver.** Except as otherwise set forth herein, this Agreement constitutes the entire agreement between the Parties on the matter of the Project. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Agreement. No waiver, consent, modification or change of terms of this Agreement shall bind either Party unless in writing and signed by both Parties and all necessary approvals have been obtained. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given. The failure of either Party to enforce any provision of this Agreement shall not constitute a waiver by such Party of that or any other provision.
- J. **Interpretation.** The titles of the sections of this Agreement are inserted for convenience of reference only and shall be disregarded in construing or interpreting any of its provisions.
- K. **Independent Contractor.** Each of the Parties hereto shall be deemed an independent contractor for purposes of this Agreement. No representative, agent, employee or contractor of one Party shall be deemed to be a representative, agent, employee or contractor of the other Party for any purpose, except to the extent specifically provided herein. Nothing herein is intended, nor shall it be construed, to create between the Parties any relationship of principal and agent, partnership, joint venture or any similar relationship, and each Party hereby specifically disclaims any such relationship.
- L. **No Third-Party Beneficiary.** HACC and CCCC are the only parties to this Agreement and are the only parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.
- M. **Subcontract and Assignment.** CCCC shall not enter into any subcontracts for any of the work required by this Agreement, or assign or transfer any of its interest in this Agreement by operation of law or otherwise, without obtaining prior written approval from HACC, which shall be granted or denied in HACC's sole discretion. HACC's consent to any subcontract shall not relieve CCCC of any of its duties or obligations under this Agreement.
- N. **Counterparts.** This Agreement may be executed in several counterparts (electronic or otherwise), each of which shall be an original, all of which shall constitute the same instrument.
- O. **Survival.** All provisions in Sections 5, 7, and 10 (A), (C), (D), (E), (G), (H), (I), (J), (L), (O), (R), (T) and (U) shall survive the termination of this Agreement, together with all other rights and obligations herein which by their context are intended to survive.

- P. **Necessary Acts.** Each Party shall execute and deliver to the others all such further instruments and documents as may be reasonably necessary to carry out this Agreement.
- Q. **Time is of the Essence.** CCCC agrees that time is of the essence in the performance this Agreement.
- R. **Successors in Interest.** The provisions of this Agreement shall be binding upon and shall inure to the benefit of the parties hereto, and their respective authorized successors and assigns.
- S. **Force Majeure.** Neither HACC nor CCCC shall be held responsible for delay or default caused by events outside of CCCC or HACC's reasonable control including, but not limited to, fire, terrorism, riot, acts of God, or war. However, CCCC shall make all reasonable efforts to remove or eliminate such a cause of delay or default and shall upon the cessation of the cause, diligently pursue performance of its obligations under this Agreement.
- T. **Confidentiality.** CCCC acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this Agreement, be exposed to or acquire confidential information. Any and all information of any form obtained by CCCC or its employees or agents in the performance of this Agreement shall be deemed confidential information of HACC ("Confidential Information"). CCCC agrees to hold Confidential Information in strict confidence, using at least the same degree of care that CCCC uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give, or disclose Confidential Information to third parties or use Confidential Information for any purpose unless specifically authorized in writing under this Agreement.
- U. **No Attorney Fees.** In the event any arbitration, action or proceeding, including any bankruptcy proceeding, is instituted to enforce any term of this Agreement, each party shall be responsible for its own attorneys' fees and expenses.

**IN WITNESS HEREOF**, the Parties have executed this Agreement by the date set forth opposite their names below.

**HOUSING AUTHORITY OF  
CLACKAMAS COUNTY BOARD**

Chair, Tootie Smith  
Commissioner, Sonya Fischer  
Commissioner, Paul Savas  
Commissioner, Martha Schrader  
Commissioner, Mark Shull  
Resident Commissioner, Anne Leenstra

Signing on Behalf of the Housing Authority  
Board

**CLACKAMAS COUNTY**

Chair, Tootie Smith  
Commissioner, Sonya Fischer  
Commissioner, Paul Savas  
Commissioner, Martha Schrader  
Commissioner, Mark Shull

Signing on Behalf of the Clackamas  
County Board

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Jill Smith, Executive Director

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Tootie Smith, Chair



## Exhibit A SCOPE OF WORK

### Background:

With the funds, provided by HACC under this Agreement, Clackamas County Community Corrections (CCCC) will continue to fund an existing program partnership with Bridges to Change (BTC) for housing needs related to CCCC's most vulnerable participants who experience severe and persistent mental illness and need programming-related support to maintain stable housing. BTC provides the supportive mental health housing in two separate houses: Serenity and Haven. Serenity house provides support for eight women in the program with one live in house manager. Haven house supports 11 men in the program with one live in house manager. The Mental Health Housing program in both houses has certified recovery mentors, behavioral health care providers and probation officers that participate with the participant care team.

### Budget:

Total combined 12-month program and housing cost in FY22 is **\$347,064**. CCCC may use the funds provided under this Agreement for the following:

1. Staffing: The program staffing model is 4.43 FTE totaling \$213,586
  - a. Salaries and Wages: \$166,768
    - i. 2 FTE Male Peer Mentor
    - ii. 1.5 FTE Female Peer Mentor
    - iii. 0.5 FTE Program Manager
    - iv. 0.08 FTE Associate Director of Peer Services
    - v. 0.35 FTE live-in House Managers (staff are provided free rent and work minimal hours, with Peer support primarily provided by Peer Mentors)
  - b. Payroll taxes budgeted at 10% of Salaries/Wages: \$16,677
  - c. Benefits based on actual employer contribution of individual benefits: \$24,505
  - d. Software: Electronic Health Record and HMIS license fees: \$4,587
  - e. Professional Development: Estimated at \$1,050
  
2. Supportive Services: Housing occupancy costs and other direct expenses for housing and programming totaling \$100,927
  - a. Combined House Rent: \$22,920 (note Clackamas County owns the home at SE River Rd, so Bridges to Change only pays utilities)
  - b. Combined House utilities and other expenses directly tied to the houses \$19,024
  - c. Combined Housing Costs: Includes allocation of Bridges to Change facilities and housing team, maintenance costs, housing supplies (toilet paper, cleaning supplies, etc), maintenance vehicles, and other housing expenses challenging to allocate directly to individual homes. Allocation method is based on total bed capacity by house. \$17,142
  - d. Program costs including rent, utilities, program supplies, computer supplies, and copying based on Clackamas County Office allocation. \$26,049
  - e. Auto Expense: Mental Health program van expense \$1,000

f. Shared Cost Allocation: CCCC allocation for insurance, training, mileage, and other benefits/fees that are challenging to allocate directly but do not qualify as “administrative”. Allocation method is based on FTE by program: \$14,791

3. Flexible Funding: Client services and recreation totaling \$1,000

4. Administration: Based on 10% Federal De Minimis rate totaling \$31,551

Additional:

CCCC will continue the existing contract with BTC. If contract is amended or canceled, CCCC will notify HACC within 30 days.

## **Exhibit B**

### **SHS Data Tracking and Reporting**

#### **Reporting**

CCCC will ensure BTC complies with all Supportive Housing Services data entry requirements for the Homeless Management Information System (HMIS). Data entry is required at program start, annual assessment (where applicable), and program exit. This information is to be reported on HMIS data forms which the County will provide on an as-needed basis. See attached HMIS data forms. All HMIS data forms are subject to change. Within the Program Start assessment, data must be entered to distinguish between Population A and Population B, as defined by the SHS measure.

Population A, defined as people with incomes below 30% AMI, have one or more disabling conditions, and who are experiencing or at imminent risk of experiencing long-term or frequent episodes of literal homelessness; and

Population B, defined as people who are experiencing homelessness or have substantial risk of experiencing homelessness.

BTC is required to complete all data elements in HMIS within 5 business days of data collection. All data must be complete and accurate by the 14th day after the end of each quarter.

BTC is required to offer a CHA assessment within one week of participant moving into the transitional housing program. The CHA data must be entered into HMIS. If the participant declines to be assessed through CHA, a case note documenting the refusal must be noted.

HACC will provide BTC with necessary HMIS and CHA training both initially and on-going, as needed.

#### **How data will be tracked**

Each service provider will be required to enter a standardized list of data elements in the Homeless Management Information System (HMIS) for each member of each household served with Supportive Housing Services Funding (SHS) funding. Creating and updating this standardized list of data elements is done with tri-county coordination. Data elements currently include items such as: name, date of birth, race, ethnicity, gender, veteran status, health insurance info, disability status, monthly income, non-cash income types, and history of homelessness.

#### **How the data will be used**

Data entered into HMIS by each service provider will contribute to system-wide data measures. Each measure includes sub-measures where further evaluation based on equity (race and ethnicity data) and priority population served (A/B) is done. Additionally, in most cases, measurement can be done at the program level, to identify strengths and areas for improvement.

System-wide Measures include:

1. Number of households in need

2. Length of time individuals and families spend in a homeless situation, on average
3. Number of new units created
4. Number of households newly placed into permanent housing and number of households assisted with homelessness prevention funds
5. Rate of those placed in permanent housing who retained that housing both during program participation and after program completion
6. Rate of households who were placed in permanent housing, but subsequently returned to homelessness

Local Clackamas County measures may be added in the future. HMIS training and support will be provided.

**Attached Data Forms**

- Entry
- Interim Review – Annual Review
- Exit

# HMIS DATA FORM

ENTRY

PROGRAM:  **COVID-19**  START DATE:   
 (Yes/No)

**FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF PROJECT START DATE**

CLIENT SEARCH	(1) Head of HH	(2) Other HH Member	(3) Other HH Member	(4) Other HH Member	(5) Other HH Member
HMIS Client ID #:					
<b>NAME(s):</b>					
<b>Social Security:</b>	____-____-____	____-____-____	____-____-____	____-____-____	____-____-____

**U.S. Military Veteran? (Adults only):**

No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Doesn't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Relationship to Head of HH\*:**

**Date of Birth:**

**Gender:**

Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans Female (MTF or Male to Female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans Male (FTM or Female to Male)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Non-Conforming (i.e. not exclusively male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Race: (CHECK ALL THAT APPLY)**

American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native HAW or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Ethnicity: (Hispanic/Latino)**

Hispanic/Latino (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Hispanic/Non-Latino (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Relationship to Head of Household:**

Self (head of household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's other relation member (other relation to head of household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: non-relation member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*See KEY for acceptable responses.

# HMIS DATA FORM

ENTRY

	(1)	(2)	(3)	(4)	(5)
<b>HMIS ROI</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Start Date:</b>					
<b>End Date:</b>					
<b>Witness:</b>					
<b>OHCS Release Granted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Start Date:</b>					
<b>End Date:</b>					
<b>Documentation:</b>					
Signed Statement from Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification from Other Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Covered by Health Insurance? (ALL CLIENTS)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If 'Yes', Source of Health Insurance**

Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Insurance Program (CHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Health Insurance for Adults (OHP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Indian Health Service Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other (Describe)					

**Does the client have a disabling condition? (Required for all household members)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Disability Type: (Required for all household members)**

<b>Alcohol Abuse (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

<b>Drug Abuse (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

\*See KEY for acceptable responses.

# HMIS DATA FORM

ENTRY

	(1)	(2)	(3)	(4)	(5)
<b>Both Alcohol and Drug Abuse (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

	(1)	(2)	(3)	(4)	(5)
<b>Developmental (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

	(1)	(2)	(3)	(4)	(5)
<b>HIV/AIDS (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

	(1)	(2)	(3)	(4)	(5)
<b>Mental Health Problem (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

	(1)	(2)	(3)	(4)	(5)
<b>Physical (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

	(1)	(2)	(3)	(4)	(5)
<b>Chronic Health Condition (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

\*See KEY for acceptable responses.

# HMIS DATA FORM

ENTRY

(1)	(2)	(3)	(4)	(5)
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**Prior living situation to Project Start Date: *(HoH & Adults only)***

Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place not meant for habitation (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care home or foster care group home (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital or other residential non-psychiatric medical facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail, prison or juvenile detention facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care facility or nursing home (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment facility or detox center (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel or motel paid for without emergency shelter voucher (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, with ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent housing (other than RRH) for formerly homeless persons (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with VASH subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with GPD TIP subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with other housing subsidy (including RRH) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential project or halfway house with no homeless criteria (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living in a family member's room, apartment or house (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living in a friend's room, apartment or house (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)	_____	_____	_____	_____	_____
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*See KEY for acceptable responses.



# HMIS DATA FORM

ENTRY

(1)	(2)	(3)	(4)	(5)
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**Length of Stay in Previous Place: *(HoH & Adults only)***

One night or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two nights to six nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 week or more, but less than 1 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 month or more, but less than 90 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 days or more, but less than 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One year or longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LENGTH OF TIME ON STREET OR IN AN EMERGENCY SHELTER (ES)**

If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence, approximate date homelessness started

Date: 

_/_/	_/_/	_/_/	_/_/	_/_/
------	------	------	------	------

If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence - regardless of where they stayed last night - number of times the client has been in ES or place not meant for habitation in the past three years: *(HoH & Adults only)*

Never in 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four or more times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence, total number of months homeless in ES or place not meant for habitation in the past three years *(HoH & Adults only)*

1 month (this time is the first month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-12 months (please specify #)	_	_	_	_	_
More than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Education Level - Last Grade Completed *(All Adults and Heads of Household)* :**

Less than Grade 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 5 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 7 - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 9 - 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 12/High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*See KEY for acceptable responses.

# HMIS DATA FORM

ENTRY

(1)	(2)	(3)	(4)	(5)
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**Domestic Violence Victim/Survivor**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If yes, domestic violence victim/survivor, when experience occurred:**

Within the past 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to 6 months ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months to 1 year ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One year ago or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If yes for domestic violence, are you currently fleeing?**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Income from any source?: (HoH & Adults only)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source of Income: (HoH & Adults only)**

Alimony or Other Spousal Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Child Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Earned Income (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
General Assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Other (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Pension or retirement income from another job (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Private Disability Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Self-Employment Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Retirement Income from Social Security (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
SSDI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
SSI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

\*See KEY for acceptable responses.

# HMIS DATA FORM

ENTRY

	(1)	(2)	(3)	(4)	(5)
TANF Temporary Assistance for Needy Families (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Unemployment Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
VA Non-Service Connected Disability Pension (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
VA Service Connected Disability Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Worker's Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Non-cash benefit from any source?: (HoH & Adults only)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source of Non-Cash Benefit: (HoH & Adults only)**

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF Child Care Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF Transportation Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other TANF-Funded Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Source (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Interview Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date Data Entry Completed

# HMIS DATA FORM

## INTERIM REVIEW

PROGRAM:

INTERIM REVIEW DATE:

FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF INTERIM REVIEW DATE

	(1) Head of HH	(2) Other HH Member	(3) Other HH Member	(4) Other HH Member	(5) Other HH Member
<b>CLIENT SEARCH</b>					
HMIS Client ID #:					
NAME(s):					
<b>INTERIM REVIEW TYPE:</b>	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update

**ROI (Release of Information) TAB**

<b>Release Granted?</b>	<input type="checkbox"/> <b>HMIS ROI STILL VALID</b>				
OHCS Release Granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date:					
End Date:					
<b>Documentation:</b>					
Signed Statement from Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification from Other Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Covered by Health Insurance?</b>	<input type="checkbox"/> <b>NO CHANGES IN HEALTH INSURANCE FOR ENTIRE FAMILY</b>				
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Ins. (CHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Health Insurance through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Health Ins. for Adults (OHP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Indian Health Service Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other (Describe)					

<b>Disability Type:</b>	<input type="checkbox"/> <b>NO CHANGES IN DISABILITY FOR ENTIRE FAMILY</b>				
Alcohol Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both Alcohol and Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Problem (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# HMIS DATA FORM

INTERIM REVIEW

	(1)	(2)	(3)	(4)	(5)
<b>Source of Income:</b>	<input type="checkbox"/> <b>NO CHANGES WITH INCOME STATUS AND AMOUNTS</b>				
Alimony or Other Spousal Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Child Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Earned Income (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
General Assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Other (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Pension or retirement income from another job (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Private Disability Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Retirement Income from Social Security (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Self Employment Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
SSDI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
SSI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
TANF Temporary Assistance for Needy Families (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Unemployment Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
VA Non-Service Connected Disability Pension (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
VA Service Connected Disability Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Worker's Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

	(1)	(2)	(3)	(4)	(5)
<b>Non-cash benefit</b>	<input type="checkbox"/> <b>NO CHANGES WITH NON-CASH BENEFITS</b>				
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Child Care Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other TANF-Funded Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other Source (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC

	(1)	(2)	(3)	(4)	(5)
<b>DV Victim/Survivor</b>	<input type="checkbox"/> <b>NO CHANGES WITH DV STATUS</b>				
Within the past 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to 6 months ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Case Manager \_\_\_\_\_

Interview Date \_\_\_\_\_

Date Data Entry Completed \_\_\_\_\_ Initials \_\_\_\_\_

# HMIS DATA FORM

EXIT

PROGRAM

PROJECT EXIT DATE:

FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF PROJECT EXIT DATE

	(1) Head of HH	(2) Other HH Member	(3) Other HH Member	(4) Other HH Member	(5) Other HH Member
HMIS Client ID #:					
NAME(s):					

INCLUDE ALL HOUSEHOLD MEMBERS IN EXIT

Reason for Leaving:					
Completed Program					
Criminal activity / violence					
Death					
Disagreement with rules/persons					
Left for housing opp. Before completing program					
Needs could not be met					
Non-compliance with program					
Non-payment of rent					
Other					
Reached maximum time allowed					
If Other, Specify:					

**Destination: (All Clients)**

Deceased (HUD)					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)					
Foster care home or foster care group home (HUD)					
Hospital (non-psychiatric) (HUD)					
Hotel or motel paid for without emergency shelter voucher (HUD)					
Jail, prison or juvenile dention					
Long-term care facility/nursing home					
Owned by client, no ongoing housing subsidy (HUD)					
Owned by client, with ongoing housing subsidy (HUD)					
Permanent housing (other than RRH) for formerly homeless					
Place not meant for habitation					
Psychiatric hospital or other psychiatric facility (HUD)					
Rental by client, no ongoing housing subsidy (HUD)					
Rental by client, with VASH subsidy					
Rental by client, GPD TIP subsidy					

Notes:  
 CDK=Client Doesn't Know  
 CR=Client Refused  
 DNC=Data Not Collected

# HMIS DATA FORM

EXIT

	(1)	(2)	(3)	(4)	(5)
Rental by client, with other housing subsidy (including RRH) (HUD)					
Residential project or halfway house with no homeless criteria					
Staying or living with family, temporary tenure, e.g., room, apartment or house) (HUD)					
Staying or living with friends, temporary tenure, e.g., room, apartment or house) (HUD)					
Transitional housing for homeless persons (including homeless youth)					
No exit interview completed (HUD)					
Client refused (HUD)					
If Other, Specify:					

<b>Covered by Health Insurance?</b> <b>(ALL CLIENTS)</b>	<b>NO CHANGES IN HEALTH INSURANCE FOR ENTIRE FAMILY</b>				
Yes					
No					
Client doesn't know					
Client refused					

**If 'Yes', Source of Health Insurance**

	Yes			No			DNC					
Medicaid	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Medicare	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
State Children's Health Ins. (CHIP)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Veteran's Administration (VA) Medical Services	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Employer-Provided Health Insuran.	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Health Insurance through COBRA	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Private Pay Health Insurance	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
State Health Ins. for Adults (OHP)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Indian Health Service Program												
Other (Describe)												

Notes:  
 CDK=Client Doesn't Know  
 CR=Client Refused  
 DNC=Data Not Collected

# HMIS DATA FORM

EXIT

	(1)	(2)	(3)	(4)	(5)
--	-----	-----	-----	-----	-----

**Does the Client have a Disabling Condition? (Required for all household members)**

	<input type="checkbox"/> <b>NO CHANGES IN DISABLING FOR ENTIRE FAMILY</b>				
Yes					
No					
Client doesn't know					
Client refused					

**Disability Type: (Required for all household members)**

<b>Alcohol Abuse (HUD)</b>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>Drug Abuse (HUD)</b>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>Both Alcohol and Drug Abuse</b>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>Developmental (HUD)</b>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>HIV/AIDS (HUD)</b>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>Mental Health Problem (HUD)</b>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>Physical (HUD)</b>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>Chronic Health Condition (HUD)</b>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**Income from any source?: (HoH & Adults only)**

Yes					
No					
Client doesn't know					
Client refused					

**Source of Income: (HoH & Adults only)**

Alimony or Other Spousal Support (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$			\$			\$			\$			\$		
Child Support (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$			\$			\$			\$			\$		
Earned Income (HUD)															
General Assistance (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$			\$			\$			\$			\$		
Other (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$			\$			\$			\$			\$		
Pension or retirement income from another job (HUD)															
Private Disability Insurance (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$			\$			\$			\$			\$		
Retirement Income from Social Security (HUD)															
Self Employment Wages	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$			\$			\$			\$			\$		
SSDI (HUD)															
SSI (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$			\$			\$			\$			\$		
TANF Temporary Assistance for Needy Families (HUD)															
Unemployment Insurance (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$			\$			\$			\$			\$		
VA Non-Service Connected Disability Pension (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$			\$			\$			\$			\$		
VA Service Connected Disability Compensation (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$			\$			\$			\$			\$		
Worker's Compensation (HUD)															

Notes: **TOTAL MONTHLY INCOME**

	(1)	(2)	(3)	(4)	(5)
	\$	\$	\$	\$	\$

CDK=Client Doesn't Know  
 CR=Client Refused  
 DNC=Data Not Collected



# HMIS DATA FORM

EXIT

(1)	(2)	(3)	(4)	(5)
-----	-----	-----	-----	-----

**Non-cash benefit from any source?: (HoH & Adults only)**

Yes				
No				
Client doesn't know				
Client refused				

**Source of Non-Cash Benefit: (HoH & Adults only)**

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
WIC (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
TANF Child Care Services (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
TANF Transportation Services	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Other TANF-Funded Services (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Other Source (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC

Case Manager \_\_\_\_\_

Interview Date \_\_\_\_\_

Date Data Entry Completed \_\_\_\_\_

Initials \_\_\_\_\_

Notes:  
 CDK=Client Doesn't Know  
 CR=Client Refused  
 DNC=Data Not Collected

**SERVICE TRANSACTIONS TAB**

	<b>ALL HH MEMBERS</b>	<b>EHA</b>	<b>LIRHF \$ Amt Required</b>	<b>HUD</b>	<b>OTHER:</b>
<b>Service List (Check all that Apply)</b>					
AIDS/HIV CONTROL					
CASE/CARE MANAGEMENT					
<b>CHILD CARE PROVIDERS</b>					
COVID-19					
EDUCATION					
EMPLOYMENT					
FOOD					
HEALTH CARE					
HOUSING COUNSELING (landlord/tenant counseling)					
HOUSING/SHELTER					
LANDLORD/TENANT ASSISTANCE					
LEGAL SERVICES					
LIFE SKILLS EDUCATION					
MATERIAL GOODS					
MENTAL HEALTH & SUBSTANCE ABUSE					
MOVING EXPENSE ASSISTANCE					
OUTREACH PROGRAMS					
RENT PAYMENT ASSISTANCE					
RENTAL DEPOSIT ASSISTANCE					
SUBSTANCE ABUSE					
TRANSPORTATION					
UTILITY ASSISTANCE					
UTILITY DEPOSIT ASSISTANCE/UTILITY ASSISTANCE					



**CLACKAMAS COUNTY COMMUNITY CORRECTIONS**  
**1024 MAIN STREET • OREGON CITY • OREGON • 97045**  
**TELEPHONE 503-655-8603 • • • FAX 503-650-8942**

Capt. Malcolm McDonald  
 Director

August 3, 2021

Board of County Commissioners  
 Clackamas County

Members of the Board:

Approval to Apply for a Grant between the State of Oregon Criminal Justice Commission Justice Reinvestment and Clackamas County Community Corrections to Continue the Pretrial Program

<b>Purpose/Outcome</b>	Continue the Pretrial Program and expanded Short-Term Transition Leave and Clackamas Substance Abuse Programs.
<b>Dollar Amount and Fiscal Impact</b>	\$2,441,218
<b>Funding Source</b>	Criminal Justice Commission – no general funds are involved
<b>Duration</b>	July 1, 2021-June 30, 2023
<b>Previous Board Action/Review</b>	2021-2023 biennial Justice Reinvestment Grant approved to develop Pretrial Program and expand Short-Term Transition Leave and Clackamas Substance Abuse Programs.
<b>Strategic Plan Alignment</b>	Provide supervision, resources, intervention, and treatment services. Ensure Safe, Healthy and Secure Communities
<b>Counsel Review</b>	March 4, 2020
<b>Procurement Review</b>	No – item is a grant
<b>Contact Person</b>	Captain Malcolm McDonald, Director, Community Corrections – 503-655-8717

**BACKGROUND:** Community Corrections, the Court, and District Attorney’s Office developed a Pretrial Program during the 2017-2019 biennium with Justice Reinvestment (JRI) grant funding. That funding also allowed expansion of the Short-Term Transitional Leave (STTL) program and Clackamas Substance Abuse Program (CSAP). The STTL program provides housing and resources for people releasing from prison with up to 120 days remaining on their sentence. Community Corrections provides supervision, housing, and resources to assist these clients in their transition into the community. The CSAP program increased residential treatment beds and programming services and continues the expansion of treatment beds for clients at the Residential Treatment & Counseling locations in Milwaukie. The 2021-2023 JRI grant funding will allow Community Corrections to maintain the current service levels of these programs. The Pretrial Program and expanded STTL and CSAP programs, are showing positive results toward reducing recidivism and the prison population while increasing public safety and offender accountability. Ten percent of the award will support Victim Services programs and 3% will be dedicated back to the Criminal Justice Commission for a Random Control Trial.

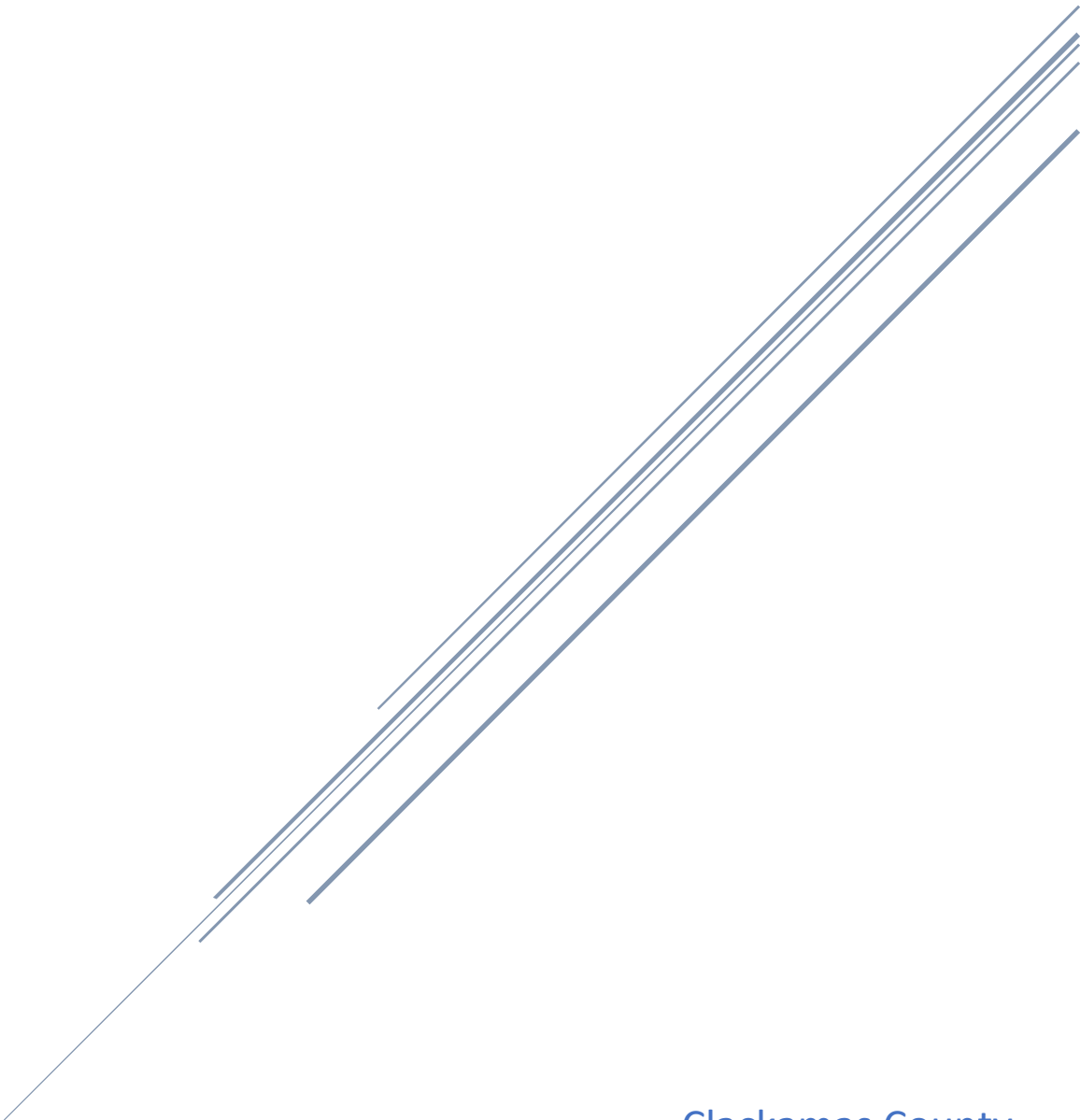
**RECOMMENDATION:** Community Corrections respectfully requests that the Board of County Commissioners approve the grant application to the Criminal Justice Commission, Justice Reinvestment, to maintain the Pretrial Program, STTL, and CSAP services to clients in our community.

Grant Lifecycle form attached.

Respectfully submitted,

Captain Malcom McDonald  
Director, Community Corrections

JUSTICE REINVESTMENT GRANT APPLICATION  
2021-2023



Clackamas County  
Community Corrections

# Program Narrative

## PRETRIAL

### **What is the overall goal of this program?**

*Goals should be specific and measurable.*

*Example: The County Downward Departure Program goal is to reduce county prison usage by 5% over a one year period.*

*This value must be between 1 and 500 words.*

Clackamas County Community Corrections uses Justice Reinvestment funding to operate three programs in our pursuit of fair, equitable, community-based justice: Pretrial Release, Clackamas Substance Abuse Program (CSAP), and Short-Term Transitional Leave (STTL). We will outline each program separately.

The Pretrial Release Program is an opportunity for pre-adjudicated defendants to remain out of jail while awaiting trial. This gives those in the program the opportunity to remain employed and seek treatment for underlying issues that may have contributed to their criminal-justice involvement, while freeing up resources within the jail to properly house and care for those justice-involved individuals who are at a higher risk of reoffending or absconding before their trial.

Clackamas County has developed an evidence-based Pretrial program to balance the following goals:

- Reduce:
  - Forced releases
- Maximize:
  - Appropriate releases
  - Court appearances
  - Public safety
  - Pretrial release accountability
- Keep the highest risk offenders in custody or supervised appropriately

Specifically, the goal of the Pretrial Release program in the next biennium is a 5% reduction in the failure-to-appear rates.

Community Corrections will develop a request for proposals from community-based non-profits to provide substance abuse outreach, referral, and treatment to pretrial clients, in jail and out. This would be a contracted position, in lieu of the unfilled Pretrial counseling.

Clackamas County will provide electronic monitoring bracelets for clients who are recommended for pretrial release but have their release denied because the judge has additional concerns and would like them monitored more closely. Electronic monitoring would help increase the number of defendants released while maintaining public safety.

For those pretrial clients who need housing, Community Corrections will provide vouchers for either transitional or supportive housing.

Community Corrections will offer additional training to the Pretrial Program staff to ensure that Clackamas County is well-versed and providing the best evidence-based services to our clientele as they navigate the criminal justice system.

**What is the Target Population of this program?**

*Describe the target population for the program. Be as specific as possible.*

The Clackamas County pretrial program works with individuals arrested or charged with an offense over which the Clackamas County Court has jurisdiction. Exceptions are individuals arrested for probation or parole violations, and individuals arrested for charges that are statutorily excluded from consideration by the pretrial services program.

The Clackamas County pretrial team identifies individuals who qualify for pretrial release, perform a risk assessment, and determine types of supervision suited to pretrial release based on the risk assessment results.

**What metrics, variables, or data points will the county use to assess the program described above?**

*Example: The Downward Departure Program will track the number of people that enter DOC custody; the number of participants in the downward departure program; success rate of the participants; treatment and other services offered to each client.*

Performance measures for county strategic planning:

- Percentage of adults-in-custody at Clackamas County Jail who were classified as forced releases (monthly average)
- Percentage of Pretrial Release program participants who are not charged with a new offense during the pretrial stage
- Percentage of Pretrial Release program participants who make all scheduled court appearances

Outcome Measures for LPSCC review and CJC semi-annual reporting:

- Success rates-percentage of pretrial clients remained in good standing until their case was resolved
- Dispositions-the number and percentage of people who completed the program in the following ways
  - Successful
    - Plea
    - Charges dismissed/no charges filed
    - Acquittal
    - Diversion
    - Sentenced
  - Unsuccessful
    - New arrest
    - Failure to appear
    - Technical violation
- Length of service-the average length of time pretrial clients are enrolled in the program

**Please articulate how this program is related to the goals of Justice Reinvestment.**

*Example: The County Downward Departure Program helps the county meet the JRI goal of reducing prison usage (by 5%) while holding offenders accountable and maintaining community safety (by reducing participants rate to reoffend by 5% from our valid assessment process and targeted services). Because we are expecting a recidivism reduction for the program participants we would then also expect a reduction for the county's overall recidivism rate (probationers and post-prison supervision).*

Compared with the cash bail system, the Pretrial Release program provides a more equitable way for Clackamas County residents to remain in the community while awaiting their trial. Clackamas County uses risk assessment tools to determine eligibility and monitoring levels, and has a check-in system in place to hold clients accountable until their hearing. Forced releases fell from an average of 141 people released from jail per month in 2016 (before the implementation of the Pretrial program), to an average of 88 forced releases per month in 2019. Pretrial programs have been shown to reduce prison usage, as defendants who are not detained for the duration of the pretrial period are less likely to be sentenced to prison, and those who are sentenced to prison tend to serve shorter prison terms. The Pretrial Release program further increases public safety by freeing up jail resources to allow staff to assist adults-in-custody who are at the highest risk of re-offending.

**Has this program received a Corrections Program Checklist in the last 10 years? If so, when was the review conducted? Briefly describe the outcome and any steps to address the findings of the CPC.**

No

**CSAP**

**What is the overall goal of this program?**

*Goals should be specific and measurable.*

*Example: The County Downward Departure Program goal is to reduce county prison usage by 5% over a one year period.*

*This value must be between 1 and 500 words.*

Clackamas County Community Corrections Substance Abuse Program (CSAP) is a high-intensity residential treatment program that targets individuals on felony supervision, providing clients with a dosage of treatment deemed appropriate based on criminogenic risk, needs, and responsibility.

In the 2021-2023 biennium, it is the goal of CSAP that 40% of residential clients who have successfully completed the CSAP will not be under the influence of addictive substances if arrested for the commission of a new crime.

Public safety is at the core of CSAP's program goals:

- Recidivism reduction
- Substance use reduction
- Increased client accountability
- Rebuild families
- Help participants live prosocial lives and contribute to their communities



These outcomes increase public safety and reduce prison populations over the long term. CSAP clients participate in evidence-based treatment with trained and licensed professionals who address key issues including antisocial attitudes, peers and histories, increasing empathy, increasing accountability, relationships, criminal thinking errors, employment, emotional regulation, mental health diagnosis, tolerating stress, housing safety, trauma histories, education, financial responsibility and more.

Program staff uses group and individual therapy, homework assignments, incentives, sanction, and prosocial behavioral modeling to help clients address the issues that led to substance use and criminality, and strive towards healthy goals and lifestyles.

As jail time has decreased, CSAP is encountering more clients who are in an active addiction phase. In response to this, CSAP is seeking partnership with health providers to provide in-house, medically-assisted substance use detox for clients who are in the throes of withdrawal symptoms or transitioning to Medication-Assisted Treatment (MAT).

Community Corrections will contract with local trainers to provide CSAP staff with trauma-informed care training to ensure that all staff members are adequately equipped to help clients navigate the effects of past and current traumas.

CSAP will provide clients who are in the latter stages of the program and are living in the community with vouchers for permanent housing as needed.

### **What is the Target Population of this program?**

*Describe the target population for the program. Be as specific as possible.*

CSAP targets individuals who are on felony supervision, at high risk to reoffend and at risk to return to substance use. With the JRI-funded expansion of the CSAP program, priority is given to clients who are at highest risk of having their supervision revoked and sent to prison. Male clients must score a 16 or higher on the Level of Service Case Management Inventory assessment (LSCMI) (Med/High) and female clients must score a 22 or higher on the Women's Risk Needs Assessment (WRNA) (Med/High). All participants in the program must meet the criteria for American Society of Addiction Medicine (ASAM) level of care (LOC) 3.5 as defined by the third edition of the ASAM diagnostic criteria. CSAP is gender responsive; with separate programs for men and women.

## **What metrics, variables, or data points will the county use to assess the program described above?**

*Example: The Downward Departure Program will track the number of people that enter DOC custody; the number of participants in the downward departure program; success rate of the participants; treatment and other services offered to each client.*

- Percentage of clients at high risk of revocation who successfully complete CSAP
- One-year recidivism (new crime) arrest/conviction/incarceration rates for CSAP graduates
- Number of clients in medication assisted treatment (Naltrexone, Buprenorphine, methadone)

## **Please articulate how this program is related to the goals of Justice Reinvestment.**

*Example: The County Downward Departure Program helps the county meet the JRI goal of reducing prison usage (by 5%) while holding offenders accountable and maintaining community safety (by reducing participants rate to reoffend by 5% from our valid assessment process and targeted services). Because we are expecting a recidivism reduction for the program participants we would then also expect a reduction for the county's overall recidivism rate (probationers and post-prison supervision).*

CSAP is a high intensity residential treatment program that targets individuals on felony supervision.

The CSAP program's success depends on its well-rounded team of professionals, including therapists from Clackamas County Health Services; peer mentors contracted through Bridges to Change; and a designated probation officer, a mental health specialist, counselors, and other staffers from Community Corrections.

The program is a minimum of 12 months in duration. The program is designed as a phase system. There are four phases. The first two phases are in-house level of care (LOC) 3.5 treatment services. There is a step-down in intensity of services offered as a client advances through the program's third and fourth phases. CSAP offers a variety of groups that target both criminality and substance use. CSAP's core treatment curriculum is Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change authored by Harvey Milkman and Kenneth Wanberg. This evidenced-based curriculum addresses multiple domains on the LSCMI / WRNA and works to challenge thinking and behavior that lead to recidivism, substance use and utilizing high cost resources in the criminal justice system; jail and prison.

In addition, homework assignments are created / assigned to address an individual's specific needs, which may include aggression, domestic violence, co-dependency, gambling addiction, eating disorders, gang affiliation etc.

Through a client's attendance in therapy, meetings with staff and organized recreational and leisure activities, the goal of CSAP is to structure 60% of a client's time. Half of the in-house, structured time is dedicated to therapeutic services. As clients move through the program and begin a transition back into employment and the community, their structured time includes work and social passes. Social passes are used to help clients begin to re-engage with their families and other pro-social associates, and to participate in healthy leisure activities.

After a CSAP participant has demonstrated stability and balance through work, recovery, treatment and social time, they are approved to move into a sober housing environment, an Oxford house. They live in an Oxford house for the remainder of their time in the aftercare portion of the program. This portion is approximately 6 months in duration.

During the final portion of treatment, clients submit to random urinalysis (UA) tests, meet supervision requirements and continue to participate in a weekly evidence based continuing care group. This final phase of treatment allows staff to observe client behavior, while living in the community, to ensure they are using the skills they learned in treatment.

The CSAP program is built with accountability and public safety at its core, with an overall goal of healthy clients who will not reoffend.

**Has this program received a Corrections Program Checklist in the last 10 years? If so, when was the review conducted? Briefly describe the outcome and any steps to address the findings of the CPC.**

A Correctional Program Checklist (CPC) review was conducted in October 2016. The Men's CSAP program received an overall score of 55% on the CPC 2.0. This falls into the High Adherence to EBP category. The Women's CSAP program received an overall score of 53% on the CPC 2.0. This falls into the Moderate Adherence to Evidence Based Practices category. Multiple suggestions were made to increase the CPC scores and Community Corrections is working to implement the majority of the recommendations.

The main priorities recommended by the evaluators were:

1. Collaboratively designed individual case plans targeting 2 or 3 criminogenic needs that are reviewed regularly by the client and case manager
2. More cognitive restructuring and behavioral strategies via formal core curriculum
3. Consistent incorporation of structured skill building when possible:
  - a. Definition of the skill
  - b. Staff modeling of the skill
  - c. Role playing
  - d. Skill practice in increasingly difficult situations
4. Clearly written and objective completion guidelines that include evidence of pro social skill acquisition. Achievement of goals from case plans should be included

CSAP has addressed the recommendations through the following improvements:

- The on-site Probation/Parole Officer (PPO) works in collaboration with the therapist and counselor to ensure that case plans are created and reviewed.
- The program supervisor is a statewide trainer of the LS/CMI (the risk assessment used at CSAP) and will start to bring a standardized community correction focus to the case plan, which will complement the current therapeutic perspective. CSAP is transitioning to CorrectTech, which is an integrated case planning software. CorrectTech will allow the counselor, therapist, and PPO to track the client's criminogenic needs and use assessment domains to determine appropriate interventions based on risk and needs.
- Currently, therapists have outlined program completion goals throughout the curriculum, and clients have a better understanding of the graduation requirements and structure of the program than they did at the time of the last CPC.

- Eventually, the case plan will be a series of guideposts of a client’s progression through the program. CorrectTech will assist the client through the program, identifying goals at the current phase and anticipating the next phase.

## **STTL**

### **What is the overall goal of this program?**

*Goals should be specific and measurable.*

*Example: The County Downward Departure Program goal is to reduce county prison usage by 5% over a one year period.*

*This value must be between 1 and 500 words.*

Clackamas County Community Corrections is committed to reducing the prison population while maintaining community safety, as evidenced by our Short-Term Transitional Leave program (STTL). STTL is a program that allows people to reintegrate into their communities up to 120 days early from the state prison system. The goal is to support successful transition from prison to the community, to ensure that our clients can experience and sustain a crime-free life. Clients move into short-term supportive housing to complete their prison sentences. STTL staff focus on prosocial needs while helping to mitigate anti-social or criminogenic behaviors and addressing substance abuse and physical or mental health needs.

Community Corrections has a 10-bed dorm at the Clackamas County Community Corrections Center dedicated to this program, a Parole & Probation officer and a peer mentor will continue to work specifically with clients releasing from prison to assist in the transition process.

The goal of STTL is to maintain a success rate of 90% or higher, with no more than 2% of STTL participants returning to prison due to a new crime.

Community Corrections will contract with local trainers to provide STTL staff with Trauma-Informed Care training to ensure that all staff members are adequately equipped to help clients navigate the effects of past and current traumas.

STTL will provide clients with vouchers for permanent housing as needed.

### **What is the Target Population of this program?**

*Describe the target population for the program. Be as specific as possible.*

All Department of Corrections adults-in-custody that are eligible for Short Term Transitional Leave services are given the option to participate in the program during the remainder of their sentence.

### **What metrics, variables, or data points will the county use to assess the program described above?**

*Example: The Downward Departure Program will track the number of people that enter DOC custody; the number of participants in the downward departure program; success rate of the participants; treatment and other services offered to each client.*

- STTL cases that are referred from the DOC. The number of cases accepted for STTL.

- Prison days saved.
- STTL-denied cases, and reason for denial
- Percentage of participants who:
  - Were not arrested/convicted/incarcerated for a new crime while on STTL status and 1, 2, 3 years after release
  - Did not commit a technical violation while on STTL status
- The number of STTL participants:
  - Employed within 90 days
  - That transitioned to clean, sober and stable housing
  - Who had their needs addressed within 90 days

**Please articulate how this program is related to the goals of Justice Reinvestment.**

*Example: The County Downward Departure Program helps the county meet the JRI goal of reducing prison usage (by 5%) while holding offenders accountable and maintaining community safety (by reducing participants rate to reoffend by 5% from our valid assessment process and targeted services). Because we are expecting a recidivism reduction for the program participants we would then also expect a reduction for the county's overall recidivism rate (probationers and post-prison supervision).*

STTL is a program that allows people to reintegrate into their communities upon exit from the state prison system. As a person reaches the end of their prison stay, they move into short-term supportive housing. STTL staff focus on prosocial needs and while helping to mitigate anti-social or criminogenic behaviors and addressing substance abuse and physical or mental health needs.

STTL participants spend the final 30 to 120 days (depending on sentencing date) of their sentence in supportive community housing in lieu of prison. The STTL PPO contacts identified participants prior to release from the Department of Corrections (DOC) custody and engages with the participants on a monthly basis until they are released. Prior to release, the PPO begins case planning with each participant to identify their highest criminogenic needs in order to have a course of action in place upon release. Within 24 hours of release, the participant meets with their PPO or a Community Corrections staff member, and the participant is placed in a structured program.

STTL addresses criminogenic, education, and employment needs. To achieve these goals, participants have access to assessments and treatment to accommodate participant needs at the earliest intervention stages. As these participants are on a leave status from the DOC, the PPO maximizes the opportunity for engagement in supervision strategies. The PPO also helps clients transition to clean, sober and stable housing. The program allows participants to transition from prison back into the community in a way that helps ensure success, accountability, and public safety, with a focus on breaking the cycle of incarceration.

**Has this program received a Corrections Program Checklist in the last 10 years? If so, when was the review conducted? Briefly describe the outcome and any steps to address the findings of the CPC.**

No

**Narrative Page 3.**

# Goals of Justice Reinvestment

**Responses must include all proposed grant-funded activities, as well as local policy changes or collaborative efforts that support the county's progress toward meeting the goals of justice reinvestment. The application must address the goals of justice reinvestment. In this section, it is required that the LPSCC review the county-specific data found on the [CJC dashboards](#). Applications must reference the dashboards and clearly articulate the county's progress toward meeting the goals, as well as how the proposed program will assist in meeting those goals in the future.**

*Describe efforts to reduce recidivism through evidence-based practices while increasing public safety and holding offenders accountable.*

*Applicants are expected to use the CJC recidivism dashboards to contextualize the county's current recidivism rates and explain how the proposed program will decrease these rates while increasing public safety and holding offenders accountable. Describe efforts to reduce recidivism during the past biennia and how the proposed program will change or continue those efforts.*

*The statewide definition of recidivism includes new arrest, conviction, or incarceration within three years of a prior conviction or release from custody (ORS 423.557). CJC dashboards show statewide and county-specific recidivism data for both one and three years. Applicants are encouraged to address comparisons to the statewide rate.*

- *Refer to [CJC Dashboards](#) to answer question.*
- *Describe efforts during the previous biennia and how the proposed program will change or continue those efforts.*
- *Applicants are encouraged to address comparisons to the statewide rate.*

The Justice Reinvestment programs utilized by Clackamas County provide clients with opportunities to engage with treatment and pro-social actions at several stages within the criminal justice process, in an attempt to reduce recidivism while upholding public safety and accountability.

Pre-adjudication, the Clackamas County Pretrial Release program provides clients an alternative to jail or cash bonds with a risk-based level of monitoring and encouragement towards treatment. Clients have a greater chance of remaining employed and they can receive treatment and interventions early in the process, which can lead to better long-term outcomes than defendants who encountered lengthy jail times.

At sentencing, a judge may refer a defendant to CSAP. Alternatively, a Community Corrections client may be assigned to CSAP while on supervision. CSAP's evidence-based, trauma-informed, gender-specific, prosocial approach to harm reduction, substance use treatment, and life skills are critical tools in helping justice-involved individuals attain accountability and leads to greater public safety and lower prison usage.

STTL assists the recently-incarcerated in reintegrating into society, helping them to stabilize and transition into independent living. If a person is physically and mentally well, has a stable job and housing, they are more likely to be engaged with their case plan and less likely to recidivate.

It is difficult to make proclamations about client outcomes during the 2019-2021 biennium, due to different pandemic-related factors, including prison releases, program restrictions, and COVID-19's general effects on wellness.

According to the JRI Snapshot dashboard on the CJC website, the two most recent cohorts of justice-involved individuals who entered community supervision have lower levels of 3-year recidivism compared to the previous cohort. The only exception is for new arrests and new misdemeanants. All new arrests increased to a high of 58.9 % among the 2<sup>nd</sup> cohort of 2016, but fell to 56.3% among the 1<sup>st</sup> cohort of 2017, which was lower than even the 1<sup>st</sup> cohort of 2016 (56.9%). The new arrests followed a pattern that was similar at a statewide level.

New misdemeanor arrests increased from 12.1% among the first cohort of 2016, to 14.8% among the 1<sup>st</sup> cohort of 2017, which is the most recent cohort. This pattern is different than the statewide trend, which has been gradually curving upward.

While the recidivism rate fluctuates somewhat, Clackamas County has not seen a steady decline in arrests in recent years. Our hypothesis is that the primary obstacle to a large reduction in crime rates can be traced to a countywide shortage of treatment facilities. Substance use disorder treatment is instrumental in fighting crimes that are associated with the scourge of opioid addiction. The county faces a similar shortage of treatment options for mental health treatment. Community Corrections is building more collaborative relationships with the county's behavioral health agencies, participating in Sequential Intercept Model mapping to determine gaps and overlaps in continuum of care. Community Corrections is also creating inter-agency agreements to enable information sharing to quickly identify clients with complex needs to ensure a comprehensive plan of treatment and accountability is put in place.

In addition to the Justice Reinvestment programs, Clackamas County has other programs and practices in place in an effort to reduce recidivism while improving public safety and holding clients accountable. For instance, Community Corrections is currently working under a grant from the BJA to provide diversion strategies that target incarcerated individuals eligible for early release to treatment, as well as other and individuals re-entering the community. Strategies currently include induction of Medically-Assisted Treatment (MAT) at the Clackamas County Jail prior to release to CSAP and hiring a MAT coordinator in the jail. The MAT Care Coordinator assists program participants in their personal recovery journey during incarceration by coordinating the entry and release plan as it relates to medication-assisted treatment for substance use disorders.

### **Describe efforts to reduce prison utilization for property, drug, and driving offenses while increasing public safety and holding offenders accountable.**

*Applicants must identify how the proposed program will reduce county prison usage for property, drug, and driving offenses while increasing public safety and holding offenders accountable.*

- Refer to [CJC Dashboards](#) to answer question.
- Applicants are encouraged to incorporate data specific to the county's prison intakes, revocations, length of stay, and relationship to the statewide rates when discussing past, present, and projected prison usage.

A carefully planned and well-executed pretrial program serves as a prison diversion program. Defendants released to a pretrial program are less likely to go to prison and those who do go to

prison have shorter sentences, on average, compared with defendants who spent the pre-adjudication phase in jail.

Clackamas County has expanded the CSAP program to prioritize offenders who are in jeopardy of being revoked to prison. Offenders are offered a “last chance” opportunity prior to revocation. Although COVID restrictions have led to early CSAP releases and has reduced overall capacity, CSAP has outstanding success rates and excellent recidivism rates overall.

Clackamas County is a leader in reducing prison beds by participating in the STTL program. From December, 2013 to October, 2021, the county has saved approximately 40,872 prison days. Participation has fallen steeply due to COVID restrictions, but the county anticipates a return to higher numbers of engagement over the next biennium.

Clackamas County’s overall prison usage for new drug, property, and driving crimes has been trending down in 2019 and 2020 compared to the previous year, for total intakes per 100,000 and for total prison months used per 100,000. For each year, Clackamas County has been lower than the state averages for total intakes and prison months used per 100,000.

### **Female property, drug, and driving offenses.**

*Applicants must identify how the proposed program will reduce county prison usage for property, drug, and driving offenses while increasing public safety and holding offenders accountable.*

- Refer to [CJC Dashboards](#) to answer question.
- Address prison usage specific to female property, drug, and driving offenses, as well as describe local efforts to address this population.

Prison usage for new drug, property, and driving crimes among women in Clackamas County has been trending down in 2019 and 2020 compared to the previous year for total prison months used per 100,000. Prison intakes rose slightly, from 17 intakes per 100,000 in 2018, to 18 intakes per 100,000 in 2019, before dropping to 11 intakes per 100,000 in 2020. Clackamas County’s intake rates among women was lower than the state’s rate in 2018, but higher than the state’s rate in 2019 and 2020. Clackamas County’s use of prison months among women was lower than the state’s rate per 100,000 in 2018 and 2019, but rose above the state’s rate in 2020.

Clackamas County Community Corrections continues to work on being gender responsive. Women on supervision are supervised by a female PPO. Clackamas County has enhanced reentry efforts for women releasing from prison in order to ensure Community Corrections is using the best gender-responsive practices. Specifically, a female PPO is visiting women in prison once a month, starting 4 months before release. This give the clients an opportunity to begin a relationship with the PPO before going on supervision. It also gives the PPO a chance to assess any special needs or concerns each woman might have, and answer questions about the process of transitioning from incarceration to community supervision.

The expansion of the Women’s CSAP program was paused due to Covid-19 protocols. However, the Women’s CSAP program has continued to employ the WRNA to identify gender and trauma specific needs. CSAP also uses gender specific curricula developed by Stephanie Covington and The Center for Gender Justice called Helping Women Recover and Beyond Trauma in order to better serve our female clients.



**If your county has prison-reduction efforts outside of property, drug, and driving offenses please briefly describe them.**

Many justice-involved individuals in Clackamas County suffer from unregulated severe and persistent mental health issue. Community Corrections partners with Bridges to Change to provide mental health housing and supportive services for clients who are on community supervision and have severe and persistent mental health disorders, often co-occurring with substance use disorders. The client receives an actively managed place to live and peer support to help navigate recovery and wellness. Community Corrections has applied for funding through the newest Metro bond designed to reduce homelessness in the Portland metropolitan area. This funding would ensure this successful program can be sustainable long term.

Community Corrections was awarded an IMPACTS grant in 2020. Funded through the state, “IMPACTS” stands for Improving People's Access to Community-based Treatment, Supports, and Services. The purpose is to help the highest utilizers of the criminal justice and mental health institutions, to help them become stabilized and move towards self-sufficiency. Our award is funding mental health housing with wraparound services, a mental health case manager to assist clients in obtaining the care they need, and cell phones to enable clients to access tele-mental health if needed.

Currently, clients face logistical challenges upon exiting jail or prison. Many face immediate needs to secure health insurance, healthcare, sobriety support, housing, employment, and rebuild family relationships. Community Corrections is exploring options to provide clients with a care coordinator who can help navigate these multiple, complex systems. While this planning is in the preliminary phase, the goal is to have a person on-site who can work on these cases and be available as critical issues arise.

**Evidence of Collaboration in Planning and Implementation:**

**Describe the collaborative partnerships in place that will support the county's performance and progress toward the goals of justice reinvestment.**

The Clackamas County LPSCC members are an integral part of the Justice Reinvestment grant development, submission and monitoring of the Justice Reinvestment programs. Additionally, Behavioral Health and Health Clinics work with the CSAP program. Social Services and Housing also work with the CSAP and STTL clients. Clackamas County prioritizes integrated and cooperative working relationships with community partners, including shared data and information.

The pretrial program is successful through the input of many partners: LPSCC, Community Corrections, the Sheriff’s Office, County Circuit Courts, the Defense and District Attorneys, a Victim’s Advocate, and the Juvenile Department.

These partnerships have focused on creation, troubleshooting, and outcomes of the program to maximize public safety and client justice. In these efforts, a pretrial workgroup meets approximately once per month to discuss issues and hear program updates. An offshoot of the workgroup focuses on domestic violence cases to ensure we are protecting victims to the best of

our ability while also giving pre-adjudicated defendants the opportunity to remain in their communities whenever possible.

One of the obligations of the JRI grant is to provide a semi-annual progress report to LPSCC. In order to provide an objective, multi-faceted view of the programs, there is a new LPSCC subcommittee, started in early 2019, whose purpose is to review the findings and narratives before submission, to ask for additions or clarifications as needed.

Clackamas County participated in a pretrial research project conducted by Portland State University and Criminal Justice Policy Institute. The researchers argue that pretrial detention is associated with higher post-sentencing incarceration than pretrial release. The findings suggest that evidence-based pretrial programs can help reduce incarceration costs and provide a fair and equitable justice system, since pretrial diversion programs move away from the practice of pretrial release that is tied to the ability to pay.

Stakeholders from across the criminal justice system in Clackamas County met to discuss what gaps are present in the current system. Members of the circuit court judiciary, the District Attorney's office, the Sheriff's Office, Defense Counsel, the Juvenile department, Community Corrections, and Victim's Advocacy identified both large-scale systems change and smaller program suggestions that could lead to a more equitable and successful process for justice-involved individuals.

## Cultural Responsiveness

**Narrative Page 3.**

### Cultural Responsiveness

*Culturally responsive services are comprehensive processes that have been adjusted to consider and support the principles, practices, culture and needs of underserved populations within a community. Underserved populations are comprised of individuals who identify with specific cultural connections based on their ethnic or racial origin, place of birth, familial structure, gender identity, and language spoken in the home.*

*As a reminder, we have provided the following resources that may aide you in answering these questions:*

- [Equity and Cultural Responsive Services page](#), which includes definitions of terms and concepts that could aide them in answering some of the questions. The website also has a list of resources including the [report](#) developed by the Justice Reinvestment Equity Advisory Committee.
- [Race, Ethnicity, and Gender Demographic Dashboard](#), a new dashboard which show county-specific data for probation and local control intakes as well as prison intakes.

### **What underserved populations does your program serve? 150 words**

The Justice-Reinvestment funded programs in Clackamas County serves members of each of the underserved communities as defined in the State of Oregon Equity Framework in COVID-19 Response and Recovery, which is referenced in the Equity and Cultural Responses Services

page. These include: Native Americans, Black, Africans, African Americans; Latinx, Hispanic, Asians, Pacific Islanders; immigrants, refugees, asylum seekers, the undocumented, DREAMers, the linguistically diverse, people with disabilities, LGBTQ+ adults, aging or older adults, the economically disadvantaged, farmworkers, migrant workers, and people who live in rural parts of our county.

In addition, these programs serve members of the following underserved populations: individuals with substance use and mental health disorders, adults-in-custody, formerly incarcerated adults, uninsured adults and those who are on Medicaid, victims of violent crime, and women who are interacting with the criminal justice system.

**What culturally responsive practices does the county use with justice-involved individuals?  
300 words**

Clackamas County has created an Office of Equity and Inclusion to promote a fair and equitable workforce and center of government. This office will implement countywide training, and provide oversight and resources for management and staff.

In the summer of 2020, LPSCC formed a new subcommittee to look at how Clackamas County's systems support diversity, equity, and inclusion for residents and employees, and what actions LPSCC can take to advance equity in the criminal justice system. The work group is vetting organizations to facilitate the development of a equity, diversity and inclusion action plan for LPSCC, utilizing funding provided by the Criminal justice commission. The action plan will guide LPSCC in promoting diversity, equity, and inclusion in the criminal justice system, and focus on areas of the system could be improved. LPSCC is currently gathering proposals.

The District Attorney's (DA) Office is currently establishing an internal Diversity, Equity and Inclusion (DEI) committee. A member of the DA's office has accepted an invitation to serve on the larger county DEI workgroup. The DA's office is hiring a reputable law firm that specializes in training on these issues to give DEI training to the entire office this fall. Additionally, they have been consulting with a non-profit group for future trainings. This partnership will help the DA's office make Diversity, Equity and Inclusion a long term, centering principle.

Clackamas County Juvenile Department (CCJD) 's goals are to be trauma informed and culturally responsive throughout the spectrum of services provided by the department. As part of CCJD's Strategic Business Plan all staff are required to have 20 hours of annual training, 8 of which are related to Equity, Diversity and Inclusion. CCJD contracts with service providers who are culturally responsive and employ fully bi-lingual/bi-cultural staff, to ensure that diverse youth are provided equitable service delivery.

**How did you include the input of historically underserved communities, including, but not limited to, racial and ethnic minorities, women, lesbian, gay, bisexual, transgender, queer, and other minority gender identity communities?**

Community Corrections has barriers to overcome while working towards inclusion of historically underserved communities in the JRI process and ensuring that clients have access to

culturally responsive services. Some of the barriers include: identifying community stakeholders, seeking engagement, and educating on the programs we currently operate.

Although one approach is to dive in quickly and sort out the rest later, Clackamas County Community Corrections tries to take a slower, more systematic and data-driven approach to equity work. We want to be thoughtful and create relationships and accountability structures that will be long-term. Before we ask underserved communities to do the work with us, we are doing some work internally. The first step is the EDI action plan that has been commissioned by LPSCC, which will help us formulate questions pertaining to equity gaps. As we are working on that, we are connecting with organizations and departments to start the conversations and grow our network. We are also speaking with the county Equity and Inclusion Office, Juvenile Department, and the District Attorney's office to understand their equitable approaches to governing and criminal justice. Our next step will include connecting with the Leaders in Equity, Diversion, and Inclusion Council, which is a volunteer county advisory council whose members are appointed by the Board of County Commissioners. The Council represents the diversity of lived and professional experiences found within Clackamas County and can give recommendations to help ensure that programs and policies are operated with equity at the center.

Clackamas County is conducting a racial justice study with the Coalition of Communities of Color. The purpose is to bring diverse county members into racial justice research by asking them steer the study and open dialogue with members of the community who have been affected by the criminal justice system to learn of their experiences and discuss what matters are most important to them. The goal is to engage in sustaining conversations with this group and other diversity, equity, and inclusion groups and members of the community in order to build long-term, restorative practices.

**Please describe all consultations or attempts at outreach.**

LPSCC is currently soliciting bids for the EDI action plan. Community Corrections has been working on setting up introductory meetings through the Juvenile Department, as the Juvenile Department has existing bonds with underrepresented communities in the county. Community Corrections is meeting with the director of the Equity and Inclusion Office to discuss the application and seek feedback.

**How did you include the input of community partners in the implementation of the proposed services? 300 words**

*Please identify community partners.*

Staff is consistently checking in with clients who utilize these services to improve them and make them more equitable. During the next biennium, we hope to conduct some client focus groups to understand the unique burdens faced by members of underrepresented communities as they interact with the community corrections system in Clackamas County.

Community Corrections has been in conversation with our county's Equity and Inclusion officer to learn about local culturally responsive community-based organizations that may be interested in provided input on our Justice Reinvestment programs and we have been provided with names of organizations to start with, including the following culturally specific organizations: Red

Lodge transition services, The Living Room, and El Programa Hispano, and NW Family Services, which is a culturally responsive organization. We will reach out to these organizations, and will also continue to seek out a broad array of community partners to ensure a diversity of experiences and perspectives.

**How do you intend to ensure that services funded by these grant dollars are used to promote social equity for historically underserved communities?**

*Detail what controls you will put in place or metrics you will use to track success.*

Clackamas County has recently created an Office of Equity and Inclusion, and one of the first goals of the office is to create new inaugural and ongoing diversity/equity/inclusion trainings for all employees of Clackamas County. Training for management will include ways to assess staff compliance with equity goals, and ways to work with staff to improve compliance.

Clackamas County places a disproportionate number of Black and Latino men in prison and on community supervision relative to their overall county representation. Black women face a disparity in community supervision, and Black, Latina, and Native American women have higher rates of imprisonment compared to their population in the county.

CSAP assists people who have substance use disorders access treatment, counseling, and peer support to enter recovery, hone prosocial skills, find and maintain stable employment, and repair relationships within their community. Although there are not currently any culturally specific programs in CSAP, there is women-specific programming and a client can participate in the program that best fits their gender identity. CSAP strives to be a trauma-informed, culturally responsive program.

The Pretrial program allows defendants who may lack the financial resources to post bail the opportunity to await trial outside the confines of jail. This helps break down the cycle of poverty, as the defendant is able to retain employment, continue parental responsibilities, and meet with counsel more easily than when in jail.

The STTL program helps the recently incarcerated transition into stable employment and housing. Although societal impressions are shifting, ex-felons remain disenfranchised and marginalized from many aspects of community life.

In order to improve equitable service delivery to historically underserved communities, Clackamas County Community Corrections must first identify who we serve. While we have some basic demographics, we have not been able to collect more granular data. To address this issue, we are overhauling our intake forms to ensure that we can understand the demographics of our clients. We plan to change to new forms in the fall of 2021, relying heavily on the Race, Ethnicity, and Disability (REALD) form created by the Oregon Health Authority and the Oregon Department of Human Services.

Community Corrections is currently building a specialized caseload that will serve clients who identify as Black, Indigenous, and/or People of Color (BIPOC). The caseload will be supervised by a PPO who is BIPOC, has received additional training in supporting clients who have been victims of racialized trauma, and will receive additional support to process vicarious trauma. The plan is to start with 20 clients who are identified as BIPOC. Going forward, clients who identify

as BIPOC will have the opportunity to be supervised on the BIPOC caseload, as space permits. Clackamas County is compiling a list of culturally responsive resources to refer clients to as needed. The eventual goal is to contract with organizations who provide culturally-specific services, whether this is in Clackamas County or in neighboring counties, to ensure that our clients are able to access services that are appropriate to their culture and lived experiences.

## JRI 2021-2023 BUDGET BY PROGRAM

	2021-2022	2022-2023	
<b>PRETRIAL</b>	<b>Year 1</b>	<b>Year 2</b>	
PPO 2 Sr	162,171	167,036	329,207
CC Supervisor .5 FTE	86,667	89,266	175,933
CC Tech	99,670	102,660	202,330
CC Tech	88,962	91,629	180,591
<b>PS total</b>	<b>437,470</b>	<b>450,592</b>	<b>888,061</b>
Housing Vouchers	12,194	12,194	24,387
Training	10,000	10,000	20,000
Vehicle	8,000	8,000	16,000
Telephone	2,100	2,100	4,200
Cell phone	1,450	1,450	2,900
<b>M&amp;S total</b>	<b>33,744</b>	<b>33,744</b>	<b>67,487</b>
Alcohol & Drug Outreach	125,000	125,000	250,000
EHD	50,000	50,000	100,000
Automon subscription	9,135	9,591	18,726
<b>Contract total</b>	<b>184,135</b>	<b>184,591</b>	<b>368,726</b>
<b>PRETRIAL TOTAL</b>	<b>655,348</b>	<b>668,926</b>	<b>1,324,275</b>

<b>STTL</b>	<b>Year 1</b>	<b>Year 2</b>	
PPO 2 (0.5 FTE)	62,022	63,883	125,905
<b>PS total</b>	<b>62,022</b>	<b>63,883</b>	<b>125,905</b>
Housing Vouchers	12,194	12,194	24,388
<b>M&amp;S total</b>	<b>12,194</b>	<b>12,194</b>	<b>24,388</b>
<b>STTL TOTAL</b>	<b>74,216</b>	<b>76,077</b>	<b>150,293</b>

<b>EXPANDED CSAP</b>	<b>Year 1</b>	<b>Year 2</b>	
CC Counselor	102,426	105,499	207,925
PPO 2 (0.5 FTE)	62,022	63,883	125,905
<b>PS total</b>	<b>164,448</b>	<b>169,381</b>	<b>333,829</b>
CorrectTech license	12,296	12,665	24,961
Housing Vouchers	12,194	12,194	24,388
Training	10,000	10,000	20,000
MH Specialist	120,972	125,142	246,114
<b>Contract total</b>	<b>155,462</b>	<b>160,001</b>	<b>315,463</b>
<b>CSAP total</b>	<b>319,910</b>	<b>329,382</b>	<b>649,292</b>

<b>CCCC TOTAL</b>	<b>1,049,474</b>	<b>1,074,385</b>	<b>2,123,860</b>
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VICTIMS 10%	122,061	122,061	244,122
RCT 3%	36,618	36,618	73,237

<b>JRI TOTAL</b>	<b>1,208,153</b>	<b>1,233,065</b>	<b>2,441,218</b>
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# Financial Assistance Application Lifecycle Form

Use this form to track your potential grant from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

## \*\* CONCEPTION \*\*

*Note: The processes outlined in this form are not applicable to disaster recovery grants.*

### Section I: Funding Opportunity Information - To be completed by Requester

Lead Department & Fund:

Community Corrections

Application for:  Subrecipient Assistance  Direct Assistance  
Grant Renewal?  Yes  No

If renewal, complete sections 1, 2, & 4 only

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

Name of Funding Opportunity:

Criminal Justice Commission Justice Reinvestment Grant

Funding Source: Federal  State  Local

Requestor Information (Name of staff person initiating form):

Judy Anderson-Smith

Requestor Contact Information:

503-655-8711

Department Fiscal Representative:

Judy Anderson-Smith

Program Name or Number (please specify):

Pre-Trial Program/Short Term Transitional Leave, Corrections Substance Abuse Program expansion

Brief Description of Project:

Clackamas County has previously applied for and received Justice Reinvestment (JRI) dollars over the past 2 biennium. The goals of the JRI grants are to reduce recidivism, reduce prison populations, and increase public safety and to hold offenders accountable. The proposal for the 2021-2023 biennium is to continue to fund 3 programs. With the passing of HB3078 the term that inmates can be released early into the community has increased from 90 days to 120 days. Community Corrections will continue to dedicate beds for those releases at the residential center. The request to increase public safety is to continue operations of the expanded program to include a dedicated Probation Officer to work with this population post release to ensure the safest, most successful transition back into the community. Clackamas Substance Abuse Program (CSAP) is a long standing program in Clackamas County that provides substance abuse treatment and addresses criminogenic needs in a residential treatment setting. This request is to continue the expansion of treatment beds for the CSAP program. This meets the goals of the grant by increasing public safety, reducing recidivism, reducing prison beds and holding offenders accountable. The last program that we are requesting continued funding for is our Pretrial Service program. The Clackamas County Courts, District Attorney's Office, Jail, Clackamas Indigent Defense, and Community Corrections are partnering to ensure that better release decisions are being made, public safety is being upheld and failures to appear and forced release are being minimized. Pretrial programs have shown to increase public safety and hold offenders accountable.

Name of Funding Agency:

Criminal Justice Commission

Agency's Web Address for funding agency Guidelines and Contact Information:

<http://www.oregon.gov/cjc/jri-grant/Pages/default.aspx>

OR

Application Packet Attached:  Yes  No

Completed By:

Malcolm McDonald

07/12/2021

Date

**\*\* NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE \*\***

### Section II: Funding Opportunity Information - To be completed by Department Fiscal Rep

Competitive Application

Non-Competing Application

Other

CFDA(s), if applicable:

Funding Agency Award Notification Date:

Announcement Date:

07/01/2021

Announcement/Opportunity #:

Grant Category/Title:

Max Award Value:

\$2,441,218

Allows Indirect/Rate:

Match Requirement:

n/a

Application Deadline:

08/31/2021

Other Deadlines:

Award Start Date:

07/01/2021

Other Deadline Description:

Award End Date:

06/30/2023

Completed By:

Judy Anderson-Smith

Program Income Requirement:

Pre-Application Meeting Schedule:

07/12/2021



**Section III: Funding Opportunity Information - To be completed at Pre-Application Meeting by Dept Program and Fiscal Staff**

**Mission/Purpose:**

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

2. What, if any, are the community partners who might be better suited to perform this work?

3. What are the objectives of this funding opportunity? How will we meet these objectives?

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

**Organizational Capacity:**

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

3. If this is a pilot project, what is the plan for sunseting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

**Collaboration**

1. List County departments that will collaborate on this award, if any.

**Reporting Requirements**

1. What are the program reporting requirements for this grant/funding opportunity?

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

3. What are the fiscal reporting requirements for this funding?

**Fiscal**

1. Will we realize more benefit than this financial assistance will cost to administer?

2. Are other revenue sources required? Have they already been secured?

3. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, Local Grant, etc.)?

4. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are they?

Program Approval:

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Name (Typed/Printed)

Date

Signature

**\*\* NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR \*\***

**\*\*ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN.\*\***

**Section IV: Approvals**

<b>DIVISION DIRECTOR (or designee, if applicable)</b>		
Name (Typed/Printed)	Date	Signature

<b>DEPARTMENT DIRECTOR (or designee, if applicable)</b>		
Malcolm McDonald	07/15/2021	Malcolm McDonald <small>Digitally signed by Malcolm McDonald Date: 2021.07.15 14:29:19 -07'00'</small>
Name (Typed/Printed)	Date	Signature

<b>FINANCE ADMINISTRATION</b>		
Elizabeth Comfort	7.16.2021	Elizabeth Comfort <small>Digitally signed by Elizabeth Comfort Date: 2021.07.16 11:47:55 -07'00'</small>
Name (Typed/Printed)	Date	Signature

<b>EOC COMMAND APPROVAL (DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)</b>		
Name (Typed/Printed)	Date	Signature

**Section V: Board of County Commissioners/County Administration**

*(Required for all grant applications. If your grant is awarded, all grant **awards** must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)*

**For applications less than \$150,000:**

<b>COUNTY ADMINISTRATOR</b>	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Name (Typed/Printed)	Date	Signature

**For applications greater than \$150,000 or which otherwise require BCC approval:**

BCC Agenda item #:

Date:

OR

Policy Session Date:

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County Administration Attestation

County Administration: re-route to department contact when fully approved.  
 Department: keep original with your grant file.

August 10, 2021

Criminal Justice Commission  
885 Summer St NE  
Salem, Oregon 97301

This letter is to inform you that on August 10, 2021 the Clackamas County Board of Commissioners reviewed the 2021-2023 Criminal Justice Commission, Justice Reinvestment Grant application. On August 10 2021 at the Board of County Commissioners Business Meeting, the Board officially approved the application between Clackamas County and the Criminal Justice Commission, Justice Reinvestment and submission of the application for grant funding. (BCC Agenda item #XXX).

Thank you.

Sincerely,

**CLACKAMAS COUNTY  
BOARD OF COMMISSIONERS**

Tootie Smith, Chair  
On Behalf of the Clackamas County Board of Commissioners