1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: TN-506 - Upper Cumberland CoC

1A-2. Collaborative Applicant Name: The Crossville Housing Development Corporation

1A-3. CoC Designation: CA

1A-4. HMIS Lead: The Crossville Housing Development Corporation

1B. Continuum of Care (CoC) Engagement

Instructions:

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

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	No
CDBG/HOME/ESG Entitlement Jurisdiction	No	No
Law Enforcement	Yes	No
Local Jail(s)	No	No
Hospital(s)	No	No
EMS/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	No
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	No	No
Disability Advocates	No	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	No
Youth Advocates	Yes	No
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	No
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Not Applicable	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	No
Substance Abuse Advocates	Yes	No

Other:(limit 50 characters)		
Homeless Housing Project Agenices	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)

The members of the CoC seek out new and former agencies and homeless advocates to continue the work of ending and preventing homelessness in its jurisdiction. Planning sessions for the updating the CoC's plan to end homelessness are open to the public. Every member is expected to serve on at least one committee, and the work at the committee level is an integral part of the process of determining the direction of the CoC and its primary purpose. The membership comes from a very diverse group of agencies bringing various perspectives. Many are homeless agencies and have the experience in working with homeless clients. There are formerly homeless persons in the membership and the board of directors who, of course, provide valuable insight from personal experience. Monthly membership meetings are open to the public and many of the attendees are not official members, but their comments and input are just as valuable to the CoC as the membership.

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

The CoC has an open invitation for membership. Invitations to join are given during monthly meetings as well as posted on the website. The collaborative applicant and coordinated entry specialist reach out to the community to educate about homelessness and seek more agencies and advocates to be involved with the CoC. Other members also take an active role in this educational and recruiting effort. The CoC covers 18 counties with many townships. The most prevalent community meetings that the CoC engages with are interagency councils, health councils, and anti-drug coalitions. While attending community meetings, an invitation is extended. The CoC individually targets persons that are underrepresented in CoC involvement.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying

**for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)**

An email was sent out to the membership and associates on July 5, 2018, announcing the types of projects available for competition, the approximate funding levels, and the timeline for this year's local competition. It was published on the CoC website the night prior. An additional email was sent out to a couple of dozen agencies in the most populace county (Wilson) in the CoC. This email list is from a newly formed homeless council that is forming outside of the CoC structure. This county has no agency or advocate willing to participate in the CoC. It may have the greatest need for HUD homeless funding, but no one in the community is willing to compete for the funding regardless of year-round outreach. It was clear in the announcements that anyone can apply regardless of previous affiliation with the CoC.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Not Applicable
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

The CoC is advocating to its regional ESG recipient (State of Tennessee) for more involvement in the selection process for ESG subrecipients and how much funding should go toward project types. The CoC's program review committee along with the collaborative applicant is responsible for evaluating the outcomes

of the ESG projects. The individual subrecipients have the sole responsibility to report required data to the ESG recipient. However, the CoC lends necessary support in advising and reporting, primarily through the HMIS Lead. The CoC has the opportunity to comment on the draft CAPER that the state prepared, and this year there were no necessary suggestions.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?

Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?

No

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

The CoC addresses its policies regarding safety and confidentiality of survivors of domestic violence in its coordinated entry system policies and its emergency transfer plan. The CoC recognizes the importance of trauma-informed care and encourages that all domestic violence shelters, housing agencies, and coordinated entry staff follow the principles within it. Training is conducted annually connecting TIC to DV survivors during a monthly membership meeting, and the CoC encourages that all previously mentioned agency staff attend a more in-depth training on TIC at least annually. The CES specialist is trained to try to identify DV survivors as soon as possible and get them connected with a DV advocate/shelter if they are willing. If the client does not desire to work with a DV advocate/shelter, the CES specialist works with them with discretion and does not reveal their situation to referred agencies. The rural aspect of the CoC has positive and negative influences when working with survivors. There are limited housing options in much of the CoC so available options might not meet the desires of the survivor; however, being spread out also creates greater options for survivors that need to relocate away from their aggressor. For clients entering directly into a DV shelter, the shelter staff and the client work together on their permanent housing solution. A couple of the shelters have medium-term transitional housing projects through various funding sources. However, when the clients are ready to move to permanent housing either from the shelter or transitional housing, the shelter staff connects them either to the coordinated entry system or directly to the housing agency. They use both

mainstream and homeless housing resources.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The CoC has five DV shelters in its jurisdiction, three are members of the CoC and one has a member on the board of directors. The CoC continues to improve on its strategies for working with survivors of DV. Training is conducted annually on trauma informed care and survivors of DV and also at least annually, domestic violence and sexual assault awareness training is presented by one of the DV shelter staff. CoC policies regarding working with survivors are found in the CES policies and procedures and the emergency transfer plan. The CES staff train annually at the CoC training events and at least one training outside of the CoC sponsored training.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The five DV shelters are scattered throughout the 18 counties. Three are in outer counties and two are in the central part of the CoC area. Only one of these receives funding requiring a comparable database. Most of the data regarding community needs related to DV is subjective based on discussions within the CoC about needs, occupancy rates, and strategic planning. The primary data sets that are used in this analysis is HMIS and CES. With nearly a third of the homeless heads of household in HMIS having been a past survivor and a sixth currently fleeing, the CoC recognizes that this is a homeless population that requires significant attention.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects?   No

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer

	homelessness at entry		needing intensive supportive services, e.g. move on?
Crossville Housing Authority	12.00%	Yes-Both	Yes
Rockwood Housing Authority		Yes-Public Housing	No
Livingston Housing Authority	14.28%	Yes-Public Housing	No
Highlands Residential Services		No	No
Lafollette Housing Authority		No	No

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

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

Each of the 17 public housing authorities are being visited to discuss applying an admission preference for homeless persons. Even though most of them only are concerned with prioritizing elderly and disabled, there is hope that with the requirement of having an emergency transfer plan that they will be more sensitive to homeless persons in general and those experiencing domestic violence specifically. The CoC continues to advocate to the major public housing agency (Tennessee Housing Development Agency) that distributes the HCVs in 17 of the 18 counties in the CoC.

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

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

The CoC has a Move-On Strategy for clients in PSH projects that are believed to be able to remain housed without the supportive services. This is effectively working in one of the 18 counties where many of the PSH units are located. The PHA with HCV gives priority to these clients. This is very effective since both types of projects use housing quality standards and the clients often do not relocate. The CoC is working on expanding this into other counties using non-HCV options. The other 17 counties' HCV are controlled by another housing agency that does not prioritize these households.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals

and their families experiencing homelessness.
(limit 2,000 characters)

There are only a couple of advocacy/support groups for the LGBT community in the CoC region. There has been a dialog established with one of them with expectations of a more formal collaborative work. A member of the LGBT community has become an active member of the CoC and currently sits on the board of directors. The CoC holds at least one training a year on LGBT issues and includes LGBT concerns with Fair Housing training. The CoC has a non-discrimination policy that protects members of this community from exclusion and negative treatment.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	
No strategies have been implemented:	
Other:(limit 50 characters)	

1C-8. Centralized or Coordinated Assessment System. Applicants must: (1) demonstrate the coordinated entry system covers the entire CoC

geographic area;
(2) demonstrate the coordinated entry system reaches people who are
least likely to apply homelessness assistance in the absence of special
outreach;
(3) demonstrate the assessment process prioritizes people most in need
of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

The CoC's coordinated entry system covers the whole 18-county jurisdiction.
Covering the 6,000 square miles required the CoC to adopt a phone-based
system (also email and website form). The coordinated entry system outreach is
conducted to educate advocates about the access to homeless projects and
other supportive services and referrals by means of the CES and to reach
homeless individuals. As the CES specialist attends community meetings, she
also distributes rack cards to locations that may be frequented by homeless
persons. She also reaches out to targeted governmental agents such as
mayors, police departments, and department of children services. The
homeless outreach specialist seeks out those homeless who are not connected
to agencies and helps bridge that gap. This person not only goes to locations
known to have homeless persons sleeping or day time hang outs, but also
works with various community persons who might have information on possible
homeless persons or homeless activities. Locating homeless persons, being
newly homeless or long term, is the first step in bringing them into the CES.
They are actively engaged to begin working on their path to stable housing. The
current assessment tool is the VI-SPDAT; however, the CoC is reviewing
changing to another assessment that is more tailored to the local rural
environment.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	
Health Care:	
Mental Health Care:	
Correctional Facilities:	
None:	

At least one box must be checked.

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

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

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

20 percent of the renewal project applications is based on severity of needs. Half of that is based on HMIS data results regarding priority populations that generally have significant needs and vulnerabilities such as chronically homeless, youth and households with children. A quarter of the severity of needs points are awarded based on accepting the CES's referrals that screens for needs and vulnerabilities. The last quarter of points is awarded to how the agency connects the clients with mainstream resources to reduce their housing barriers and increase housing stability. New project applications address needs and vulnerabilities but it is more subjective and peppered throughout the application.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects

(new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	☐	CoC or other Website	☐
Email	☐	Email	☐
Mail	☐	Mail	☐
Advertising in Local Newspaper(s)	☐	Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐	Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	☐	Social Media (Twitter, Facebook, etc.)	☐

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.
(limit 2,000 characters)

Excerpt from policies and procedures: Currently-funded project applicants interested in voluntarily reallocating their project funding should notify the CoC program review committee chair during the annual review process or sooner when possible. Project applicants who do not meet thresholds for the year during the competition will be notified in writing that they have one year to improve the project and to submit a plan of correction. The CoC will provide support and assistance to the project and will monitor the progress of the plan of correction quarterly. If a project fails to improve performance scores at the next annual review, they will not be eligible to submit a renewal application in the annual collaborative application to HUD, and the grant funds will be reallocated to an eligible project based on the current annual HUD CoC NOFA. In the case of gross negligence or significant HUD findings, there may be cause to reallocated funds without a year of probation. This is reserved for extreme cases, and the decision will be made by the CoC board of directors.

**1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than
30 days before the FY 2018 CoC Program Competition Application
deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or
reduced, in writing, outside of e-snaps, at least 15 days before FY 2018
CoC Program Competition Application deadline–attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.   Yes

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).   1-2

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.   Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor?   Mediware

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.   Single CoC

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	257	53	25	12.25%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	33	5	19	67.86%
Rapid Re-Housing (RRH) beds	47	0	47	100.00%
Permanent Supportive Housing (PSH) beds	93	0	93	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)

The CoC continues to meet the two rescue missions to address the objections to having their client information entered into HMIS. They will be offered to have their data entered into HMIS by the HMIS staff so that they will not have to enter the data themselves. If they agree to this, they will be encouraged to have a staff person who has access to produce their own reports of stays and services. We believe that once they see the advantages, they may take over the data input making it real time or close to it

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

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/13/2018

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/23/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/13/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

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

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

In previous years, if a shelter refused to provide their numbers, the shelter was simply assigned an occupancy of zero. This year, the three shelters that did not provide data were assigned numbers based on comparable data from like shelters. The 2 DV shelters were assigned occupancy rates based on the occupancy rate of the combined 3 DV shelters that provided data. The 1 emergency shelter was assigned an occupancy rate based on the 3 emergency shelters that reported data. 2 of these shelters were also added to HIC which increased beds and could have increased the shelter count from the previous year.

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

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

Beds Added:	24
Beds Removed:	17
Total:	7

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.   No

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

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

During the preparation for the PIT count, the committee coordinated with the youth agencies in the community to best identify known locations and homeless youth. One formerly homeless person assisted the planning from her experience when she was a homeless youth.

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

There are a few known chronically homeless persons in the CoC that continue to refuse housing assistance. They were specifically targeted to verify their location on the night of the count. Many of the chronically homeless that are counted seem to be more of a drifter in that they are not in our region throughout the year and are not interested in a permanent housing solution. This year, there was better coordination with the RRH projects to ensure that all their enrolled clients that were not housed yet were counted if they were in a

homeless situation on the night of the count. Many of the homeless households with children are housed through RRH vs PSH; therefore, there was a more accurate count of households with children. Using the veterans by-name lists and working with the SSVF and HUD-VASH voucher agencies, we targeted veterans that were known to be homeless and counted those who we could verify their sleeping location on the night of the count.

3A. Continuum of Care (CoC) System Performance

Instructions

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

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	479

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

During assessment and case management phases, case managers grow to understand the risk factors for homelessness which are often the same housing barriers that are associated with homelessness and the fluidity of household make up, to include domestic violence situations. Prevention activities through educational opportunities is one strategy. One of the biggest housing barriers is drug use. As the counties in the CoC are creating their individual anti-drug coalitions, the CoC is cultivating relationships with them to develop partnerships with the expectation it will improve our efforts in homeless prevention activities. Domestic violence is a significant factor in causing first time homelessness. Fortunately, we have excellent advocates that have gained access to the schools to address negative behaviors that could express into violence or bad behavior acceptance in later years. Eviction can be associated with DV, but it often occurs without it. The CoC had agencies with ESG HP projects, but they stopped applying for funding due to the recipient requiring court order evictions for eligibility. This one requirement made it too difficult to administer effectively. Churches and a few other organizations assist with some rental and utility assistance which is the main financial support for immediate homeless prevention. As the ESG HP projects went away, there was no noticeable increase in homeless persons due to evictions which may indicate they are finding other resources without contacting our CES. The HART CoC Planning Committee oversees strategies such as this.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);

(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

Measure 1b(1.2): 112 days. The CoC will continue to mold its coordinated entry system in ways that best connects homeless persons to temporary and permanent housing solutions while streamlining the application process. The Coordinated Entry system prioritizes those with the highest vulnerabilities and longest histories of homelessness. This helps individuals who have languished in shelters and streets for too long to move more quickly to permanent housing. The primary sources for homeless permanent housing solutions are the CoC permanent supportive housing projects and CoC/ESG rapid rehousing projects. The CoC supports the use of the rapid rehousing projects bridging the gap from homelessness to permanent supportive housing or mainstream housing opportunities. HART will continue to advocate to the many public housing agencies to give priority for those who are homeless to augment the homeless permanent housing projects. Expansion of partnerships between the permanent supportive housing agencies and public housing agencies will continue so that PSH clients can "graduate" to mainstream housing when they have reached an appropriate level of self-sufficiency. Moving clients out of PSH into mainstream permanent housing will free up units for new clients. The non-participating homeless shelters will continue to be encouraged to adopt the CoC's policies to connect clients to permanent housing agencies and to move clients out of shelters in an efficient manner. Long-term stayers in participating homeless shelters will be targeted to receive additional assessments to ensure that they are receiving the necessary support to move into permanent housing when it is available. POC is the HART CoC Planning Committee.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	70%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%

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

(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

The core strategies in increasing exits from temporary housing to permanent housing are availability of housing and immediate housing stability/self-sufficiency case management. When data suggests that the funding level for permanent housing is inadequate, then additional funding will be sought out through CoC, ESG, and other funding opportunities to close the gap. When data suggests that the funding level is adequate but there is a lack of physical units that homeless clients can use their vouchers, then stronger outreach to landlords will be the main course of action along with encouraging developers to create additional affordable housing units. HART will continue to provide staff of emergency shelters training and advice on providing quick and effective case management to begin immediate reduction of housing barriers. Clients need to be connected to the correct resources that address their physical, mental, and financial needs. These are some of the mainstream resources and services that need to be included in self-sufficiency case plans: TANF, SNAP, SSI/SSDI, Medicaid/ Medicare, Children's Protective Services (CPS), job placement assistance, veteran services, Head Start, mental health screening, health department services, and public housing. HART will continue working with high barrier shelters, encouraging reduced requirements in an effort to assist more clients experiencing homelessness so they can start receiving needed case management in an appropriate environment. Case management of homeless clients is expected to strongly continue into their permanent housing solution. If they haven't started applying for or receiving mainstream resources, they will be encouraged to do so under the permanent housing project. Training of case managers in resource linkages and best practices such as trauma informed care will be a part of the HART training plan for its members.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	5%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

Using the by-name list from the System Performance Measurement 2 report, the CoC is able to get feedback from the case managers on the factors on why the clients returned to homelessness. The data committee is able to provide

analysis of the information to the planning committee that adjusts the CoC's homeless strategies. The current strategy lies with housing stability case management. A majority of the returns to homelessness are clients that are not able to use public housing because of barriers they have created and are not eligible for permanent supportive housing so are placed in RRH projects. These RRH clients that return to homelessness receive more intensive case management when enrolled again, and a closer examination regarding possible disabilities that might show a need for a referral to a SOAR case manager. The HART CoC Planning Committee oversees this strategy along with the data committee.

3A-5. Job and Income Growth. Applicants must:
 (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

To emphasize housing stability, the agencies complete financial counseling is part of the case management program provided to clients receiving support from the CoC and ESG projects. The CoC advocates that agencies work with the Tennessee Department of Labor and Workforce Development, connecting clients to existing job openings and job-training programs to prepare clients for jobs they are not yet qualified to do. HART recognizes the importance of connecting clients to mainstream non-earned income resources. The SOAR effort in Tennessee is an initiative designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. CoC/ESG case managers assist clients with obtaining connection with SOAR case managers to easier access the benefits the clients are entitled to receive. The HART CoC Planning Committee oversees such strategies.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 04/23/2018

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

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

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	5
Total number of beds dedicated to individuals and families experiencing chronic homelessness	0
Total	5

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

Yes

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

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

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

The primary strategy is that the CoC places households with children along with youth as a priority directly after chronically homeless. Housing opportunities are generally available to them as soon as identification is made. The biggest barrier that these households often have are positive landlord references. The secondary strategy is finding, recruiting, and working with landlords who are willing to house them. Case management is conducted as long as projects allow and clients are willing. Connecting them to the right resources is key to reducing current barriers and avoiding new ones. The HART CoC Planning Committee oversees strategies such as this.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	☐
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below

that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

Being that accompanied youth was addressed in a previous question, this response is mostly regarding unaccompanied youth. HART places a high priority in assisting homeless youth in hopes that they do not fall into an early acceptance of a homeless lifestyle. Using this priority, there is adequate housing available for homeless youth. Agencies work with landlords to advocate for them since many lack landlord references that are very much needed in today's economy. As with all other homeless subpopulations, not only will the homeless projects be considered for permanent housing solutions but also mainstream resources such as public housing and housing choice vouchers. HART also suggests housing through family preservation or reunification as an option when the youth wants it, and it is safe to do so. HART also advocates for housing development for aged-out foster care youth. One project has already been developed, but a few more in the CoC jurisdiction are seen as a positive development in reducing first-time homelessness.

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

Using HMIS data and CES input, a review of results of the effectiveness of housing youth who enter into a shelter and/or the CES provides measurements as to if homeless youth are being successfully housed and what gaps exist in services and housing opportunities. Using the data on the youth population

creates an outline of a picture and then the data is compared to the non-youth population helps to add color. If the data is statistically different, then the measurement indicates that the strategies for youth homelessness are not effective enough. Data by itself does not complete the analysis. The subjective analysis completes the picture in that case managers often know reasons on why outcome happened. The CoC believes using the data available combined with the knowledge of case workers provides the best measurement on its effectiveness in serving the homeless youth population.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

The CoC has a relationship with the state McKinney-Vento Coordinator to attend meetings and training with the LEA homeless liaisons. The CoC has 21 school districts in its jurisdiction. The CoC is moving from an informal relationship to a more formal one with the goal of MOUs with each of the districts. There is already an MOU between the largest homeless housing agency and the area's largest Head Start agency as well as with its local day care center. The end goal is for this MOU to be taken from the agency level to the CoC level and then also adopted by the other two agencies in the CoC jurisdiction.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The CoC has not adopted P/P as of yet, but part of its strategies regarding homeless households with children, agencies are expected, during case management, to ensure that parents/guardians are fully aware of their rights and opportunities regarding their eligibility for education services for the children under their care such as transportation to schools and prioritization of homeless in Head Start projects. Adult members also have education opportunities that are discussed during case management.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No

Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)

The CoC's veterans committee holds monthly homeless veteran task force meetings in its two counties that most homeless veterans present. These task force meetings are represented by the VSOs, VA clinic, SSVF staff, TN Labor & Workforce Development representatives, Military and Veterans Affairs director of the local university, CoC representative(s), and various other agencies and advocates. Identification and case counseling are the primary functions of the task force. The SSVF projects conduct most of the initial assessment and case management. Housing services are normally through the SSVF and HUD-VASH agencies; however, when a homeless person is found not to meet the programs' eligibility requirements, most are referred to either a non-veteran program RRH or PSH for assistance. There is no GPD funding awarded in the CoC service area.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?   Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?   Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?   Yes

3B-5. Racial Disparity. Applicants must: Yes

(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

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

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

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

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

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

Instructions:

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

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

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	No	No
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		

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

Through the coordinated entry system, the CoC has created a resource manual that covers the whole 18-county region. This manual contains mainstream resources from Federal, State, and local levels. During monthly CoC meetings, availability of mainstream resources is announced. The CoC is currently fundraising with the desire to allow agencies to apply for grants to fill in the gaps of available resources. There are CoC-member agencies that actively collect donations of items that are not attainable through traditional mainstream resources that homeless households need when moving into a new unit. The CoC sponsors SOAR training about annually for CoC members as well as the general community. Use of the mainstream resources of HUD-VASH and HCVs have provided more housing availability for homeless. The collaborative

applicant is the lead agency in addressing this performance measure.

4A-2. Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	8
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	8
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:
(1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)

There are two outreach projects in the CoC. One covers 5 counties and the other all 18 (concentrating mostly in the 13 not covered by the other project) (100% coverage). The more limited project is funded under PATH and has both outreach and services only projects. However, they have more resources in supportive services available especially in mental health. The other project expands the coordinated entry system by going out seeking the homeless that are not requesting assistance. It is designed to identify, gain rapport, and connect to services.

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

CoC agencies that own their own properties must exercise fair housing. Many of the funded projects are rental assistance and recipients of these grants educate

potential landlords about fair housing laws. Landlord training has been conducted to help in understanding of these laws. The CoC homeless agencies are aware of access to TTY and Spanish translators via telephone. They are also prepared to use local resources for clients with limited English proficiency. The CoC literature and website includes the Equal Housing Opportunity logo.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	9	47	38

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Administratio...	09/05/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	VI-SPDAT Families	09/06/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	1E-1 Support	09/11/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Posting	09/12/2018
1E-4. CoC's Reallocation Process	Yes	Reallocation Process	09/06/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	1E-5 Accepted	09/11/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	1E-5 Rejected	09/11/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Local Competition...	09/05/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	HMIS Governance C...	09/06/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS P and P	09/05/2018
3A-6. HDX–2018 Competition Report	Yes	HDX Report	09/05/2018
3B-2. Order of Priority–Written Standards	No	Ranking Priority	09/05/2018

3B-5. Racial Disparities Summary	No	Disparity Assessment	09/11/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description:

Attachment Details

Document Description: VI-SPDAT Families

Attachment Details

Document Description: 1E-1 Support

Attachment Details

Document Description:

Attachment Details

Document Description: Posting

Attachment Details

Document Description: Reallocation Process

Attachment Details

Document Description: 1E-5 Accepted

Attachment Details

Document Description: 1E-5 Rejected

Attachment Details

Document Description: Local Competition Schedule

Attachment Details

Document Description: HMIS Governance Charter

Attachment Details

Document Description: HMIS P and P

Attachment Details

Document Description: HDX Report

Attachment Details

Document Description: Ranking Priority

Attachment Details

Document Description: Disparity Assessment

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/11/2018
1C. Coordination	09/11/2018
1D. Discharge Planning	Please Complete
1E. Project Review	09/11/2018
2A. HMIS Implementation	09/11/2018
2B. PIT Count	09/11/2018
2C. Sheltered Data - Methods	09/11/2018
3A. System Performance	09/11/2018
3B. Performance and Strategic Planning	09/12/2018
4A. Mainstream Benefits and Additional Policies	09/11/2018
4B. Attachments	Please Complete

Submission Summary   No Input Required

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will offer a preference to any of the following families:

1. Up to 50% of the total vouchers issued will be given to persons who are 62 or older.

2. Families that are displaced through no fault of their own, such as:
   a. Due to a fire, flood or natural disaster
   b. Sale of their home by the owner
   c. Government action

> 3. Being homeless or in a homeless shelter, including a shelter for battered women.
4. Other:
   a. Current unit is inaccessible to the family due to a disability.
   b. Current unit is substandard (no electricity/plumbing, etc).
5. Up to 44 vouchers can be issued for applicants to be used in the Jamestown city limits.
6. Victims of any HUD disaster program, such as DHAP.
7. Local Housing Choice Voucher area. Applicants must live in the Housing Choice Voucher service area for six months to receive this priority. Verification will be a landlord lease, utility bills showing the claimed address, verification from CHA data system of resident, or two correctable pieces of first class mail address to the applicant.

Local preferences will be used to select among applicants on the waiting list. A public notice must be submitted before the PHA adopts any local preference. The notice will be distributed either by individual mailings or placed on the bulletin board at the office of the Authority.

The PHA uses the following Local Preferences:

Applicants who are entitled to a local preference include:

> Graduates of transitional housing programs for homeless/ substance abusers/ victims of domestic abuse.

   Involuntarily displaced.

> Currently living in substandard housing (including homeless families).

Descriptions of these Preferences and their "definitional elements" (or sub-categories) follows.

1.   Involuntary Displacement

Involuntarily Displaced applicants are applicants who have been involuntarily displaced and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six months from the date of preference status certification by the family.

Families are considered to be involuntarily displaced if they are required to vacate housing as a result of:

a.   A disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable.

b.   Federal, state or local government action related to code enforcement, public improvement or development.

c.   Action by a housing owner which is beyond an applicant's ability to control, and which occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase.

   If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

d.   Actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family.

   The actual or threatened violence must have occurred within the past 30 days or be of a continuing nature.

To qualify for this preference, the abuser must still reside in the unit from which the victim was displaced.

If the abuser returns to the family without approval of the PHA, the PHA will deny or terminate assistance for breach of the certification.

If displaced due to violence and the family opts to go to a shelter they must reside there for at least a minimum of 15 days before eligible for a preference.

The PHA will take precautions to ensure that the new location of the family is concealed in cases of domestic abuse.

e.   The family must be part of a Witness Protection Program, or the HUD Office or law enforcement agency must have informed the PHA that the family is part of a similar program.

The PHA will take precautions to ensure that the new location of the family is concealed in cases of witness protection.

f.   By hate crimes if a member of the family has been the victim of one or more hate crimes, and the applicant has vacated the unit because of the crime or the fear of such a crime has destroyed the applicant's peaceful enjoyment of the unit.

A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on the person's race, color, religion, sex, national origin, disability or familial status and occurred within the last 30 days or is of a continuing nature.

g. Displacement by non-suitability of the unit when a member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit and the owner is not legally obligated to make changes to the unit.

Critical elements are
        entry and egress of unit and building,
        a sleeping area,
        a full bathroom,
        a kitchen if the person with a disability must do their own food preparation,

h. Due to HUD disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments of 1978.

Substandard Housing

Local preferences will be used to select among applicants <u>on the waiting list</u>. A public notice must be submitted before the PHA adopts any local preference. The notice will be distributed either by individual mailings or placed on the bulletin board at the office of the Authority.

The PHA uses the following Local Preferences:

Descriptions of these Preferences and their "definitional elements" (or sub-categories) follows.

1. Involuntary Displacement

Involuntarily Displaced applicants are applicants who have been involuntarily displaced and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six months from the date of preference status certification by the family.

Families are considered to be involuntarily displaced if they are required to vacate housing as a result of:

a. A disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable.

b. Federal, state or local government action related to code enforcement, public improvement or development.

c. Action by a housing owner which is beyond an applicant's ability to control, and which occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase.

    If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

d. Actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family.

    The actual or threatened violence must have occurred within the past 30 days or be of a continuing nature.

    To qualify for this preference, the abuser must still reside in the unit from which the victim was displaced.

If the abuser returns to the family without approval of the PHA, the PHA will deny or terminate assistance for breach of the certification.

    If displaced due to violence and the family opts to go to a shelter they must reside there for at least a minimum of 15 days before eligible for a preference.

    The PHA will take precautions to ensure that the new location of the family is concealed

in cases of domestic abuse.

e.   The family must be part of a Witness Protection Program, or the HUD Office or law enforcement agency must have informed the PHA that the family is part of a similar program.

The PHA will take precautions to ensure that the new location of the family is concealed in cases of witness protection.

f.   By hate crimes if a member of the family has been the victim of one or more hate crimes, and the applicant has vacated the unit because of the crime or the fear of such a crime has destroyed the applicant's peaceful enjoyment of the unit.

A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on the person's race, color, religion, sex, national origin, disability or familial status and occurred within the last 30 days or is of a continuing nature.

g. Displacement by non-suitability of the unit when a member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit and the owner is not legally obligated to make changes to the unit.

Critical elements are
        entry and egress of unit and building,
        a sleeping area,
        a full bathroom,
        a kitchen if the person with a disability must do their own food preparation,

h. Due to HUD disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments of 1978.

Substandard Housing

Applicants who live in substandard housing are families whose dwelling meets one or more of the following criteria (provided that the family did not cause the condition):

a.   Is dilapidated, and does not provide safe, adequate shelter; has one or more critical defects or a combination of defects requiring considerable repair; endangers the health, safety, and well-being of family.

b.   Does not have operable indoor plumbing.

c.   Does not have usable flush toilet in the unit for the exclusive use of the family.

d.   Does not have usable bathtub or shower in unit for exclusive family use.

e.   Does not have adequate, safe electrical service.

f.   Does not have an adequate, safe source of heat.

g.   Should, but does not, have a kitchen. (Single Room Occupancy [SRO] Housing is not substandard solely because it does not contain sanitary and/or food preparation facilities in the unit).

h. Has been declared unfit for habitation by a government agency.

i. Is overcrowded according to HQS guidelines below:

Unit Size	Maximum # in household
0 Bedroom	1
1 Bedroom	4
2 Bedroom	6
3 Bedroom	8
4 Bedroom	10

The standards allow two persons per living/sleeping room and permit maximum occupancy levels (assuming a living room is used as a living/sleeping area) as shown in the table above. The levels may be exceeded if a room in addition to bedrooms and livingroom is used for sleeping.

j. An applicant who is a "Homeless Family" is considered to be living in substandard housing. "Homeless Families":

Lack a fixed, regular and adequate nighttime residence; AND Have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings.

Families who are residing with friends or relatives on a temporary basis will not be included in the homeless definition unless displaced due to domestic violence and can provide 3rd party verification of such violence. (Such as police reports and restraining order)

For purposes of 1 and 2, persons who reside as part of a family unit shall not be considered a separate household.

D.   INITIAL DETERMINATION OF LOCAL PREFERENCE QUALIFICATION

At the time of application, an applicant's entitlement to a local preference may be made on the basis that :

The PHA will verify all preference claims at the time they are made. The PHA will re-verify a preference claim, if the PHA feels the family's circumstances have changed, at time of selection from the waiting list.

PREFERENCES

From:	Jill Jiles-Everhart <jeverhart@rockwoodhousing.org>
To:	Jennifer Watson <jwatson@rockwoodhousing.org>
Priority:	Normal
Date	10-02-2015 10:37 AM

PREFERENCES

The Housing Authority will inform all applicants about available preferences and will give applicants an opportunity to show that they qualify for available preferences. Factors other than preferences affect the selection of applicants from the waiting list. Before applying its preference system, the PHA will match the characteristics of the available unit to the applicants available on the waiting list. Unit sizes, accessibility features, or type of project limit the admission of families to households whose characteristics "match" the vacant unit available. In addition, the housing authority must comply with the Income Targeting requirements imposed by HUD and discussed in Section 10, Resident Assignment.

By matching unit and family characteristics, families lower on the waiting list may receive an offer of housing before families with an earlier date and time of application or families with a higher preference (e.g. the next unit available is an accessible unit and the only applicant family needing such feature is in the non-preference pool, i.e., having no preference). The Housing Authority will select families based on the following preferences within each bedroom size category.

(1) Working families and those unable to work because of age or disability

(2) Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

(3) Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking (Applicants must currently be receiving services and/or support from a State certified physical abuse center)

(4) Substandard Housing

(5) Homelessness

(6) High Rent Burden

(7) Veterans and Veteran Families

(8) Households that contribute to meeting income requirements (targeting)

(9) Households enrolled currently in educational, training or upward mobility programs.

b. Based on the above preferences, all families with preference category (1) will be offered housing before any families in preference category (2). Families in preference category (2) will be offered housing before any families in preference category (3) and so on.

c. The date and time of the application will be noted and utilized to determine the sequence within the above prescribed preferences.

a. Buildings Designed for the Elderly and Disabled

(1) Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families.

(2) If there are no near elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities.

(3) All such families will be selected from the waiting list using the preferences as outlined above.

e. Buildings Designed as Elderly/Disabled Only Housing

(1) Development TN018-002-Martin Manor has been approved by HUD as being designated for elderly/disabled only.

(2) In filling vacancies in this development, first priority will be given to elderly/disabled families. If there are no elderly/disabled families on the list, next priority will be given to near-elderly families.

(3) If there are no near elderly families, units will be offered to families who qualify for the appropriate bedroom.

(4) Using these priorities, families will be selected from the waiting list using the preferences as outlined above.

f. Accessible Units

(1) Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above.

(2)   If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list.

(4)   Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice.

g.   A single person who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a resident family may not be provided a housing unit with two or more bedrooms.

Jill Jiles-Everhart, Executive Director
Rockwood Housing Authority
(865) 354-9841
jeverhart@rockwoodhousing.org

Family Service Prioritization Decision Assistance Tool (F-SPDAT)

Assessment Tool for Families
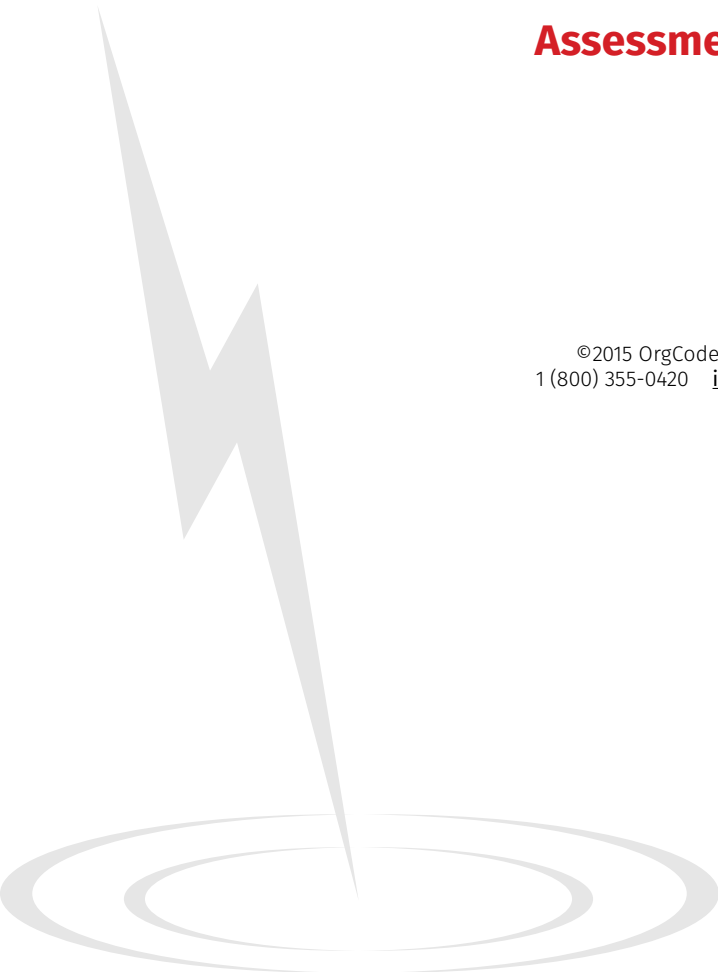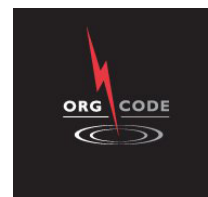
Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool ("SPDAT") and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

A. *Mental Health & Wellness & Cognitive Functioning*

PROMPTS
• *Has anyone in your family ever received any help with their mental wellness?*   • *Do you feel that every member in your family is getting all the help they need for their mental health or stress?*   • *Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that?*   • *Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally?*   • *Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities?*   • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant?*   • *Has anyone in your family ever hurt their brain or head?*   • *Do you have any documents or papers about your family's mental health or brain functioning?*   • *Are there other professionals we could speak with that have knowledge of your family's mental health?*

CLIENT SCORE: [   ]

NOTES

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

B. *Physical Health & Wellness*

PROMPTS	CLIENT SCORE:

PROMPTS

- *How is your family's health?*
- *Are you getting any help with your health? How often?*
- *Do you feel you are getting all the care you need for your family's health?*
- *Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family?*
- *Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that?*
- *When was the last time anyone in your family saw a doctor? What was that for?*
- *Do you have a clinic or doctor that you usually go to?*
- *Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life?*
- *Are there other professionals we could speak with that have knowledge of your family's health?*
- *Do you have any documents or papers about your family's health or past stays in hospital because of your health?*

CLIENT SCORE:

NOTES

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

C. Medication

PROMPTS	CLIENT SCORE:

PROMPTS

- *Has anyone in your family recently been prescribed any medications by a health care professional?*
- *Does anyone in your family take any medication, prescribed to them by a doctor?*
- *Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take?*
- *Were any of your family's medications changed in the last month? Whose? How did that make them feel?*
- *Do other people ever steal your family's medications?*
- *Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to?*
- *How does your family store their medication and make sure they take the right medication at the right time each day?*
- *What do you do if you realize someone has forgotten to take their medications?*
- *Do you have any papers or documents about the medications your family takes?*

CLIENT SCORE:

NOTES

SCORING

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

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D. Substance Use

PROMPTS	CLIENT SCORE:

PROMPTS

- *When was the last time you had a drink or used drugs? What about the other members of your family?*
- *Anything we should keep in mind related to drugs/alcohol?*
- *How often would you say you use [substance] in a week?*
- *Ever have a doctor tell you that your health may be at risk because you drink or use drugs?*
- *Have you engaged with anyone professionally related to your substance use that we could speak with?*
- *Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs?*
- *Have you ever used alcohol or other drugs in a way that may be considered less than safe?*
- *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?*

NOTES

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

	SCORING
4	☐ An adult is in a life-threatening health situation as a direct result of substance use, **or**, ☐ Any family member is under the legal age but over 15 and would score a 3+, **or**, ☐ Any family member is under 15 and would score a 2+, **or** who first used drugs prior to age 12, **or**, In the past 30 days, **any** of the following are true for any adult in the family… ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times ☐ Substance use resulting in passing out 2+ times
3	☐ An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**, ☐ Any family member is under the legal age but over 15 and would score a 2, **or**, ☐ Any family member is under 15 and would score a 1, **or** who first used drugs at age 13-15, **or**, In the past 30 days, **any** of the following are true for any adult in the family… ☐ Drug use reached the point of complete inebriation 12+ times ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	☐ Any family member is under the legal age but over 15 and would otherwise score 1, **or**, In the past 30 days, **any** of the following are true for any adult in the family… ☐ Drug use reached the point of complete inebriation fewer than 12 times ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times
1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days
0	☐ In the past 365 days, no substance use

E. Experience of Abuse & Trauma of Parents

PROMPTS	CLIENT SCORE:

To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.

Because this section is self-reported, if there are more than one parent present, they should each be asked individually.

- *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"*
- *"Are you currently or have you ever received professional assistance to address that abuse?"*
- *"Does the experience of abuse or trauma impact your day to day living in any way?"*
- *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"*
- *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"*
- *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*

NOTES

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

F. Risk of Harm to Self or Others

PROMPTS
• *Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened?* • *Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themself or others? How long ago was that? Does that happen often?* • *Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights?*

CLIENT SCORE: [   ]

NOTES

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

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G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:	

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

NOTES

SCORING	
4	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events ☐ In the past 90 days, any member of the family left an abusive situation
3	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events ☐ In the past 180 days, any member of the family left an abusive situation, but not in the past 90 days
2	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events ☐ 181+ days ago, any member of the family left an abusive situation
1	☐ Any involvement in higher risk and/or exploitive situations by any member of the family occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS
• *How often does your family go to emergency rooms?* • *How many times have you had the police speak to members of your family over the past 180 days?* • *Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay?*

CLIENT SCORE:

NOTES

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

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

I. Legal

PROMPTS
• *Does your family have any "legal stuff" going on?* • *Has anyone in your family had a lawyer assigned to them by a court?* • *Does anyone in your family have any upcoming court dates? Do you think there's a chance someone in your family will do time?* • *Any outstanding fines?* • *Has anyone in your family paid any fines in the last 12 months for anything?* • *Has anyone in your family done any community service in the last 12 months?* • *Is anybody expecting someone in your family to do community service for anything right now?* • *Did your family have any legal stuff in the last year that got dismissed?* • *Is your family's housing at risk in any way right now because of legal issues?*

CLIENT SCORE: [   ]

NOTES

	SCORING
4	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	**Any** of the following among any family member: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	☐ There are no current legal issues among family members, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	☐ No family member has had any legal issues within the past 365 days, **and** currently no conditions of release

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J. Managing Tenancy

PROMPTS
• *Is your family currently homeless?*   • *[If the family is housed] Does your family have an eviction notice?*   • *[If the family is housed] Do you think that your family's housing is at risk?*   • *How is your family's relationship with your neighbors?*   • *How does your family normally get along with landlords?*   • *How has your family been doing with taking care of your place?*

CLIENT SCORE: _____

NOTES

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

	SCORING
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ Continuously housed for at least 90 days but not more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	☐ Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:

PROMPTS

- *How are you and your family with taking care of money?*
- *How are you and your family with paying bills on time and taking care of other financial stuff?*
- *Does anyone in your family have any street debts or drug or gambling debts?*
- *Is there anybody that thinks anyone in your family owes them money?*
- *Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs?*
- *Does your family try to pay your rent before paying for anything else?*
- *Is anyone in your family behind in any payments like child support or student loans or anything like that?*

NOTES

SCORING

4

Any of the following:
- ☐ No family income (including formal and informal sources)
- ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments

Or, for the person who normally handles the household's finances, **any** of the following:
- ☐ Cannot create or follow a budget, regardless of supports provided
- ☐ Does not comprehend financial obligations
- ☐ Not aware of the full amount spent on substances, if the household includes a substance user

3

- ☐ Real or perceived debts of $999 or less, past due or requiring monthly payments, **or**

For the person who normally handles the household's finances, **any** of the following:
- ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money)
- ☐ Only understands their financial obligations with the assistance of a 3rd party
- ☐ Not budgeting for substance use, if the household includes a substance user

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- ☐ In the past 365 days, source of family income has changed 2+ times, **or**

For the person who normally handles the household's finances, **any** of the following:
- ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs
- ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship)
- ☐ Self-managing financial resources and taking care of associated administrative tasks for less than 90 days

1

- ☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days

0

- ☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:

PROMPTS

- *Tell me about your family's friends, extended family or other people in your life.*
- *How often do you get together or chat with family friends?*
- *When your family goes to doctor's appointments or meet with other professionals like that, what is that like?*
- *Are there any people in your life that you feel are just using you, or someone else in your family?*
- *Are there any of your family's closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?*
- *Have you ever had people crash at your place that you did not want staying there?*
- *Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment?*
- *Have you ever been concerned about not following your lease agreement because of friends or extended family?*

NOTES

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

M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE:

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

NOTES

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

N. Meaningful Daily Activity

PROMPTS
• *How does your family spend their days?* • *How does your family spend their free time?* • *Do these things make your family feel happy/fulfilled?* • *How many days a week would you say members of your family have things to do that make them feel happy/fulfilled?* • *How much time in a week would you or members of your family say they are totally bored?* • *When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day?* • *How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love?* • *Are there any things that get in the way of your family doing the sorts of activities they would like to be doing?*

CLIENT SCORE:

NOTES

	SCORING
4	☐ Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	☐ Any member of the family is discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	☐ Some members of the family are attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** they are not fully committed to continuing the activities.
1	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

O. History of Homelessness & Housing

PROMPTS
• *How long has your family been homeless?* • *How many times has your family experienced homelessness other than this most recent time?* • *Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address?* • *Has your family ever spent time sleeping in a car, alleyway , garage, barn, bus shelter, or anything like that?* • *Has your family ever spent time sleeping in an abandoned building?* • *Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?*

CLIENT SCORE:	

NOTES

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

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P. Parental Engagement

PROMPTS	CLIENT SCORE:

- *Walk me through a typical evening after school in your family.*
- *Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed?*
- *Does your family have play time together? What kinds of things do you do and how often do you do it?*
- *Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day?*

NOTES

Note: In this section, a child is considered "supervised" when the parent has knowledge of the child's whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. "Caretaking tasks" are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.

	SCORING
4	☐ No sense of parental attachment and responsibility ☐ No meaningful family time together ☐ Children 12 and younger are unsupervised 3+ hours each day ☐ Children 13 and older are unsupervised 4+ hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 5+ days/week
3	☐ Weak sense of parental attachment and responsibility ☐ Meaningful family activities occur 1-4 times in a month ☐ Children 12 and younger are unsupervised 1-3 hours each day ☐ Children 13 and older are unsupervised 2-4 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 3-4 days/week
2	☐ Sense of parental attachment and responsibility, but not consistently applied ☐ Meaningful family activities occur 1-2 days per week ☐ Children 12 and younger are unsupervised fewer than 1 hour each day ☐ Children 13 and older are unsupervised 1-2 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week
1	☐ Strong sense of parental attachment and responsibility towards their children ☐ Meaningful family activities occur 3-6 days of the week ☐ Children 12 and younger are never unsupervised ☐ Children 13 and older are unsupervised no more than an hour each day
0	☐ Strong sense of attachment and responsibility towards their children ☐ Meaningful family activities occur daily ☐ Children are never unsupervised

Q. Stability/Resiliency of the Family Unit

PROMPTS	CLIENT SCORE:
• Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred? • Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened?	**NOTES**

	SCORING
4	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relative within the family have changed 4+ times ☐ Children have left or returned to the family 4+ times
3	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 3 times ☐ Children have left or returned to the family 3 times
2	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 2 times ☐ Children have left or returned to the family 2 times
1	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 1 time ☐ Children have left or returned to the family 1 time
0	In the past 365 days, **any** of the following have occurred: ☐ No change in parental arrangements and/or other adult relatives within the family ☐ Children have not left or returned to the family

R. Needs of Children

PROMPTS
• *Please tell me about the attendance at school of your school-aged children.* • *Any health issues with your children?* • *Any times of separation between your children and parents?* • *Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse?* • *Have your children ever accessed professional assistance to address that abuse?*

CLIENT SCORE:	

NOTES

SCORING	
4	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 15+ days in any month ☐ School-aged children are not currently enrolled in school ☐ Any member of the family, including children, is currently escaping an abusive situation ☐ The family is homeless
3	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 7-14 days in any month ☐ School-aged children typically miss 3+ days of school per week for reasons other than illness ☐ In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended
2	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 1-6 days in any month ☐ School-aged children typically miss 2 days of school per week for reasons other than illness ☐ In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago
1	**Any** of the following: ☐ In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days ☐ School-aged children typically miss 1 day of school per week for reasons other than illness
0	**All** of the following: ☐ In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month ☐ School-aged children maintain consistent attendance at school ☐ There is no evidence of children in the home having experienced or witnessed abuse ☐ The family is housed

S. Size of Family Unit

PROMPTS
• *I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again?* • *Is anyone in the family currently pregnant?*

CLIENT SCORE: [   ]

NOTES

SCORING		
	FOR ONE-PARENT FAMILIES:	**FOR TWO-PARENT FAMILIES:**
4	**Any** of the following: ☐ A pregnancy in the family ☐ At least one child aged 0-6 ☐ Three or more children of any age	**Any** of the following: ☐ A pregnancy in the family ☐ Four or more children of any age
3	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age	**Any** of the following: ☐ At least one child aged 0-6 ☐ Three children of any age
2	☐ At least one child aged 12–15.	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age
1	☐ At least one child aged 16 or older.	☐ At least one child aged 12 or older
0	☐ Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children	

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T. Interaction with Child Protective Services and/or Family Court

PROMPTS
• *Any matters being considered by a judge right now as it pertains to any member of your family?*   • *Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back?*   • *Has there ever been an investigation by someone in child welfare into the matters of your family?*

CLIENT SCORE:	

NOTES

	SCORING
4	**Any** of the following: ☐ In the past 90 days, interactions with child protective services have occurred ☐ In the past 365 days, one or more children have been removed from parent's custody that have **not** been reunited with the family at least four days per week ☐ There are issues still be decided or considered within family court
3	In the past 180 days, **any** of the following have occurred: ☐ Interactions with child protective services have occurred, but not within the past 90 days ☐ One or more children have been removed from parent's custody through child protective services (non-voluntary) **and** the child(ren) has been reunited with the family four or more days per week; ☐ Issues have been resolved in family court
2	☐ In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
1	☐ No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
0	☐ There have been no serious interactions with child protective services because of parenting concerns

Client:	Worker:	Version:	Date:

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

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
PARENTAL ENGAGEMENT		
STABILITY/RESILIENCY OF THE FAMILY UNIT		
NEEDS OF CHILDREN		
SIZE OF FAMILY		
INTERACTION WITH CHILD PROTECTIVE SERVICES AND/OR FAMILY COURT		
TOTAL		**Score: Recommendation:** 0-26: No housing intervention 27-53: Rapid Re-Housing 54-80: Permanent Supportive Housing/Housing First

Appendix A: About the SPDAT

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

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

SPDAT Design

The SPDAT is designed to:

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

The SPDAT is NOT designed to:

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

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

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

Family SPDAT

Upon the release of SPDAT Version 3, a special version was released - the Family SPDAT Version 1. This tool introduced five new components that specifically address the unique challenges to housing stability faced by homeless families. In addition, the tool has a focus on households throughout.

SPDAT Version 4/Family SPDAT Version 2

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

In preparing SPDAT v4 and F-SPDAT v2, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

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

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

The major differences from F-SPDAT Version 1 to Version 2 include:

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

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

United States of America
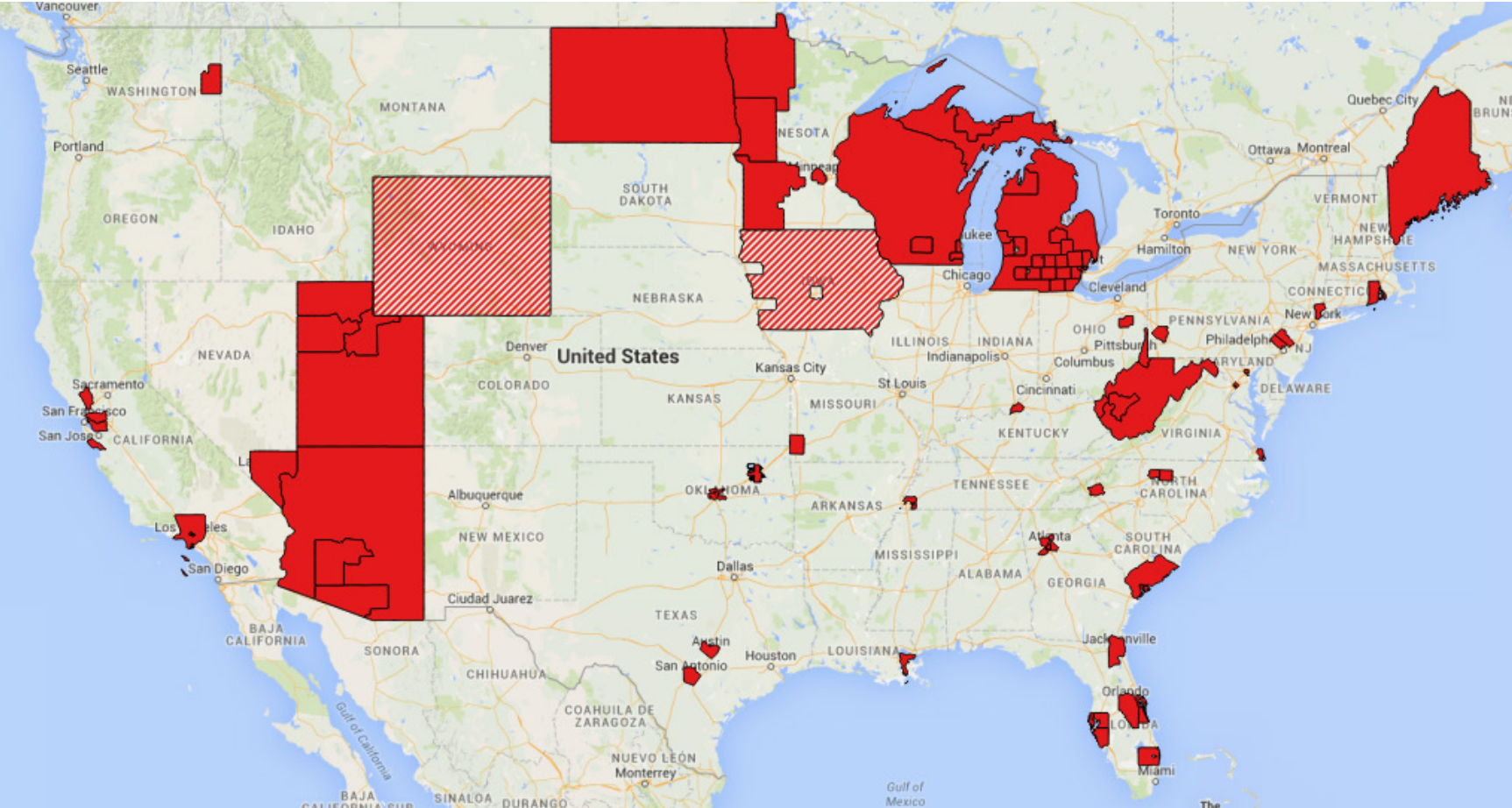
Arizona
- Statewide

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

District of Columbia
- District of Columbia CoC

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

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

Iowa
- Parts of Iowa Balance of State CoC

Kentucky
- Louisville/Jefferson County CoC

Louisiana
- New Orleans/Jefferson Parish CoC

Maryland
- Baltimore City CoC

Maine
- Statewide

Michigan
- Statewide

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

Missouri
- Joplin/Jasper, Newton Counties CoC

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

North Dakota
- Statewide

Nevada
- Las Vegas/Clark County CoC

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

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

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

Pennsylvania
- Lower Marion/Norristown/Abington/ Montgomery County CoC

- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/ Allegheny County CoC

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country CoC

Tennessee
- Memphis/Shelby County CoC

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

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

Virginia
- Virginia Beach CoC
- Arlington County CoC

Washington
- Spokane City & County CoC

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming is in the process of implementing statewide

Canada

Alberta
- Province-wide

Manitoba
- City of Winnipeg

New Brunswick
- City of Fredericton
- City of Saint John

Newfoundland and Labrador
- Province-wide

Northwest Territories
- City of Yellowknife

Ontario
- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor

- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan
- Saskatoon
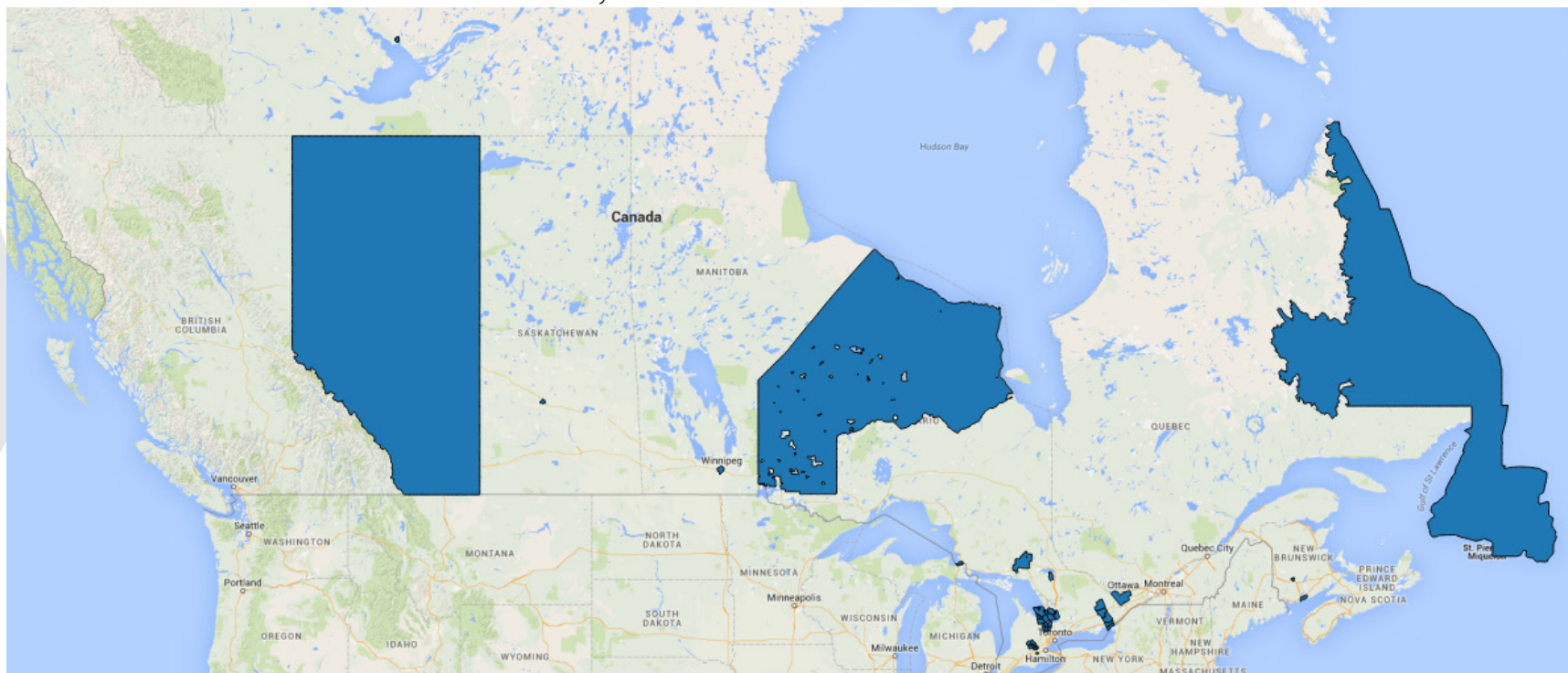
Australia

Queensland
• Brisbane
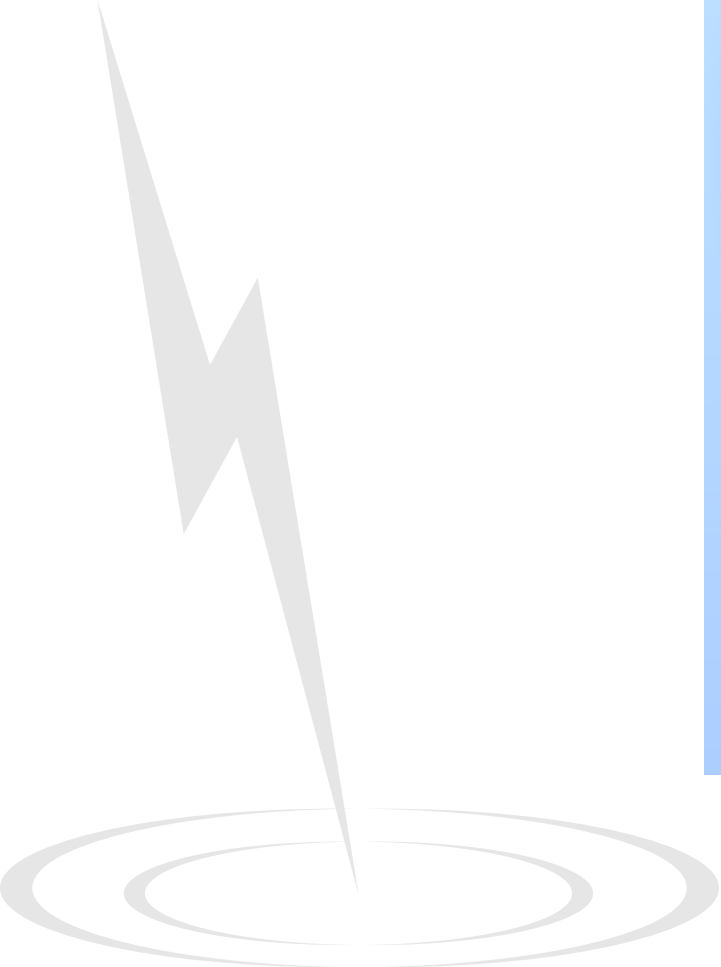
1E-1

On the renewal scoring rubrics, please find support for points 1-3.

1. Objective criteria: Questions 1, 2, 3, 4, 4, 9, 10, 12, 14, 15, 16, and 17.

2. Positive housing outcomes: Questions 2, 3, 4, and 5.

3. The criteria for SysPM/APR data is to come from the DV comparable database. However, there are no current DV agencies with CoC Program grants and the only one applying for a new grant failed to make the thresholds.

2018 HART Renewal <u>Permanent Supportive Housing</u> Scoring Rubric

Agency:_____ Project:

Weight	Criteria Category	Renewal Evaluation Criteria	Source of Criteria And Calculation	Points	Score
40%	**SysPM/ APR** **NOTE: DV Agencies will generate data from their comparable database**	1. Occupancy / average unit utilization	APR Q8b vs 2 Unit utilization rate	☐ 20 pts for >95% ☐ 15 pts for 90-95% ☐ 10 pts for 85-89% ☐ 5 pts for 80-84% *Explanation ☐ 0 pts for <80%	
		2. Extent to which persons who exit homelessness to PH destinations return to homelessness.	SPM 2	☐ 15 pts: All 3 parts = 0 ☐ 12 pts: 2/3 = 0 and 3rd improved ☐ 9 pts: 1/3 = 0 and other 2 improved ☐ 6 pts: 2/3 = 0 or improved and 3rd stable ☐ 3 pts: 2/3 = 0 or improved and 3rd decreased ☐ 0 pts: All others	
		3. Percentage of participants who increased income.	SPM 4-3 and 4.6 merged	☐ 12 pts: >49% w/no decrease ☐ 9 pts: > 49% and decreased ☐ 6 pts: 25-49% CY & increased from PY ☐ 6 pts: 25-49% CY & decreased from PY ☐ 3 pts: <25% & increased from PY ☐ 0 pts: All others	
		4. Percentage of participants who remain in PSH or exited to permanent housing	SPM 7	☐ 15 pts: 100% ☐ 12 pts: >79% w/improvement ☐ 9 pts: > 79% w/o improvement ☐ 6 pts: 70-79% w/improvement ☐ 3 pts: 70-79% w/o improvement ☐ 0 pts: <70%	
		5. Leavers who exit to shelter, streets or unknown	APR Q23a/b (Homeless shelter + place not meant for human habitation + unknown destinations) / (total leavers - deceased)	☐ 18 pts for <6% ☐ 9 pts for 6-20% ☐ 0 pts for >20%	
20%	**Severity of Needs**	6. Housing high priority subpopulations	HMIS % of new clients in project who were chronically homeless, veterans, youth, and families w/children at entry (if no new clients, use current)	☐ 20 pts for 100% ☐ 15 pts for 75-99% ☐ 10 pts for 50-74% ☐ 5 pts for 25-49% ☐ 0 pts for <25%	
		7. Prioritization of homeless based on their needs and vulnerabilities	Evidence that the project accepted applicants from CES and CoC policies regarding prioritization	☐ 10 pts for satisfactory ☐ 5 pts for concerns ☐ 0 pts for unsatisfactory	
		8. Connection to mainstream resources	Evidence from agency	☐ 10 pts for satisfactory ☐ 5 pts for concerns ☐ 0 pts for unsatisfactory	
10%	**HMIS & Data Quality**	9. HMIS data quality standards	HMIS Data Quality Report Missing data column	☐ 18 pts if all UDEs have nulls <6% ☐ 1 pt less from 10 for each UDE >5% null	
		10. HMIS timeliness	HMIS Lead % of clients entered in HMIS IAW HMIS P/P timeliness standards 10/1/17 – 8/1/18 (Current timeliness standards approved on 9/14/17)	☐ 2 pts for 90-100% ☐ 1 pt for 50-90% ☐ 0 pts for <50%	
				Subtotal Page 1:	

PSH Project: <u>Shelter Plus Care Five</u>

Weight	Criteria Category	Renewal Evaluation Criteria	Source of Criteria And Calculation	Points	Score
10%	**Financials**	11. Audit review	Audit submitted by agency	☐ 5 pts if audit shows agency as a low risk auditee & no findings ☐ 3 pts if audit shows agency as low risk auditee or agency has no findings ☐ 0 pts if audit shows agency high risk auditee AND findings	
		12. Expenditure of funds	APR Q28 and document demonstrating amount awarded (Expended funds / Awarded amount)	☐ 5 pts for >90% ☐ 4 pts if < 90% and reallocated 80% unexpended funds, otherwise ☐ 0 pts	
		13. Cost effectiveness	Ranking committee review of agency response to per household cost comparisons between renewal projects	☐ 5 pts for satisfactory ☐ 3 pts for concerns ☐ 0 pts for unsatisfactory	
		14. Timely draws	LOCCS Minimum of quarterly draws	☐ 5 pts for yes ☐ 0 pts for no	
10%	**CoC Participation**	15. Attendance at membership meetings	HART Secretary	☐ 10 pts for >74% ☐ 5 pts for 50-74% ☐ 0 pts for <50%	
		16. PIT count involvement	PIT Committee Chair or another designated person	☐ 5 pts for participating in the PIT count committee and PIT count ☐ 3 pts for participating in PIT count committee only ☐ 1 pt for participating in PIT count only	
		17. CoC committee (other than PIT) involvement	HART Secretary/Committee Chairs	☐ 5 pts if a member of agency was a committee chair and held quarterly meetings ☐ 3 pts if a member of agency was on a committee and attended at least 75% of meetings	
10%	**Review of Overall Project**	18. Review of monitoring checklist/overall evaluation	Agency/project monitoring checklist. Any no answers should come with explanation	Up to 20 points	
				Subtotal Page 2:	
				Subtotal Page 1:	
				Total Points:	
Bonus	**+ 10**	Renewable grant that began with infrastructure funding and hasn't renewed 14 times			
Bonus	**+ 5**	Adds chronically homeless or DedicatedPLUS beds/units			
Penalty	**- 5**	Does not apply Housing First			
				Total Points After Bonus and Penalty:	

<u>Agency Certification of HMIS/APR Data</u>   <u>Ranking Committee Chair Certification:</u>

_____   Signature   _____

_____   (Printed Name)   _____

_____   (Date)   _____

2018 HART New Project Threshold Verification
Agency: <u>Crossville Housing Authority</u> Project: <u>Shelter Plus Care (DP)</u>

HUD Project Eligibility Threshold (all must be met)	Yes	No
Project applicants and potential subrecipients must meet the eligibility requirements of the CoC Program as described in 24 CFR part 578 and provide evidence of eligibility required in the application (e.g., nonprofit documentation).		
Project applicants and subrecipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrating capacity may include a description of the applicant/subrecipient experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds or other federal funds		

Project applicants must submit the required certifications as specified in this NOFA.
  a. Applicant Code of Conduct on file with HUD.
  b. Environmental certification, if applicable.
  c. All other certifications that are incorporated in the e-snaps application.		

The population to be served must meet program eligibility requirements as described in the Act and 24 CFR part 578, and the project application must establish eligibility of project applicants. This includes the following additional eligibility criteria for certain types of projects:
(a) Subject to the qualifications below, the only persons who may be served by any non-dedicated permanent supportive housing beds are individuals and families experiencing homelessness who come from the streets, emergency shelters, safe havens, institutions, or transitional housing.
    (i) Homeless individuals and families coming from transitional housing must have originally come from the streets or emergency shelters.
    (ii) Individuals and families experiencing homelessness with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions and are living in transitional housing are eligible for permanent supportive housing even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.
    (iii) Persons exiting institutions where they resided for 90 days or less and came from the streets, emergency shelter, or safe havens immediately prior to entering the institution are also eligible for permanent supportive housing.
(b) The only persons who may be served in DedicatedPLUS project are persons described in Section III.C.3.f of this NOFA. Renewal PSH projects, including those where 100 percent of the beds are currently dedicated to individuals and families experiencing chronic homelessness, may change the classification of the project through the project application to DedicatedPLUS.
(c) Rapid re-housing projects, including new and renewal projects, but excluding those funded under the DV Bonus, may serve individuals and families, including unaccompanied youth, who meet the following criteria:
    (i) residing in a place not meant for human habitation;
    (ii) residing in an emergency shelter or coming directly from the streets;
    (iii) persons who qualify under paragraph (4) of the definition of homelessness, including persons fleeing or attempting to flee domestic violence situations
    (iv) residing in a transitional housing project that was eliminated;
    (v) residing in transitional housing funded by a Joint TH and PH-RRH component project (See Section III.C.3.l of this NOFA); or
    (vi) receiving services through a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
(d) The only persons who may be served in projects funded through the DV Bonus are survivors of domestic violence, dating violence, sexual assault, or stalking who are defined as homeless at 24 CFR 578.3. Additionally, all projects funded through the DV Bonus must adopt a housing first approach.
(e) Renewal projects originally funded under the Permanent Supportive Housing Bonus or Samaritan Housing Initiative in previous years must continue to serve the homeless population in accordance with the respective NOFA under which it was originally awarded unless the project changes the current population served to meet the criteria of DedicatedPLUS (see Section III.C.3.f of this NOFA for more information).		

2018 HART New Project Threshold Verification

The project must be cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.		
Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that meets the needs of the local HMIS.		
Project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the S+C or CoC Program, as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings.		
For expansion project applications, project applicants must articulate the part of the project that is being expanded. Additionally, project applicants must demonstrate they are not replacing other funding sources.		
Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applicants with existing projects must demonstrate that they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUD finds to have significant issues related to capacity, performance, unresolved audit or monitoring findings related to one or more existing grants; or does not routinely draw down funds from eLOCCS at least once per quarter. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.		

HUD Project Quality Threshold	Yes	No
Permanent Housing (3 out of 4 points required)		
The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants (e.g., two or more bedrooms for families). (1 point)		
The type of supportive services that will be offered to program participants will ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source. (1 point)		
The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education). (1 point)		
Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing). (1 point)		
Joint Transitional Housing Rapid Rehousing (4 out of 6 points required)		
The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants (e.g., two or more bedrooms for families.) (1 point)		
The proposed project will provide enough rapid re-housing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing. This may be demonstrated by identifying a budget that has twice as many resources for the rapid re-housing portion of the project than the TH portion, by having twice as many PH-RRH units at a point in time as TH units, or by demonstrating that the budget and units are appropriate for the population being served by the project. (1 point)		
The type of supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing, including all supportive services regardless of funding source. (1 point)		
The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education). (1 point)		
Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing). (1 point)		
The project adheres to a housing first model as defined in Section III.C.3.l of this NOFA. (1 point)		

2018 HART New Project Threshold Verification

SSO-Coordinated Entry (2 out of 4 points required)		
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area. (1 point)		
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area. (1 point)		
There is a standardized assessment process. (1 point)		
Ensures program participants are directed to appropriate housing and services that fit their needs. (1 point)		
HMIS (3 out of 4 points required)		
How the HMIS funds will be expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation. (1 point)		
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards. (1 point)		
The ability of the HMIS to un- duplicate client records. (1 point)		
The HMIS produces all HUD- required reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners. (1 point)		

HART CoC Threshold Criteria (All required)		
Application was received in ESNAPS and the application was received by the deadline.		
The proposed application is an eligible project type?		
Adopts Housing First		

2018 HART New Project Scoring Rubric

Agency: <u>Crossville Housing Authority</u> Project: <u>Shelter Plus Care (DP)</u>

	New Project Evaluation Criteria	Points	Score
Applicant Experience	Applicant's prior experience in serving homeless people and in providing housing similar to that proposed in the application.	10	
	Past Performance: The ability to account for funds appropriately; timely use of funds received from HUD; timely submission and quality of reports submitted to HUD; meeting program requirements; meeting performance targets as established in the grant agreement; the applicant's organizational capacity, including staffing structures and capabilities; time-lines for completion of activities and receipt of promised matching or leveraged funds; and the number of persons to be served or targeted for assistance. Applicants without previous HUD grant experience can receive points based on narrative and/or interview.	10	

Project Quality	Extent to which the applicant:
	    a. Demonstrates an understanding of the needs of the people to be served.
	    b. Proposes an appropriate mix of people to be served through the program.
	    c. Shows a clear relationship between the type of housing provided and needs of the population to be served.
	    d. Shows a clear relationship between the type of supportive services provided and needs of the population to be served.
	    e. Supports Housing First where the client is housed regardless of their involvement in services they do not believe will help them achieve their stated goals.
	    f. Gains client access to mainstream (non-CoC) resources.
	    g. Establishes performance measures for housing and income that are measurable, objective, and meet or exceed any established HUD, HEARTH, or CoC benchmarks.
	    h. Complies with the requirement under the Education subtitle of the McKinney Vento Act.
	    i. Commitment to quickly place households in permanent housing.
		15	

	Extent to which the applicant provides a sound plan to ensure that homeless people will be assisted to both obtain and remain in permanent housing and only terminate clients based on lease violations.	5	
	Extent to which there is a sound plan to ensure that participants will be assisted both to increase their incomes and to maximize their ability to live independently.	5	

	Project/Client Accessibility:
	    a. Extent to which the applicant identifies specific and appropriate programs (street outreach and shelters) from which it obtains referrals of potential eligible program participants that will ensure the project operates at full capacity and that eligible persons are served (coming from the streets or shelter for all programs, must also be chronically homeless for permanent supportive housing and must prioritize persons with most severe needs for permanent housing.
	    b. Agreement to be involved in CoC coordinated entry system IAW CoC policies.
	    c. Project does not present barriers to entry (i.e. length of sobriety, income, criminal background number of children, gender of head of household, family composition, LGBTQ status).
		10	

	Timeliness: Applicant clearly describes a viable plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant within 6 months of the award.	10	
	Cost: Project is cost effective and meets or exceeds performance thresholds.	15	
	Accuracy of Budgets/Charts: Demonstrates the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrates knowledge of eligible expenses of the grant.	10	
	CoC Participation in CoC Meetings and Committees:	5	
	Participation in Past Point in Time Counts:	5	
	Total Score:	**100**	

Ranking Committee Chair Certification: _____ (Signature)

_____ (Printed Name)

_____ (Date)

Homeless Advocacy for Rural Tennessee (HART) Continuum of Care (TN-506) Local Competition Schedule for HUD FY 2018 Continuum of Care Program

Announcement Posting Date: July 3, 2018
Funding Opportunity Number FR- 6200-N-25; Primary CFFDA Number 14.267

HART Continuum of Care (CoC) is responsible to submit the annual Collaborative Application of the CoC Program to HUD for the 18-county area it serves. The following competition schedule is to fulfill HART's responsibility to implement internal competition deadlines to ensure transparency and fairness at the local level. For more detail regarding the HUD requirements of this funding please review the 2018 Continuum of Care NOFA https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/.

In this year's competition, there are three options of new funding available other than the annual renewable grants. The first is competing for funds through reallocations from current renewable grants, if available. The second is through bonus (last year it was specifically for permanent housing and called Permanent Housing Bonus). The amount available is approximately $69,275. The third option is through the new DV (domestic violence) Bonus. This amount is approximately $115,459. Also, this year there are options for consolidated projects, expansion projects, and transition grants. Please review the NOFA regarding these options.

New Projects Created Through Reallocation or Bonus.

1. Permanent housing-permanent supportive housing (PH-PSH) projects that meet the requirements of Dedicated PLUS as defined in Section III.C.3.f of the NOFA or where 100 percent of the beds are dedicated to individuals and families experiencing chronic homelessness, as defined in 24 CFR 578.3.
2. CoCs may create new permanent housing-rapid rehousing (PH-RRH) projects that will serve homeless individuals and families, including unaccompanied youth;
3. Joint TH and PH-RRH component projects as defined in Section III.C.3.m of the NOFA to better serve homeless individuals and families, including individuals or families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking who meet the following criteria:
   a. residing in a place not meant for human habitation;
   b. residing in an emergency shelter;
   c. person meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking;
   d. residing in a transitional housing project that is being eliminated;
   e. residing in transitional housing funded by a Joint TH and PH-RRH component project as defined in Section III.C.3.m of the NOFA; or
   f. receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
4. Dedicated HMIS project for the costs at 24 CFR 578.37(a)(2) that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in e- snaps.
5. Supportive services only (SSO-CE) project to develop or operate a centralized or coordinated assessment system.

New Projects for DV Bonus.

1. Permanent Housing-Rapid re-housing projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless at 24 CFR 578.3;

2. Joint TH and PH-RRH component projects as defined in Section III.C.3.m of the NOFA dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless at 24 CFR 578.3; or
3. Supportive service only-coordinated entry project to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.

Any agency that desires to submit a new project application are free to contact Terry Burdett at burdett.hmis@gmail.com / (931) 484-3207 or Susan Greene at susangreene@aimcenterinc.org / (423) 648-1003 to answer any questions regarding the NOFA. A cursory review of the project application can be arranged at any time prior to **August 15, 2018**.

All new bonus funding applicants and renewal project applicants will present their projects to the Program Review Committee **between August 21 and September 3, 2018** (exact date, time, and location to be determined later). An objective ranking tool will be used to rank the projects based on HUD guidelines and priorities, and also using CoC priorities. This ranking tool will be made available to all applicants in advance of this meeting and posted on the www.hartn.org. For requirements for the new and renewal project application, please see the HART Application and Ranking Process on the website or call Terry Burdett to get a copy.

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NLT September 16, 2018 – Post Collaborative application including ranking at www. HARTn.org for 2-day review prior to final submission to HUD.

NLT September 18, 2018 – Deadline for Collaborative Application to be submitted to HUD by HART CoC.

Program Review Committee Policy and Procedures

Purpose/Objective: To establish monitoring processes of CoC program grant and ESG projects and provide a fair and transparent, competitive annual application process that maximizes HUD CoC funding to end homeless in the geographical area served by HART.

A. Roles and Responsibilities of the Committee

1. The board of directors of the Homeless Advocacy for Rural Tennessee (HART) Continuum of Care (CoC) charges the program review committee to

a. monitor and review all HUD CoC- and ESG-funded programs;
b. create a fair competition process for CoC program grants;
c. with consultation with ESG recipients, ensure ESG projects are aligned with CoC priorities and the CoC plan to end homelessness;
d. review/create as required/deemed necessary any uniform standards for HUD-funded homeless projects; and
e. monitor and direct the CoC coordinated entry system.

2. The chair of the board of directors is responsible to appoint a committee chair that does not have a conflict of interest.   The chair will be responsible for maintaining dated meeting minutes for all called committee meetings and the annual ranking subcommittee meeting(s). The chair may create subcommittees as needed to accomplish the committee's tasks.

B. CoC- and ESG-Funded Project Monitoring

1. The committee will create and maintain a monitoring process for both CoC- and ESG-funded projects. Monitoring forms will be approved by the committee, and on-site monitoring will be completed at least annually. Project monitoring will be paid for with the CoC planning funds, if necessary.

2. The CoC coordinated entry system (CES) will be reviewed annually in regard to its operation and project participation. The committee will create and review the CES Policy and Procedures and job descriptions of any funded employees and volunteers.

3. The committee will be responsible to ensure that a meeting of all rapid rehousing (RRH) projects and the CES program manager meet annually to review RRH policies and project involvement with CES.

C. CoC Collaborative Application and Competition Process

1. Application Process. The committee will review and revise as needed the annual CoC program competition process. The committee is responsible to approve an application process for renewable, reallocation, and new projects for the competition.   The final review of this process must be made after the notice of funding availability (NOFA) is published. Once the NOFA is

published, the committee chair must ensure that a published timeline of events is properly published in accordance with the NOFA and committee guidance.

2. Ranking Guidance. Once the NOFA is published the committee will determine a system of ranking projects to ensure that they are in line with HUD and CoC priorities. It will provide guidance to the ranking subcommittee as to how to prioritize the project applications. Minutes to these meetings and the guidance will be provided to the collaborative applicant as an official record to include in the collaborative application.

3. Reallocations. Currently-funded project applicants interested in voluntarily reallocating their project funding should notify the CoC program review committee chair during the annual review process or sooner when possible. Project applicants who do not meet thresholds for the year during the competition will be notified in writing that they have one year to improve the project and to submit a plan of correction. The CoC will provide support and assistance to the project and will monitor the progress of the plan of correction quarterly. If a project fails to improve performance scores at the next annual review, they will not be eligible to submit a renewal application in the annual collaborative application to HUD, and the grant funds will be reallocated to an eligible project based on the current annual HUD CoC NOFA. In the case of gross negligence or significant HUD findings, there may be cause to reallocated funds without a year of probation. This is reserved for extreme cases, and the decision will be made by the CoC board of directors.

4. New Project Application Assistance. Agencies interested in applying for reallocation and/or permanent housing bonus projects are strongly encouraged to request assistance with their application. The committee chair will ensure that appropriate persons are made available for this assistance.

5. Ad Hoc Ranking Subcommittee.

   a. The ranking subcommittee can be made of entirely of the program review committee or be an ad hoc subcommittee. The membership of the subcommittee has two restrictions. The first is that there will be no employees of CoC-funded agencies or individuals with any other established conflict of interest on the subcommittee. Second, the subcommittee is allowed to have non-HART members on it; however, there must be a majority of HART members. The chair is generally the program review committee chair, but this can be delegated to another HART member who does not receive CoC-project funds.

   b. The ranking subcommittee will review all applications and rank them according to the guidance from the program review committee. The first part of the review is to ensure that the projects meet HUD and CoC thresholds. Any project that does not meet the HUD thresholds will be rejected, and the applicant agency will be properly notified. Once the ranking subcommittee has completed the ranking, the program review committee chair will certify the results and ensure that the collaborative application has all the necessary ranking documentation and the correct ranking is annotated.

6. Collaborative Application. The program review committee or a subcommittee will review the collaborative application prior to submission.

D. CoC Priorities and Plan to End Homelessness

At least annually, the program review committee will ensure that the CoC priorities, the CoC plan to end homelessness, and the coordinated entry system are reviewed and updated. These reviews will be done with the consultation of ESG recipients and the collaborative applicant.

E. Uniform Standards of CoC Project Grant and Emergency Solutions Grant Projects

If the CoC chooses to have uniform standards regarding qualifications for services, limitations, client shared costs, etc., the program review committee is responsible to consider with consultation from project agencies, provide recommendations, and draft appropriate policies.

F. Coordinated Entry System

The coordinated entry system is a HUD mandated project which requires involvement of CoC program grant and ESG recipients to agree to its structure and policies and then participate in the system. The program review committee is responsible in creating and updating the CES policies and procedures. Once the first policies and procedures are approved, the program review committee, in consultation with the ESG and CoC program grant recipients, and the collaborative applicant, will review the policies and procedures annually.

Screen shot of sent email.

◢ Date: Two Weeks Ago				
📎 Kathy Vanlandingham	2018 HART Local CoC Program Competition Results	Fri 8/31/2018 4:36 PM	6 MB
📎 Terina Cantrell	2018 HART Local CoC Program Competition Results	Fri 8/31/2018 4:34 PM	2 MB
📎 Lisa Baird	2018 HART Local CoC Program Competition Results	Fri 8/31/2018 4:34 PM	245 KB
📎 Terry Burdett	2018 HART Local CoC Program Competition Results	Fri 8/31/2018 4:33 PM	244 KB
◢ Date: Three Weeks Ago				

Sample of Emails sent

Fri 8/31/2018 4:36 PM

HART Secretary <hartcoc.secretary@gmail.com>

2018 HART Local CoC Program Competition Results

To   Kathy Vanlandingham

Cc   Cammie Music; Rachel Bruning

📄 PDF Ranking Announcement CHA.pdf
202 KB

📄 PDF CHA Rubric Final.pdf
4 MB

On behalf of the HART Board of Directors Chair, please find attached letter and its attachment.

Terry Burdett
HART Secretary
PO Box 3311
Crossville, TN 38557
931-484-3207
http://hartn.org

Letters emailed to three agencies with accepted applications.

HART Homeless Advocacy for Rural Tennessee
P.O. Box 3311, Crossville, TN 38557

August 31, 2018

Reference: 2018 HART CoC Program Local Competition Ranking Results

Crossville Housing Authority
67 Irwin Avenue
Crossville, TN 38555

Dear Mrs. Vanlandingham:

I would like to congratulate you and thank you for the hard work you put into your homeless programs and to let you know that your applications were accepted and ranked by the ranking committee accordingly:

4.   Iris Cottage 2018
6.   Community Supportive Housing 2018
7.   Shelter Plus Care Group 2018
8.   Shelter Plus Care Five 2018
10.   Pathways RRH 2018 – Straddles Tier I ($4,065) and Tier II ($42,806)
11.   Shelter Plus Care (DP) – Tier II

The board of directors will make the final approval of the ranking, and if there is any change, all recipients will be notified. Enclosed are copies of your scoring sheet which we hope you take time to review. As HUD has moved to a stronger objective review of applications and so has the CoC. We look forward to working with you in seeking out new and exciting ways to help the homeless community.

Sincerely,

Rachel Bruning
Chair
HART Board of Directors and
  Ranking Committee

Enclosure

HART Homeless Advocacy for Rural Tennessee
P.O. Box 3311, Crossville, TN 38557

August 31, 2018

Reference: 2018 HART CoC Program Local Competition Ranking Results

Housing Opportunities and People Enterprises
591 E. Monticello Pike
Huntsville, TN 37756

Dear Mrs. Cantrell:

I would like to congratulate you and thank you for the hard work you put into your homeless programs and to let you know that your applications were accepted and ranked by the ranking committee accordingly:

6 HOPE Permanent Housing Project #2
9 HOPE Permanent Housing Project #1

The committee also approved the consolidation of the two projects.

The board of directors will make the final approval of the ranking, and if there is any change, all recipients will be notified. Enclosed are copies of your scoring sheet which we hope you take time to review. As HUD has moved to a stronger objective review of applications and so has the CoC. We look forward to working with you in seeking out new and exciting ways to help the homeless community.

Sincerely,

Rachel Bruning
Chair
HART Board of Directors and
 Ranking Committee

Enclosure

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P.O. Box 3311, Crossville, TN 38557

August 31, 2018

Reference: 2018 HART CoC Program Local Competition Ranking Results

Crossville Housing Authority
67 Irwin Avenue
Crossville, TN 38555

Dear Mr. Burdett:

I would like to congratulate you and thank you for the hard work you put into your homeless programs and to let you know that your applications were accepted and ranked by the ranking committee accordingly:

1 HMIS TN-506
2 Coordinated Entry TN-506
3 Coordinated Entry TN-506 Expansion

Additionally, the board approved the reduction of your HMIS funding request allowing the funds to be reallocated to another project.

The board of directors will make the final approval of the ranking, and if there is any change, all recipients will be notified.

Sincerely,

Rachel Bruning
Chair
HART Board of Directors and
 Ranking Committee

Screen shot of sent email.

◢ homelessadvocacytn@fro...	◢ Date: Two Weeks Ago			
Inbox 3	🔗 Kathy Vanlandingham	2018 HART Local CoC Program Competition Results	Fri 8/31/2018 4:36 PM	6 MB
Drafts	🔗 Terina Cantrell	2018 HART Local CoC Program Competition Results	Fri 8/31/2018 4:34 PM	2 MB
Sent Items	🔗 Lisa Baird	2018 HART Local CoC Program Competition Results	Fri 8/31/2018 4:34 PM	245 KB
Deleted Items	🔗 Terry Burdett	2018 HART Local CoC Program Competition Results	Fri 8/31/2018 4:33 PM	244 KB
	◢ Date: Three Weeks Ago			

Screen shot of email sent to rejected applicant

Delete	Respond	Quick Steps

Fri 8/31/2018 4:34 PM

HART Secretary <hartcoc.secretary@gmail.com>

2018 HART Local CoC Program Competition Results

To   Lisa Baird

Cc   Rachel Bruning

📄 PDF   Ranking Announcement CC SAVE.pdf
         177 KB

On behalf of the HART Board of Directors Chair, please find attached letter.

Terry Burdett
HART Secretary
PO Box 3311
Crossville, TN 38557
931-484-3207
http://hartn.org

Letters emailed to agency that application was rejected.

HART Homeless Advocacy for Rural Tennessee
P.O. Box 3311, Crossville, TN 38557

August 31, 2018

Reference: 2018 HART CoC Program Local Competition Ranking Results

Cannon County S.A.V.E.
PO Box 329
Woodbury, TN 37190

Dear Mrs. Prater:

I regret that your application for the 2018 HART CoC Program local competition was rejected primarily due to not meeting HUD's match threshold. We encourage you to continue increasing your understanding of HUD programs such as the Continuum of Care Program and the Emergency Solutions Grant Program through HUD's published material as well as learning from the experiences of our agencies that have years of experience with these programs. We will keep you informed when the notice of funding availability is released for next year's competition.

Sincerely,

Rachel Bruning
Chair
HART Board of Directors and
 Ranking Committee

Homeless Advocacy for Rural Tennessee (HART) Continuum of Care (TN-506) Local Competition Schedule for HUD FY 2018 Continuum of Care Program

Announcement Posting Date: July 3, 2018
Funding Opportunity Number FR- 6200-N-25; Primary CFFDA Number 14.267

HART Continuum of Care (CoC) is responsible to submit the annual Collaborative Application of the CoC Program to HUD for the 18-county area it serves. The following competition schedule is to fulfill HART's responsibility to implement internal competition deadlines to ensure transparency and fairness at the local level. For more detail regarding the HUD requirements of this funding please review the 2018 Continuum of Care NOFA https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/.

In this year's competition, there are three options of new funding available other than the annual renewable grants. The first is competing for funds through reallocations from current renewable grants, if available. The second is through bonus (last year it was specifically for permanent housing and called Permanent Housing Bonus). The amount available is approximately $69,275. The third option is through the new DV (domestic violence) Bonus. This amount is approximately $115,459. Also, this year there are options for consolidated projects, expansion projects, and transition grants. Please review the NOFA regarding these options.

New Projects Created Through Reallocation or Bonus.

1. Permanent housing-permanent supportive housing (PH-PSH) projects that meet the requirements of Dedicated PLUS as defined in Section III.C.3.f of the NOFA or where 100 percent of the beds are dedicated to individuals and families experiencing chronic homelessness, as defined in 24 CFR 578.3.
2. CoCs may create new permanent housing-rapid rehousing (PH-RRH) projects that will serve homeless individuals and families, including unaccompanied youth;
3. Joint TH and PH-RRH component projects as defined in Section III.C.3.m of the NOFA to better serve homeless individuals and families, including individuals or families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking who meet the following criteria:
   a. residing in a place not meant for human habitation;
   b. residing in an emergency shelter;
   c. person meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking;
   d. residing in a transitional housing project that is being eliminated;
   e. residing in transitional housing funded by a Joint TH and PH-RRH component project as defined in Section III.C.3.m of the NOFA; or
   f. receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
4. Dedicated HMIS project for the costs at 24 CFR 578.37(a)(2) that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in e- snaps.
5. Supportive services only (SSO-CE) project to develop or operate a centralized or coordinated assessment system.

New Projects for DV Bonus.

1. Permanent Housing-Rapid re-housing projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless at 24 CFR 578.3;

2. Joint TH and PH-RRH component projects as defined in Section III.C.3.m of the NOFA dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless at 24 CFR 578.3; or
3. Supportive service only-coordinated entry project to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.

Any agency that desires to submit a new project application are free to contact Terry Burdett at burdett.hmis@gmail.com / (931) 484-3207 or Susan Greene at susangreene@aimcenterinc.org / (423) 648-1003 to answer any questions regarding the NOFA. A cursory review of the project application can be arranged at any time prior to **August 15, 2018**.

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HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
Homeless Advocacy for Rural Tennessee
Homeless Management Information System
Governance Charter

1. Purpose

The Homeless Advocacy for Rural Tennessee (HART) operates a Homeless Management Information System (HMIS) to record and store client-level information with regard to numbers, characteristics and needs of persons who use shelter, housing and supportive services who are experiencing homelessness within the eighteen (18) counties that constitute the HART Continuum of Care (HART CoC).

HMIS is used to aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and assist the HART COC to measure the effectiveness of homeless assistance projects and programs. Data produced is used for planning, education and submission to HUD.

2. HART Continuum of Care Responsibilities

- The HART COC is responsible for:
- Designating a single information system as the official HMIS software for the geographic area.
- Designating an HMIS Lead to administer the HMIS.
- Providing for governance of the HMIS Lead, including:
  - ◆ The requirement that the HMIS Lead enter into written HMIS Participation Agreements with each Participating HMIS Agency (PHA) requiring the PHA to comply with federal regulations regarding HMIS and imposing sanctions for failure to comply; and
  - ◆ Determining the participation fee, if any, charged by the HMIS.
  - ◆ Maintaining documentation evidencing compliance with this part and with the governance charter.
  - ◆ Reviewing, revising and approving the policies and plans required by federal regulation.

3. Designations

3.1. HMIS System

HART CoC designates the ServicePoint software operated by Bowman Systems as the official HMIS for the HART CoC's geographic area.

3.2. HMIS Lead

HART CoC designates *Crossville Housing Development Corporation* as the HMIS Lead to administer the HART CoC HMIS.

4. Responsibilities of the HMIS Lead

The HMIS Lead is responsible for:

- Ensuring the operation of and consistent participation by recipients of HART CoC and Emergency Solutions Grants (ESG) Program funds, along with Federal Partner programs including PATH and

VA SSVF Participating HMIS Agencies, including oversight of the HMIS and any necessary corrective action to ensure that the HMIS is in compliance with federal requirements.

- Develop written HMIS policies and procedures in accordance with §24 CFR 580.31.
- Execute a written HMIS Participation Agreement with each PHA, which includes the obligations and authority of the HMIS Lead and PHA, the requirements of the security plan and privacy policy with which the PHA must abide, sanctions for violating the HMIS Participation Agreement and an agreement that the HMIS Lead and the PHA will process protected identifying information consistent with the agreement.
- Serving as the applicant to the US Department of Housing and Urban Development (HUD) for CoC grant funds to be used for HMIS activities for the HART CoC's geographic area, as directed by the HART CoC, and entering into grant agreements with HUD to carry out the HUD approved HMIS activities.
- Monitoring and enforcing compliance by all PHAs with HUD requirements and reporting on compliance to the CoC and HUD.
- Monitoring data quality and taking necessary actions to maintain input of high-quality data from all PHAs.

5. Duties of the HMIS Lead

5.1. HART CoC HMIS Policies and Procedures

The HART CoC HMIS must adopt written policies and procedures for the operation of the HMIS that apply to the HMIS Lead, its PHAs, and the Continuum of Care. These policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements. The HMIS Lead may not establish local standards for any PHA that contradicts, undermines or interferes with the implementation of the HMIS standards as prescribed in this part.

5.2. Unduplicated Count

The HMIS Lead must, at least once annually, or upon request from HUD, submit to the HART CoC an unduplicated count of clients served and an analysis of unduplicated counts, when requested by HUD.

5.3. Reporting

The HMIS Lead shall submit reports to HUD as required.

5.4. Privacy

The HMIS Lead must develop a privacy policy. At a minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault and stalking; and such additional information and standards as may be established by HUD in notice. Every organization with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of this part, including enforcement of sanctions for noncompliance.

5.5. HMIS Standards

The HMIS Lead, in contracting an HMIS vendor, must require the HMIS vendor and the software to comply with HMIS standards issued by HUD as part of its contract.

6. Responsibilities of the CoC HMIS/Data Committee

- The HMIS Committee will work with the HMIS Lead to:
- Develop, annually review, and, as necessary, revise for Board approval a privacy plan, security plan, and data quality plan for the HMIS, as well as any other HMIS policies and procedures required by HUD.
- Develop for Board approval and implement a plan for monitoring the HMIS to ensure that:
  - ♦ Recipients and sub-recipients consistently participate in HMIS;
  - ♦ HMIS is satisfying the requirements of all regulations and notices issued by HUD; and
  - ♦ The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the HART CoC, including the obligation to enter into written participation agreements with each CHO.
- Oversee and monitor HMIS data collection and production of the following reports:
  - ♦ Sheltered point-in-time count;
  - ♦ Unsheltered point-in-time count;
  - ♦ Housing Inventory Chart (HIC);
  - ♦ Annual Homeless Assessment Reports (AHAR); and
  - ♦ Annual Performance Reports (APRs).

7. Responsibilities of the PHA

A PHA must comply with federal regulations regarding HMIS. A PHA must comply with Federal, state, and local laws that require additional privacy or confidentiality protections. When a privacy or security standard conflicts with other Federal, state, and local laws to which the PHA must adhere, the PHA must contact the HMIS Lead and collaboratively update the applicable policies for the PHA to accurately reflect the additional protections.

8. Joint HMIS Lead PHA Responsibility for Privacy

The HMIS Lead and the PHA using the HMIS are jointly responsible for ensuring that HMIS processing capabilities remain consistent with the privacy obligations of the PHA.

Chair Signature _____ Date Approved: September 14, 2017

Reviewed with no changes_____
                         Chair Signature and date

Reviewed with no changes_____
                         Chair Signature and date

Reviewed with no changes_____
                         Chair Signature and date

*Previous approved charter was dated September 8, 2016

HOMELESS ADVOCACY FOR RURAL TENNESSEE

Table of Contents

HMIS Policies and Procedures Introduction

HMIS LEAD ROLES AND RESPONSIBILITIES

HMIS lead roles and responsibilities are found in the HART HMIS Charter.

PARTNER AGENCY RESPONSIBILITIES

Partner agencies are expected to understand and comply with this Policy and Procedures.

SERVICEPOINT ORIENTATION

Some of the following procedures are worded based on using ServicePoint. If a new HMIS software is used, wording may need to be modified.

SOURCE DOCUMENTS

Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice, 2004

Homeless Management Information Systems Requirements, Proposed Rule 24 CFR Part 580, 2011

24 CFR Part 578, Continuum of Care Program Interim Rule, 2013

2014 Homeless Management Information Systems (HMIS); Data Standards 5.1, 2016

NETWORK DATA SHARING

The HART HMIS is considered an "open" network. Most agencies with direct services to the homeless have visibility to client demographics, entry (start)/exit information, and services. However, other information such as case management notes are not shared. This allows for avoidance of duplicate services, but still allows for some privacy in case management. There are projects that participation cannot be known do to federal rules such as HHS PATH projects. These projects cannot share entry (start)/exit or service information. Also, domestic violence service providers are forbidden to be on HMIS. There are other agencies that may request to be on HMIS that are not dedicated only to homeless persons such as organizations with a food pantry or provide utility or rent assistance. Their visibility settings will be not be set as freely as the direct homeless providers.

HMIS Implementation

HMIS PARTICIPATION POLICY

Mandatory Participation

All projects that are authorized under HUD's McKinney-Vento Act as amended by the HEARTH Act to provide homeless services must meet the minimum HMIS participation standards as defined by this policies and procedures manual. These participating agencies will be required to comply with all applicable operating procedures and must agree to execute and comply with an HMIS agency partner agreement.

Voluntary Participation

While Homeless Advocacy for Rural Tennessee (HART) cannot require non-funded providers to participate in the HMIS, it works closely with non-funded agencies to articulate the benefits of the HMIS and to strongly encourage their participation in order to achieve a comprehensive and accurate understanding of homelessness in the CoC.

Minimum Participation Standards

⇨ Each participating agency will execute an HMIS agency partner agreement (Annex E).

⇨ Agency staff will collect the universal and program-specific data elements as defined by HUD and other data elements as determined by the HMIS committee for all clients served by projects participating in HMIS; data may be shared with other agencies subject to appropriate client consent and network data sharing agreements.

⇨ Agency staff will enter client-level data into the HMIS in accordance to the data quality plan.

⇨ Participating agencies will comply with all HUD regulations for HMIS participation.

⇨ Each agency will designate at least one HMIS agency administrator. This person functions as the main liaison with the HMIS management team and is responsible for organizing his/her agency's end users, making sure proper training has taken place for the end users and that all paperwork and confidentiality requirements are being followed by all end users from that agency.

HMIS PARTNERSHIP TERMINATION-DATA TRANSFER POLICIES

In the event that the relationship between HART HMIS and a partner agency is terminated, the partner agency will no longer have access to the HMIS. The HMIS management team will make reasonable accommodations to assist the partner agency to export its data in a format that is usable in its alternative database. Any costs associated with exporting the data will be the sole responsibility of the partner agency.

HMIS Agency Implementation

Adding Partner Agencies

Prior to setting up a new partner agency within the HMIS database, the HMIS management team will:

⇨ Review HMIS records to ensure that the agency does not have previous violations

⇨ Verify that the required documentation has been correctly executed and submitted or viewed on site, including:

- Partner agreement

- Additional documentation on agency and project(s)

- Designation of HMIS agency administrator

- Fee payment, if applicable

⇨ Work with the partner agency to input applicable agency and project information

⇨ Work with the partner agency to migrate legacy data, if applicable

Agency Information Security Protocol Requirements

At a minimum, partner agencies must develop security rules, protocols, or procedures based on the *HUD Data and Technical Standards, Final Notice,* including but not limited to the following:

⇨ Internal agency procedures for complying with the HMIS privacy notice and provisions of other HMIS client and agency agreements

⇨ Maintaining and posting an updated copy of the agency's privacy notice on the agency's website

⇨ Posting a sign in the areas of client intake that explains generally the reasons for collecting personal information

⇨ Preventing user account sharing

⇨ Protection of unattended workstations

⇨ Protection of physical access to workstations where employees are accessing HMIS

⇨ Safe storage and protected access to hardcopy and digitally generated client records and reports with identifiable client information

⇨ Proper data cleansing of equipment prior to transfer or disposal

⇨ Procedures for regularly auditing compliance with the agency's information security protocol

The HMIS management team conducts semi-annual site visits to monitor compliance with HMIS policies, at which time agencies may need to demonstrate their procedures for securing client data.

HMIS USER IMPLEMENTATION

Eligible Users

Partner agencies are expected to have conducted background checks on any end user that issued an HMIS license. And, it is expected that each partner agency will authorize use of the HMIS only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration, or other essential activity associated with carrying out participating agency responsibilities.

End User Requirements

Prior to being granted a username and password, end users must sign an HMIS confidentiality agreement (See Annex D).

End users must be aware of the sensitivity of client-level data and must take appropriate measures to prevent its unauthorized disclosure. End users are responsible for protecting institutional information to which they have access and for reporting security violations. End users must comply with all policies and standards described within this policies and procedures manual. They are accountable for their actions and for any actions undertaken with their username and password.

The HMIS management team must ensure that end users have received adequate training prior to being given access to the system.

Setting Up a New End User

If the partner agency wants to authorize system use for a new end user, the agency's executive director or authorized designee must coordinate with the HMIS management team to:

⇨ Determine the access level of the proposed HMIS user,

⇨ Execute an HMIS end user confidentiality agreement,

⇨ Review HMIS records about previous end users to ensure that the individual does not have previous violations with the HMIS policies and procedures that prohibit their access to the HMIS, and

⇨ Verify that appropriate and sufficient training has been successfully completed.

Volunteers have the same user requirements that paid staff have. They must have an individual license, go through the same training, and have the same confidentiality and privacy documents signed and on file with the HMIS office and/or the agency they are serving.

The executive director or authorized designee is responsible for ensuring that the user understands and complies with all applicable HMIS policies and procedures.

Removing an End User

If any end user leaves the agency or no longer needs access to the HMIS, the partner agency is responsible for notifying the HMIS management team to immediately terminate user access by deleting or inactivating the user account.

Enforcement Mechanisms

Partner agency or end user access may be suspended or revoked for suspected or actual violation of the security protocols.

The following steps will be taken as appropriate:

⇨ All suspected violations of any security protocols will be investigated by the agency and the HART HMIS management team.

⇨ Any user found to be in violation of security protocols will be sanctioned by his/her agency. Sanctions may include but are not limited to a formal letter of reprimand, suspension of system privileges, revocation of system privileges, termination of employment, and/or criminal prosecution.

⇨ Access may be restricted prior to completion of formal investigation if deemed necessary by the HMIS lead. If access is restricted, the HMIS lead will notify the HMIS committee chair of the restriction and will consult with him/her about next steps.

⇨ Any agency that is found to have consistently and/or flagrantly violated security protocols may have their access privileges suspended or revoked.

⇨ All sanctions can be appealed to the HART HMIS Committee.

HMIS LICENSE MANAGEMENT

The HMIS lead will manage all the licenses within the HART HMIS. If the HMIS implementation changes to a structure in which all agencies pay for all their licenses, then the individual agency administrators will control the licenses that they have purchased.

Under the current HMIS grant structure, the HMIS grant has enough funding to pay for the HMIS licenses necessary to administer the system in the CoC. The HMIS lead will work with partner agencies to determine how many free licenses will be available to the partner agency. The general rule is that a free license will be offered for each CoC, ESG, SSVF, and PATH project. Additional licenses may be offered based on size and structure of the projects within the agencies. Other licenses will be freely offered to other agencies that are not federally funded but are a significant part of the CoC system such as homeless shelters, homeless transitional housing, and other projects with direct services to homeless populations. Additional licenses that are not currently assigned may also be used for agencies that may serve homeless persons but that is not the primary aim of the project such as food pantries.

If a partner agency desires more licenses than the HMIS lead will provide freely, it will be required to purchase them. Any licenses purchased will be on an annual basis without refund.

A partner agency may lose its access to HMIS due to inactivity. The following steps will be taken as appropriate:

1. HMIS office will monitor logons and data input into the HMIS.
2. If a user has not logged in and contributed data into HMIS in over 90 days, the HMIS Lead will send a letter to the partner agency's HMIS administrator that the license is at risk of being removed. If the administrator provides adequate explanation or the user begins activity within 30 days, the case is closed.
3. If a user has not contributed data into HMIS in over 120 days or the partner agency HMIS administrator does not provide adequate explanation for the inactivity, then a second letter will be sent to the partner agency executive director (or equivalent) and will be copy furnished to the HMIS committee chair. This letter will inform the executive director the concern and request if the partner agency or the licensed user is no longer required or desires to be on HMIS.
4. If a user has not contributed data into HMIS in over 150 days or the partner agency executive director does not provide adequate explanation for the inactivity, another letter will be sent to the partner agency executive director and copy furnished to the HART board of director's chair. This letter will state that the license is suspended and will be removed in 30 days.

DATA ACCESS CONTROL POLICIES

User Passwords

Each user will be assigned a user name, preferably the first initial and last name of the user.

A temporary password will be assigned when a new user account is created. The user will be required to establish a new password upon initial log-in. This password automatically expires every 45 days. Passwords must be between 8 and 16 characters long, contain at least two numbers, and should not be easily guessed or found in a dictionary. The password format is alphanumeric and is case-sensitive.

Users are prohibited from sharing passwords—even with supervisors. Sanctions will be imposed on the user and/or agency if user account sharing occurs. Any passwords written down should be securely stored and inaccessible to others. They should not be saved on a personal computer.

Password Reset

End users can reset their own password once logged on by editing their profile (gear symbol). The HMIS management team and the agency administrator have the ability to reset passwords.

Temporary Suspension of User Access to HMIS

System Inactivity

Users must log off from the HMIS application and either lock or log off their respective workstation if they leave the workstation. Also, password protected screen-savers or automatic network log-off should be implemented on each workstation. If the user is logged into HMIS and the period of inactivity in HMIS exceeds 30 minutes, the user will be logged off the HMIS automatically.

Unsuccessful Log-in

If a user attempts to log in 3 times unsuccessfully, the account will be "locked out." The user will be unable to regain access until the password is reset by the agency administrator or a member of the HMIS management team.

Electronic Data Control

Agency Policies Restricting Access to Data

Partner agencies must establish protocols limiting internal access to data based on the final *HUD Data and Technical Standards* (See HMIS Security Plan in this Policy and Procedures).

Downloaded Data

Users have the ability to download and save client-level data. Once this information has been downloaded from the HMIS server, the security of this data then becomes the responsibility of the user and the agency.

Hardcopy Data Control

Printed versions (hardcopy) of confidential data should not be copied or left unattended and open to compromise. Media containing HMIS client-identified data will not be shared with any agency, other than the owner of the data, for any reason. Authorized employees using methods deemed appropriate may transport HMIS data between the participating agencies that meet the above standard. Reasonable care should be taken, and media should be secured when left unattended. Magnetic media containing HMIS data which is released and/or disposed of by the participating agency and the central server should first be processed to destroy any data residing on that media. Degaussing and overwriting are acceptable methods of destroying data. HMIS information in hardcopy format should be disposed of properly. This could include shredding finely enough to ensure that the information is unrecoverable.

ALLOWABLE HMIS USES AND DISCLOSURES

Each of the HMIS partner agencies must comply with the following uses and disclosures, as outlined in the *HUD Data and Technical Standards: Final Notice.* A partner agency has the right to establish additional uses and disclosures as long as they do not conflict with these uses and disclosures.

Identifiable HMIS client data may be used or disclosed for case management, billing, administrative and analytical purposes.

⇨ To provide or coordinate services to a client

⇨ For functions related to payment or reimbursement for services

⇨ To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions

⇨ For functions that are related to analyzing client data to understand homelessness, including but not limited to creating de-identified protected personal information, understanding trends in homelessness and the needs of persons who are homeless, and assessing the implementation of the Continuum's Strategic Plan to End Homelessness

⇨ Where the disclosure is required by law and the disclosure complies with and is limited to the requirements of the law

⇨ If the individual agrees to the disclosure

⇨ To the extent that the disclosure is expressly authorized by statute or regulation; and the partner agency believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the protected personal information (PPI) for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure

⇨ The partner agency, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm

⇨ The partner agency would be informing a personal representative (such as a family member or friend), and the partner agency reasonably believes the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as determined by the partner agency, in the exercise of professional judgment

⇨ A partner agency may use or disclose PPI for academic research conducted by an individual or institution that has a formal relationship with the partner agency if the research is conducted either:

- By an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by a program administrator (other than the individual conducting the research) designated by the partner agency; or
- By an institution for use in a research project conducted under a written research agreement approved in writing by a program administrator designated by the partner agency.

  A written research agreement must: (1) Establish rules and limitations for the processing and security of PPI in the course of the research; (2) provide for the return or proper disposal of all PPI at the conclusion of the research; (3) restrict additional use or disclosure of PPI, except where required by law; and (4) require that the recipient of data formally agree to comply with all terms and conditions of the agreement. A written research agreement is not a substitute for approval of a research project by an Institutional Review Board, Privacy Board or other applicable human subjects protection institution.

⇨ Disclosures for law enforcement purposes in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial office or a grand jury subpoena

COLLECTION LIMITATION

Partner agencies may collect protected personal information only when appropriate to the purposes for which the information is obtained or when required by law.

A partner agency must collect PPI by lawful and fair means and, where appropriate, with the knowledge or consent of the individual. The participating agency must post a sign at each intake desk (or comparable location) that explains generally the reasons for collecting this information (Annex A). Consent of the individual for data collection may be inferred from the circumstances of the collection.

DATA QUALITY

PPI collected by a partner agency must be relevant to the purpose for which it is to be used. To the extent necessary for those purposes, PPI should be accurate, complete and timely.

A partner agency must develop and implement a plan to dispose of or, in the alternative, to remove identifiers from, PPI that is not in current use seven years after the PPI was created or last changed (unless a statutory, regulatory, contractual, or other requirement mandates longer retention).

PURPOSE SPECIFICATION AND USE LIMITATION

HART has prepared standard documents for HMIS Notice of Privacy Practices and Client Consent to Release Information which are available in Annexes B and C. Partner agencies may either use these forms or incorporate the content of the HMIS documents into the agency's own documentation. All written consent forms must be stored in each client's case management file for record keeping and auditing purposes.

OPENNESS

Each partner agency must publish a privacy notice that incorporates the content of the *HUD Data and Technical Standards: Final Notice* as described below. Sample may be found in Annex B.

Each agency must post a sign stating the availability of the privacy notice and provide a copy of it to any client upon request. If an agency maintains a public web page, the agency must post the current version of its privacy notice on its web page.

An agency's privacy notice must:

⇨ Specify all potential uses and disclosures of a client's personal information

⇨ Specify the purpose for collecting the information

⇨ Specify the time period for which a client's personal information will be retained at the agency

⇨ Specify the method for disposing of a client's personal information or removing identifiers from personal information that is not in current use seven years after it was created or last changed

⇨ State the process and applicability of amendments and commit to documenting all privacy notice amendments

⇨ Offer reasonable accommodations for persons with disabilities and/or language barriers throughout the data collection process

⇨ Allow the individual the right to inspect and to have a copy of his/her client record and offer to explain any information that the individual may not understand

⇨ Specify a procedure for accepting and considering questions or complaints about the privacy and security policies and practices

Agencies must make reasonable accommodations for persons with disabilities throughout the data collection process. This may include, but is not limited to, providing qualified sign language interpreters, readers or materials in accessible formats such as Braille, audio or large type, as needed by the individual with a disability.

Agencies that are recipients of federal assistance will provide required information in languages other than English that are common in the community if speakers of these

languages are found in significant numbers and come into frequent contact with the project.

ACCESS AND CORRECTION STANDARDS

In general, a partner agency must allow an individual to inspect and to have a copy of any PPI about the individual. A partner agency must offer to explain any information that the individual may not understand. A partner agency must consider any request by an individual for correction of inaccurate or incomplete PPI pertaining to the individual. A partner agency is not required to remove any information but may, in the alternative, mark information as inaccurate or incomplete and may supplement it with additional information.

In its privacy notice, a partner agency may reserve the ability to rely on the following reasons for denying an individual inspection or copying of the individual's PPI: (1) Information compiled in reasonable anticipation of litigation or comparable proceedings; (2) information about another individual (other than a health care or homeless provider); (3) information obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) if disclosure would reveal the source of the information; or (4) information, the disclosure of which would be reasonably likely to endanger the life or physical safety of any individual.

A partner agency can reject repeated or harassing requests for access or correction. A partner agency that denies an individual's request for access or correction must explain the reason for the denial to the individual and must include documentation of the request and the reason for the denial as part of the protected personal information about the individual.

ACCOUNTABILITY

A partner agency must establish a procedure for accepting and considering questions or complaints about its privacy and security policies and practices. A partner agency must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the privacy notice and that pledges to comply with the privacy notice.

PROTECTION FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT AND STALKING

An agency that is serving a victim of domestic violence, dating violence, sexual assault or stalking are not allowed to participate in HMIS; however, may be required by their funding agency to maintain the same universal data elements on an alternative database system. The guidelines established by this manual should be considered minimal requirements. Because of the nature of domestic violence, it is expected that these support programs will maintain additional safeguards.

UNACCOMPANIED MINOR YOUTH

Based on their age and potential inability to understand the implications of sharing information, the HMIS cannot be used to share information about unaccompanied minor youth outside of the originating agency. Thus, even with written client authorization, users cannot share any client information of unaccompanied minor youth. For the purposes of this policy, minor youth are defined as youth under 18 years of age unless legally emancipated.

PRIVACY COMPLIANCE AND GRIEVANCE POLICY

Clients of partner agencies will use its existing grievance procedures regarding unsatisfactory services or use and disclosure of personal protected information (PPI) in the HART HMIS as these issues are most likely within a partner agency. It is only when the issue involves the actions of the HART HMIS CoC operation that the HART HMIS grievance procedure is to be used. Additionally, the HART HMIS grievance procedure is not intended for use as an "appeal" for a local decision.

If a client wants to file a complaint, s/he needs to follow these steps:

1. The client complaint is to be brought to the attention of the partner agency's Executive Director or designee who will assist the client in the grievance procedure.
2. The complaint is to be stated in writing.
3. The complaint will be passed to the HART HMIS chief administrator.
4. The client and the partner agency's representative meet together with the HART HMIS chief administrator to resolve the complaint.
5. The actions and resolutions will be in writing.
6. Should the client want to appeal the HMIS lead agency's decision, the HART chair will form an ad hoc grievance committee to address the complaint. The committee must have at least one person from the HMIS committee and one person who is not on the HMIS committee. The chair will convene the committee by person, teleconference, or by email to review the complaint. The committee will contemplate the validity of the complaint and determine if established policies and procedures have been violated or if they should be amended to comply with regulatory requirements or good business practices.
7. All decisions of HART's adhoc grievance committee are final.

HMIS Data Quality Plan

DATA TIMELINESS

All data will be entered into the HMIS in a timely manner. HUD is now monitoring CoC-funded projects on the timeliness of HMIS data input, but has not set any specific standards. Because of the distance between projects on this HMIS, there is very little overlap in clients and very low risk of an attempt at duplication of services so the CoC is adopting a lenient policy on when data must be entered into HMIS. The CoC-funded housing projects require an APR after completing a renewable grant, and there is a report on timeliness in this APR. It is in the best interest of the agency to enter data into HMIS as soon as possible; however, the CoC standard is to enter the data is within 14 days of entry/start of a project.

DATA COMPLETENESS

All data entered into the HMIS will be complete. The continuum's goal is to collect 100% of all required data elements. However, the continuum recognizes that this may not be possible in all cases. Therefore, it has established an acceptable range of null/missing and unknown/don't know/refused responses of between 0 and 5 percent, depending on the data element and the type of program entering data. Complete HMIS data is necessary to fully understand the demographic characteristics and service use of persons in the system. Complete data facilitates confident reporting and analysis on the nature and extent of homelessness, such as:

⇨ Unduplicated counts of clients served at the local level,
⇨ Patterns of use of people entering and exiting the homeless assistance system, and
⇨ Evaluation of the effectiveness of homeless systems.

In effect, complete data tells the full "story" of homelessness to the agencies, the continuum, and the general public. Complete data also helps the continuum meet funded compliance requirements.

DATA ACCURACY

The purpose of accuracy is to ensure that the data in the CoC's HMIS is the best possible representation of reality as it relates to homeless people and the programs that serve them. To that end, all data entered into HART's HMIS will be a reflection of information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference. Recording inaccurate information is strictly prohibited. All data in HMIS will be collected and entered in a common and consistent manner across all programs. To that end, all intake and data entry workers will complete an initial training before accessing the live HMIS system. All HMIS users must recertify their knowledge of consistency practices on an annual basis. A basic intake form that collects data in a consistent manner will be available to all programs, which they can alter to meet their additional needs, provided the base document does not change.

DATA MONITORING

HART recognizes that the data produced from the HMIS is critical to meet the reporting and compliance requirements of individual agencies and the CoC as a whole. As such, all HMIS agencies are expected to meet the data quality benchmarks described in this document. To achieve this, the HMIS data will be monitored on a monthly basis to quickly identify and resolve issues that affect the timeliness, completeness, and accuracy of the data.

DATA QUALITY TRAINING

End User Training

Each end user of the HMIS must complete HMIS training before being given HMIS log-in credentials. HART HMIS management team will train all end users to ensure consistency across the continuum.

Reports Training

Reports training for agency administrators and other interested users will be made available as needed. These will include training on how to use reporting tools in ServicePoint.

Agencies are expected to run their own data quality reports so that they can monitor their own data quality and become more effective in serving our clients across the continuum.

SYSTEM PERFORMANCE MEASURES (DATA METRICS)

HUD is requiring the following metrics to be reported.
- ⇨ Length of Time Persons Remain Homeless
- ⇨ Exits to Permanent Housing with Return to Homelessness
- ⇨ Number of Homeless Persons
- ⇨ Employment and Income Growth for CoC Program-funded Projects
- ⇨ Number of Persons Who Become Homeless for the First Time
- ⇨ Permanent Housing Placement-Retention

HMIS Technical Support

HMIS TECHNICAL SUPPORT POLICIES AND PROCEDURES

HMIS Application Support

As unanticipated technical support questions on the use of the HMIS application arise, users will follow this procedure to resolve those questions:

⇨ Begin with utilization of the on-line help and/or training materials

⇨ If the question is still unresolved, direct the technical support question to the agency administrator

⇨ If the question is still unresolved, the Agency Administrator or end user can direct the question to the HMIS management team

⇨ If the question is still unresolved, the HMIS management team will direct the question to Bowman Systems technical support staff

User Training

The HMIS management team will provide HMIS application training periodically throughout the year. If additional, or specific, training needs arise, the HMIS management team may arrange for special training sessions.

Agency/User Forms

All Agency Administrators will be trained in the appropriate on-line and hardcopy forms. If the agency administrator has questions on how to complete HMIS forms, s/he will contact the HMIS management team.

Report Generation

Each agency may send its agency administrator to receive training on how to develop agency-specific reports using the HMIS application. The HMIS management team will be a resource to agency users as they develop reports.

HMIS AVAILABILITY POLICIES

There are times that ServicePoint is unavailable because Bowman Systems is performing necessary backup and maintenance of the HMIS database. These are usually in the late evenings when as few people as possible need access to the system.

However, when HART receives notice of a planned interruption of service for other reasons or for an abnormal amount of time, the HMIS management team will notify agency administrators via email. If there is an unplanned interruption to service, the HMIS management team will communicate with Bowman Systems, and agency administrators will be notified of any information regarding the interruption as it is made available.

HMIS Security Plan

HARDWARE, CONNECTIVITY AND COMPUTER SECURITY REQUIREMENTS

Workstation Specification

Computers should meet the **minimum** desktop specification:

⇨ Operating System: Any system capable of running a current Internet browser as specified below except MS Windows prior to Windows 7.

⇨ Processor: 2 GHz Pentium processor or higher; dual core recommended.

⇨ Memory: 4 GB recommended (2 GB minimum).

⇨ Web Browsers: MS Internet Explorer, Chrome, Mozilla Firefox, or Apple Safari. When these browsers have significant updates or replacements, there will be a period of time before Bowman Systems can certify their use with ServicePoint.

Internet Connectivity

Partner agencies must have Internet connectivity for each workstation accessing the HMIS. To optimize performance, all agencies are encouraged to secure a high-speed Internet connection with a cable modem, DSL or T1 line. Agencies expecting a very low volume of data may be able to connect using a dial-up connection; however, HMIS management cannot guarantee satisfactory performance with this option.

Security Hardware/Software

All workstations accessing the HMIS need to be protected by a securely configured firewall. If the workstations are part of an agency computer network, the firewall may be installed at a point between the network and the Internet or other systems rather than at each workstation. Each workstation also needs to have anti-virus and anti-spyware programs in use and properly maintained with automatic installation of all critical software updates.

Agency Workstation Access Control

Each partner agency will determine the physical access controls appropriate for their organizational setting based on HMIS security policies, standards and guidelines. Each workstation, including laptops and other mobile devices used off site, should have appropriate and current firewall and virus protection as specified above under *Security Hardware/Software.*

ANNEX A - Sample Sign at Protected Personal Information Intake Location

A partner agency must post a sign at each intake desk (or comparable location) that explains generally the reasons for collecting protected personal information (PPI). Below are two samples. Sample 1 contains the required information for the sign. This can be modified, but each principle must remain.

SAMPLE TEXT FOR POSTING AT ENTRY (SAMPLE 1)

Providers may wish to use the following language to assure that they meet this HUD's baseline standard:

''We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate."

CONSUMER NOTICE (SAMPLE 2)

Homeless Advocacy for Rural Tennessee (HART) Homeless Information Management System (HMIS)

This Agency receives funding from U.S. Department of Housing and Urban Development to provide services for homeless and at risk of becoming homeless individuals and their families. A requirement of this funding is that the Agency participates in the HART HMIS which collects basic information about clients receiving services from this Agency. This requirement was enacted in order to get a more accurate count of individuals and families who are homeless and to identify the need for different services.

We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practice is available to all consumers upon request.

You do have the ability to share your personal information with other area agencies that participate in the system by completing a "Release of Information" form. This will allow those agencies to work in a cooperative manner to provide you with efficient and effective services.

ANNEX B - Sample Partner Agency Privacy Notice

{Partner Agency}'s Homeless Management Information System (HMIS):

When you request services from this agency, we will enter information about you and your family into the Homeless Management Information System (HMIS), a computer database commonly referred to as HMIS. This HMIS is administered by Homeless Advocacy for Rural Tennessee (HART). The HMIS is used by many agencies throughout the Upper Cumberland that provide services to persons and families in need. The information collected in the HMIS will help us reduce duplicate intakes, document the need for services, and generate reports such as the number of persons who are homeless in the region.

How your information in the HMIS may be used or disclosed:

Unless restricted by other laws, your information will be used: (1) to provide individual case management, services, and/or treatment to you at this agency and other agencies that use the HMIS; (2) for statistical purposes, such as determining the number of persons that are homeless; (3) to track individual program-level outcomes; (4) to identify unfilled service needs and plan for the provision of new services; (5) to obtain payment for services provided to you; (6) for quality assessment, training, evaluation, legal and business planning, and other health-care operations; (7) to allocate resources among agencies engaged in the provision of services; and (8) other uses allowed by law.

The information about you can also be used by or disclosed to the following:

- To provide or coordinate services to a client
- For functions related to payment or reimbursement for services
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions
- For functions that are related to analyzing client data to understand homelessness, including but not limited to creating de-identified protected personal information, understanding trends in homelessness and the needs of persons who are homeless, and assessing the implementation of the Continuum's Strategic Plan to End Homelessness
- Where the disclosure is required by law and the disclosure complies with and is limited to the requirements of the law
- If the individual agrees to the disclosure
- To the extent that the disclosure is expressly authorized by statute or regulation; and the partner agency believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure
- The partner agency, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm
- The partner agency would be informing a personal representative (such as a family member or friend), and the partner agency reasonably believes the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as determined by the partner agency, in the exercise of professional judgment
- A partner agency may use or disclose PPI for academic research conducted by an individual or institution that has a formal relationship with the partner agency if the research is conducted either:
    - By an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by a program administrator (other than the individual conducting the research) designated by the partner agency; or

- By an institution for use in a research project conducted under a written research agreement approved in writing by a program administrator designated by the partner agency.

Other uses and disclosures of your information will be made only with your written consent. You may revoke your consent at any time in writing, except if the agency has already released information as a result of your consent.

Your rights regarding your information in the HMIS:

- You have the right to inspect and obtain a copy of your own protected personal information for as long as it is kept in the HMIS, except for: (1) Information compiled in reasonable anticipation of litigation or comparable proceedings; (2) information about another individual (other than a health care or homeless provider); (3) information obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) if disclosure would reveal the source of the information; or (4) information, the disclosure of which would be reasonably likely to endanger the life or physical safety of any individual.
- You have the right to request that your protected personal information is corrected when the information in the record is inaccurate or incomplete.
- You have a right to request that your personal information be provided to you by alternative means (such as by mail or telephone) or at alternate locations (such as at your home or place of work). This agency will accommodate reasonable requests.
- You have the right to receive a list of disclosures of your protected personal information made by this agency during the six (6) years prior to the date you request this information, except for disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials. If a law enforcement official or health oversight agency requests that we temporarily suspend giving you an accounting of disclosures made to them, the request must be time-limited and given to us in writing.

Exercising your rights regarding your information in the HMIS:

You can exercise these rights by making a written request to this agency or by making a written request to HART. The addresses are listed at the end of this notice.

Enforcement of your privacy rights:

If you believe your privacy rights have been violated, you may send a written complaint to this agency. If your complaint is not resolved to your satisfaction, you may send your written complaint to HART. Addresses are listed at the end of this notice. You will not be retaliated against for filing a complaint.

This agency is required by law to maintain the privacy of your protected personal information and to display a copy of the most recent HMIS Notice of Privacy Practice ("Notice"). This Agency reserves the right to change this Notice from time to time, and if it does, the change will affect all of the information in the HMIS, not just the information entered after the change. The revised Notice will be posted by this Agency. You may request a copy of it from this Agency.

PPI destruction:

PPI that is not in current use will be destroyed or de-identified seven years after it was created or last changed.

ANNEX C - Sample Release of Information (ROI)

HMIS Information Management System
Client Release of Information Form

I/we, _____,
give permission to [agency] to share information collected to other agencies participating in Homeless Advocacy for Rural Tennessee Continuum of Care Homeless Management Information System for the purposes of improving services available to me and collecting non-personal data on homeless individuals and families. I also understand that this information is kept confidential and that this release is good for one year and one day from today. This agreement may be revoked at any time by submitting a written request to this agency. This authorization is not required to receive benefits from this agency.

_____   _____/_____/_____
          (Signature)   (Date)

_____   _____/_____/_____
          (Signature)   (Date)

Children covered by this release of information:

_____
_____
_____
_____
_____
_____
_____

ANNEX D - HMIS End User Confidentiality Agreement

Name _____AGENCY_____

               Print

Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the HART HMIS.

_____My User ID and Password are for my use only and must not be shared with anyone. I must take all reasonable means to keep my Password physically secure.

_____I understand that the only individuals who can view information in the HART HMIS are authorized users and the clients to whom the information pertains.

_____I understand that written client authorization to share data is required before identifying client information is shared.

_____I understand that there is a grievance policy for clients who believe that their protected personal identification (PPI) isn't properly controlled.

_____I acknowledge that I have been informed that my agency must have a privacy notice and to pledge to comply with the privacy notice as issued.

_____I may only view, obtain, disclose, or use the database information that is necessary to perform my job. I may access client information only to retrieve data relevant to a client requesting services from my agency.

_____I understand that a computer that has the HART HMIS open and running will never be left unattended. Therefore if I am logged on and must leave the work area where the computer is located, I must log-off of the system before leaving the work area in order to protect client confidentiality and system security. Failure to log off HART HMIS appropriately may result in a breach in client confidentiality and system security.

_____Hard copies of HART HMIS information must be kept in a secure file. When hard copies of HART HMIS information are to be discarded, they must be properly destroyed according to my agency's policy in order to maintain confidentiality.

_____If I notice or suspect a security breach, I must immediately notify the HMIS management team.

_____I have read and will abide by my agency's Privacy Notice.

_____
HART HMIS User Signature   Date

ANNEX E - HMIS Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING
between
Homeless Advocacy for Rural Tennessee Homeless Management Information System Lead
and
{Partner Agency}

Homeless Advocacy for Rural Tennessee (HART) HMIS Lead will:

• Oversee and coordinate all aspects of the HART HMIS Project's implementation and development;
• Serve as the primary contact with the HMIS vendor;
• Monitor the vender's performance under their contract with HART;
• Provide ongoing training on the use of the HMIS software;
• Oversee system administration especially as it relates to external security protocols;
• Oversee and coordinate the activities of the agency administrator; and
• Provide support to and function as a resource to the end users and the agency administrator.

{Partner Agency} **will appoint at least one person to serve as the HMIS Agency Administrator for the agency, and this person will:**

• Oversee all agency staff who have access to or generate client-level data;
• Permit only those staff who are certified by HART to use the HMIS software and authorize as users only those staff who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activities related to the use of it;
• Ensure that each end user has read the HART HMIS End User Section, signed the End-User Agreement, and is in compliance with the policies and procedures;
• Ensure that each end user has his/her own software license;
• Assume responsibility for the integrity and protection of client-level data entered at their site;
• Ensure to the extent possible that all data is entered accurately and timely;
• Maintain agency computer equipment and access to the internet;
• Edit and update agency information in HMIS;
• Notify all end users in their agency of interruptions in service;
• Serve as point-person in communicating with the HART HMIS Systems Administrator;
• Detect and respond to violations of the Policies and Procedures or agency procedures;
• Secure a release of information from clients to share personal information with other agencies within the CoC HMIS;
• Coordinate with HART HMIS on changes in license assignments and end-user level of access;
• Ensure that data is collected in a way that respects the dignity of the participants, and
• Inform all end users at their agency of the following:

"Users are any persons who use the HMIS software for data processing services. They must be aware of the data's sensitivity and take appropriate measures to prevent unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with the policies and standards of the agency as they relate to security and confidentiality of the data. Users are legally accountable for their actions and for any actions undertaken with their usernames and passwords."

HART and the partner agency agree that their mutual participation in HART HMIS will cause each party to possess information that is confidential and which, in some cases, may be subject to special protections under state and federal law.

HART HMIS Initials_____   Participating Agency Initials_____

License Cost and Termination: The HMIS Lead with consultation with the HART HMIS Committee determines the cost of individual licenses. Since a license cannot be returned to the HMIS software vendor for a prorated refund, agencies that paid for their licenses will not get a refund if they return their license(s) prior to the new contract year between the vendor and the HMIS Lead.

Confidentiality Obligations: The partner agency agrees to hold all client information, which is disclosed or entered into the HART HMIS confidential. The partner agency agrees to take all reasonable steps to ensure that the confidential information is not disclosed or distributed by its Board members, employees, or volunteers to a third party, except as permitted by signed consent.   The partner agency agrees, unless required by law, not to make such confidential information available in any form to any third party for any purpose other than for the implementation of and participation in the HART HMIS Project.

The partner agency will only have access to client-identifying data that has been expressly released by the client, as noted in the electronic case record. In addition to documentation in the client's electronic record, authorization to release information will be established through a written, signed Release of Information Form to be obtained by the partner agency from the client and retained in the partner agency's files.

HART will have access to all client information that has been entered into HART HMIS and agrees to maintain the security and confidentiality of such information as required by applicable laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA), the regulations promulgated thereunder, and applicable state law. HART will not use protected health information or any other confidential information for any other purpose except that of managing and administering the HART HMIS.

Indemnification: The partner agency agrees to indemnify, defend, and hold harmless HART against all losses, expenses, damages and costs arising out of the agency's participation in HART HMIS, excluding incidents of negligence and willful malfeasance.

HART agrees to indemnify, defend, and hold harmless the partner agency against all losses, expenses, damages and costs arising out of HART's participation in HART HMIS, excluding incidents of negligence and willful malfeasance.

No Warranty: HART's coordination of HART HMIS, including without limitation all services, functions, materials, content, and information, is provided "as is" without warranties of any kind, either express or implied.

Liability: In no event will HART Board members or employees be held liable for interruptions of services related to the use or inability to use the HMIS software or HART HMIS, or for the transmission of inaccurate information or a breach of security and/or confidentiality resulting from any malfunction of hardware or electronic communications system.

Neither will the partner agency or its Board members, staff, or volunteers be held liable for interruptions of services related to the use or inability to use the HMIS software or HART HMIS, or for the transmission of inaccurate information or a breach of security and/or confidentiality resulting from any malfunction of hardware or electronic communications system.

Release: The partner agency agrees to and does hereby release HART from any and all liability related to HART's performance under the MOU or the HART HMIS Project.

HART agrees to and does hereby release the partner agency from any and all liability related to the HART HMIS agency's performance under the MOU or the HART HMIS Project.

HART HMIS Initials_____   Participating Agency Initials_____

HART HMIS Memorandum of Understanding- Signature Page
HART and Covered Homeless Organization

By signing below I agree to the stipulations of this Memorandum of Understanding and agree that my agency will abide by the HART HMIS Policies and Procedures Manual.

HMIS Lead for Homeless Advocacy for Rural Tennessee

Signature: _____ Date: _____

Print Name: _____

Executive Director of {partner agency}

Executive Director's Signature: _____ Date: _____

Email of Executive Director: _____

Print Name: _____

Name of Agency: _____

Mailing Address: _____

Agency Programs Covered by MOU (Please write the names of the programs as they should appear in HART HMIS)
_____

_____

_____

Name of HMIS Administrator: _____

Title of HMIS Administrator: _____

Email of HMIS Administrator: _____

2018 HDX Competition Report

PIT Count Data for TN-506 - Upper Cumberland CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	249	252	258
Emergency Shelter Total	161	165	194
Safe Haven Total	0	0	0
Transitional Housing Total	26	3	18
Total Sheltered Count	187	168	212
Total Unsheltered Count	62	84	46

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	30	25	9
Sheltered Count of Chronically Homeless Persons	17	20	5
Unsheltered Count of Chronically Homeless Persons	13	5	4

2018 HDX Competition Report

PIT Count Data for TN-506 - Upper Cumberland CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**40**	**30**	**32**
Sheltered Count of Homeless Households with Children	32	23	28
Unsheltered Count of Homeless Households with Children	8	7	4

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**7**	**13**	**15**	**8**
Sheltered Count of Homeless Veterans	6	10	11	7
Unsheltered Count of Homeless Veterans	1	3	4	1

2018 HDX Competition Report

HIC Data for TN-506 - Upper Cumberland CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	257	53	25	12.25%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	33	5	19	67.86%
Rapid Re-Housing (RRH) Beds	47	0	47	100.00%
Permanent Supportive Housing (PSH) Beds	93	0	93	100.00%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	430	58	184	49.46%

2018 HDX Competition Report

HIC Data for TN-506 - Upper Cumberland CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	0	0	0

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	25	2	9

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	112	9	47

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for TN-506 - Upper Cumberland CoC

Measure 1: Length of Time Persons Remain Homeless

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	340	57	48	117	69	22	63	41
1.2 Persons in ES, SH, and TH	358	122	62	98	36	29	65	36

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

 The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	350	59	57	129	72	23	72	49
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	368	124	71	112	41	30	73	43

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

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

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	16	0	0%	0	0%	1	6%	1	6%
Exit was from ES	58	0	0%	0	0%	0	0%	0	0%
Exit was from TH	30	0	0%	0	0%	0	0%	0	0%
Exit was from SH	0	0		0		0		0	
Exit was from PH	197	4	2%	10	5%	4	2%	18	9%
TOTAL Returns to Homelessness	301	4	1%	10	3%	5	2%	19	6%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	249	252	3
Emergency Shelter Total	161	165	4
Safe Haven Total	0	0	0
Transitional Housing Total	26	3	-23
Total Sheltered Count	187	168	-19
Unsheltered Count	62	84	22

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	376	124	-252
Emergency Shelter Total	358	59	-299
Safe Haven Total	0	0	0
Transitional Housing Total	18	65	47

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	34	38	4
Number of adults with increased earned income	2	4	2
Percentage of adults who increased earned income	6%	11%	5%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	34	38	4
Number of adults with increased non-employment cash income	12	13	1
Percentage of adults who increased non-employment cash income	35%	34%	-1%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	34	38	4
Number of adults with increased total income	14	14	0
Percentage of adults who increased total income	41%	37%	-4%

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	52	36	-16
Number of adults who exited with increased earned income	5	8	3
Percentage of adults who increased earned income	10%	22%	12%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	52	36	-16
Number of adults who exited with increased non-employment cash income	23	12	-11
Percentage of adults who increased non-employment cash income	44%	33%	-11%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	52	36	-16
Number of adults who exited with increased total income	23	18	-5
Percentage of adults who increased total income	44%	50%	6%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	319	105	-214
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	13	4	-9
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	306	101	-205

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	605	501	-104
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	43	22	-21
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	562	479	-83

FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	18	62	44
Of persons above, those who exited to temporary & some institutional destinations	1	4	3
Of the persons above, those who exited to permanent housing destinations	3	33	30
% Successful exits	22%	60%	38%

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

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	478	503	25
Of the persons above, those who exited to permanent housing destinations	230	353	123
% Successful exits	48%	70%	22%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	171	128	-43
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	147	121	-26
% Successful exits/retention	86%	95%	9%

2018 HDX Competition Report
FY2017 - SysPM Data Quality

TN-506 - Upper Cumberland CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report
FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	161	94	203	197	100	93	54	9	137	137	140	92			112	9				
2. Number of HMIS Beds	6	6	115	39	74	56	34	0	137	117	119	92			112	9				
3. HMIS Participation Rate from HIC (%)	3.73	6.38	56.65	19.80	74.00	60.22	62.96	0.00	100.00	85.40	85.00	100.00			100.00	100.00				
4. Unduplicated Persons Served (HMIS)	298	240	357	60	28	20	18	65	178	163	176	135	95	230	308	492				16
5. Total Leavers (HMIS)	272	186	336	48	14	8	18	50	78	57	93	44	59	189	173	407				15
6. Destination of Don't Know, Refused, or Missing (HMIS)	37	57	106	7	2	0	4	11	1	7	5	1	2	13	0	2				0
7. Destination Error Rate (%)	13.60	30.65	31.55	14.58	14.29	0.00	22.22	22.00	1.28	12.28	5.38	2.27	3.39	6.88	0.00	0.49				0.00

2018 HDX Competition Report
Submission and Count Dates for TN-506 - Upper Cumberland CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/23/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/13/2018	Yes
2018 HIC Count Submittal Date	4/13/2018	Yes
2017 System PM Submittal Date	4/23/2018	Yes

DRAFT

HART Continuum of Care

Approved Date: August 24, 2018

Policy: HART Ranking Order and CoC Local Priorities for 2018 CoC Program Competition

A. Ranking Order

HART will use the following ranking order for the 2018 competition:

a. Homeless management information system (HMIS) and coordinated entry system (CES)
b. Non-HMIS and CES renewable projects that demonstrated that they improved a majority of System Performance Measures 2, 4, and 7b during the past grant year and are not issued a letter of concern by the ranking committee (by score)
c. All other renewable and new grants (by score)

B. Rational

HMIS and CES are ranked first since they are required projects by HUD and a loss of funding will have significant negative impact on the CoC's homeless operations. Other renewable grants are expected to contribute to the improvement of the CoC's System Performance Measures. If they are improving the CoC's SPM, are not considered failing, are without concern, and serving the homeless population appropriately, then they should remain most competitive. Those projects that are not shall compete at the same level against new projects that may contribute to the improvement of the CoC's SPM.

C. Scoring

Scoring will be completed using the approved scoring rubrics for renewable and new projects. Percentage of points received will be the final score for ranking between new and renewable projects.

A majority of SPMs means:

Measure 2 (There are three parts: 0-6, 7-12, and 13-24 months)
    For each section
        If current year equals 0, then YES.
        If not and if current year is less than prior year, then YES.
        If not and if current year is less than prior year is more, then NO.

    If two of three sections equal YES, then Measure 2 equals YES.

Measure 4
        If 4-3 current year equals 100%, then YES.
        If 4-3 current year is not 100% and the current year is greater than prior year, then YES.
        If 4.3 current year is not 100% and the current year is less than prior year, then NO.

        If 4-6 current year equals 100%, then YES.
        If 4-6 current year is not 100% and the current year is greater than prior year, then YES.
        If 4.6 current year is not 100% and the current year is less than prior year, then NO.

    If one of two sections equal YES, then Measure 4 equals YES.

Measure 7
        If current year is 100%, then YES.
        If current year is not 100% and the current year is greater than prior year, then YES.
        If current year is not 100% and the current year is less than prior year, then NO.

    Measure 7 has only one section, therefore is YES/NO.

For a project to receive a majority, it must receive two of three YES answers for the three measures.

	Positive		Neutral		Negative		Totals
Race Total	394	88.74%	39	8.78%	11	2.48%	444
American Indian or Alaska Native	2	50.00%	2	50.00%	0	0.00%	4
Black or African American	32	94.12%	2	5.88%	0	0.00%	34
Multi	5	83.33%	1	16.67%	0	0.00%	6
Native Hawaiian or Other Pacific Islander	3	100.00%	0	0.00%	0	0.00%	3
White	352	88.66%	34	8.56%	11	2.77%	397
Hispanic Total	4	100.00%	0	0.00%	0	0.00%	4

Positive
Foster care home or foster care group home (HUD)
Permanent housing (other than RRH) for formerly homeless persons (HUD)
Rental by client, no ongoing housing subsidy (HUD)
Rental by client, with other ongoing housing subsidy (HUD)
Rental by client, with RRH or equivalent subsidy (HUD)
Rental by client, with VASH subsidy (HUD)
Staying or living with family, permanent tenure (HUD)

Neutral
Deceased (HUD)
Hospital or other residential non-psychiatric medical facility (HUD)
Jail, prison or juvenile detention facility (HUD)
Long-term care facility or nursing home (HUD)
Psychiatric hospital or other psychiatric facility (HUD)
Staying or living with family, temporary tenure (e.g., room, apartment or house)(HUD)
Substance abuse treatment facility or detox center (HUD)
Transitional housing for homeless persons (including homeless youth) (HUD)

Negative
Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)
Place not meant for habitation (HUD)

Summary
An assessment regarding racial or Hispanic disparity using HMIS data based on exit destinations of all adult clients with a known destination over the past 3 years demonstrates that there are no disparities with the minority races and Hispanics. However, what categories were listed as neutral outcomes were higher with the smaller represented racial categories than desired. But, by combining all non-white racial groups, the percentage of positive outcomes was nearly identical to the white population and the neutral category was 2% higher for the minority groups so believed to be statistically insignificant.