

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions [click here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: TN-504 - Nashville-Davidson County CoC

1A-2. Collaborative Applicant Name: Metropolitan Development & Housing Agency

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Metropolitan Development & Housing Agency

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	No
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

VA, AIDS orgs, TN Conf Soc Welfare, Universities	Yes	Yes
United Way	No	Yes
TN Dept Mental Health/SubAbuse, Philanthropy	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

In every aspect of its operations, the CoC is intentional about ensuring that everyone has an opportunity to engage and a platform on which to be heard. In the fall of 2016, MDHA surveyed CoC members to assess ways to strengthen our local system and continually works to incorporate the results. Monthly CoC meetings are designed for members to openly discuss business and strategic matters, and these meetings are deliberately scheduled to immediately follow the monthly meeting of the community-based Nashville Coalition for the Homeless, a network of homeless service providers and persons with lived experience. In addition, the CoC continues to collaborate with the Metropolitan Homeless Commission, the planning and coordination board that manages local funds to end homelessness. Through this partnership, the participation of elected officials, Metro department representatives, and the business sector, especially landlords, in CoC meetings has substantially increased.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

Over the past year, The Cloudburst Group has provided technical assistance to strengthen the Nashville CoC's governance structure. We have used this as a vehicle to bolster membership through community outreach campaigns coordinated among the Collaborative Applicant, the Metropolitan Homelessness Commission, and the Nashville Coalition for the Homeless. Through efforts to make meeting information widely available via posting on the CoC website, extensive email relay, and word of mouth, over 100 people have been added to the CoC contact list, bringing the total to 393. During the Charter revision process, members specifically identified stakeholders that should be participating in the CoC and extended invitations for membership and to consider serving on the new Governance Board. As a result, the current Governance Board reflects a broad array of interests that had not previously been represented.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.

(limit 1000 characters)

As soon as registration opens, the Collaborative Applicant begins sharing information about the process at monthly CoC General meetings, on its website, and by email. On 7/20, MDHA emailed the Annual Competition announcement, the NOFA, 2017 HUD Policy Priorities & Scoring, & the local CoC timeline. On 8/1, MDHA held a pre-proposal conference for entities interested in any new funding; on 8/3, MDHA emailed the local CoC new project application to all attending on 8/1. One organization that has never been funded, Alexander Arthur Ministries, expressed interest in 2017 funds, but after discussion, this agency concluded it was not prepared to apply. In further effort to identify new proposals, an Ad Hoc Bonus Project Committee was created. This Committee met 3 times: 7/12, 8/2, & 8/9. While a feasible project was not identified, the Committee voted to continue exploring innovative ideas to create permanent supportive housing at quarterly meetings during the upcoming year.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

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)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Faith-based/congregations	Yes
Behavioral/acute health	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

MDHA benefits as the Collaborative Applicant & HMIS Lead for the CoC & administrator of Nashville's Consolidated Plan. These functions are in the same MDHA directorate & are integrated at staff level for efficient collaboration on

CDBG, HOME, HOPWA & ESG programs. ESG funding is prioritized annually through consultations with stakeholders, such as CoC members, & awarded competitively. In evaluating ESG funding requests, a review committee is given monitoring reports & assessments on the quality of data entered into HMIS. Last year, the ESG review committee included a CoC member; next year, one committee will review ESG and CoC proposals. With HMIS & Con Plan functions in the same department, PIT/HIC & other HMIS data are easily accessible & utilized in annual Con Plan updates & performance reports. The CoC has a formal forum to articulate homeless needs & strategies during the Con Plan update process, plus MDHA keeps its pulse on local homeless issues as staff of the CoC.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

CoC coordination with victim service providers occurs in monthly CoC meetings, CES meetings & Coalition meetings. YWCA Domestic Violence program staff has served on the CoC's Governance Committee. Partnerships between DV providers and services not specific to DV victims adhere to VAWA guidelines. Client-level information is exchanged in a strictly confidential manner, employing databases that are comparable to the city's HMIS, but separate. Similar resources & access points exist for DV providers & victims, but the safety or confidentiality of the individual or family is not compromised. ESG Memoranda of Understanding do not disclose the location of DV shelters. A clause is included to assure that all records containing personally identifying information of any individual or family who applies for and/or receives family violence prevention or treatment services via ESG assistance will be kept secure and confidential; these protections are noted in the CoC Charter/Bylaws as well.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

The YWCA provided technical assistance to CES on best practices, and serves on the CoC CES Committee. They regularly train CoC providers and others on domestic violence awareness/identification & trauma-informed care—including Oasis Center, Room in the Inn, Park Center, Nashville Rescue Mission, Renewal House, The Next Door, and 32 trainings in FY17 at MDHA. In addition to using client databases comparable to HMIS as a planning tool, the YW worked closely this year with Nashville police now using the Lethality Assessment Protocol to screen for risk factors when responding to calls. The Mary Parrish Center attends CES/By-Name-List meetings and educates

the community to help ensure the safety of survivors of domestic violence. Protocols include using the name "Jane Doe" when staffing cases and discussing referrals to maintain confidentiality. Specific destination exits (i.e. the name of a shelter/other housing agency) from CES are not listed, to maintain confidentiality.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
MDHA	31.00%	Yes-HCV
MDHA	23.00%	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-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

While MDHA has adopted a homeless preference in its Housing Choice Voucher Program, there is currently not a homeless preference for new admissions into Public Housing. However, MDHA is open to exploring the addition of such a preference upon full implementation of a Coordinated Entry System. MDHA leadership has become more engaged in discussions on strengthening Nashville's system for preventing and ending homelessness and its role in that system.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular 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, including Gender Identify Equal Access to Housing, Fina Rule; and (3)

**implementation of an anti-discrimination policy.
(limit 1000 characters)**

On February 15, 2017, MDHA invited all current and previous ESG and CoC funding recipients to attend a mandatory informational session to discuss key elements of the Equal Access rule and how these requirements could affect current policies at the agencies and/or funding eligibility. MDHA also provided a link to the HUD slides and PowerPoint notes from one of the HUD webinars : <https://www.hudexchange.info/trainings/courses/equal-access-and-gender-identity-rules-training/1732/> and strongly encouraged attendees to view these materials before the meeting. MDHA provided HUD's self-assessment tool for agencies to judge their compliance and needs for adhering to the requirements of the rule. The goal of this meeting was to ensure that everyone fully understands the new requirements under the Equal Access and Gender Identity Rule. Under the local effort to end youth homelessness, Oasis Center provides regular LGTQ sensitivity trainings to providers, schools, and other organizations.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
Conducting criminalization surveys (Open Table)	<input checked="" type="checkbox"/>
Implemented encampment protocol to avoid arrests	<input checked="" type="checkbox"/>
Expungements-Nashville Homeless Organizing Ctee	<input checked="" type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="checked" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="checked" type="checkbox"/>
Correctional Facilities:	<input checked="checked" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

Although the CoC does not have a discharge policy in place to avoid homelessness upon discharge from health care providers, it is building case management capacity and linking patients from ERs to a medical home. Room in the Inn (CoC/ESG recipient) offers recuperative care, but the city lacks medical respite. The CoC is engaging the local public hospital with CES, & will work more closely with hospital leadership & homeless outreach to provide program management and administrative bridging, via a revamp of the Hospital to Home initiative to avoid homelessness at discharge. Vanderbilt's Homeless Health Services has hired a psychiatric nurse practitioner to assist with inpatient consultations on homeless persons & a housing navigator to help patients who are interested in housing.

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

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

CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)

Up to 5 points were added to project scores for projects serving participants with multiple vulnerabilities listed as conditions in the HUD APR. These include: mental illness, addiction disorders, chronic health condition, HIV/AIDS and related diseases, developmental and/or physical disability. The points were awarded on the basis of % of stayers in each project, and on the scale of households served. Maximum points were earned by 2 of the projects serving more than 50 households with 2 or more conditions. Four other projects earned 1 or 2 points using this criterion.

1E-3. Using the following checklist, select: (1) how the CoC made publicly

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available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking 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. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	Reallocation Supp...	09/28/2017

Attachment Details

Document Description: Reallocation Supporting Documentation TN-504
Nashville

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the 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? Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. 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. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. 8-9

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual. Yes

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

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

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

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in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,222	67	1,135	98.27%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	561	18	536	98.71%
Rapid Re-Housing (RRH) beds	100	0	100	100.00%
Permanent Supportive Housing (PSH) beds	1,200	0	1,200	100.00%
Other Permanent Housing (OPH) beds	118	0	118	100.00%

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

N/A

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?

1

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)

12/29/2016

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/27/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/28/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

There were no changes to the 2017 sheltered portion of the count.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? No

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. 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 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from Yes

2016 to 2017?

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

The PIT count is organized and implemented by local outreach workers and volunteers who canvassed the entire CoC geographic area to ensure full coverage. The CoC utilizes an observation-based count where the observer gathers as much demographic data as possible. There were data quality changes to this year's count that affected what "observations" were eligible to be counted. However, there are incidents where certain demographic pieces are inconclusive or cannot be determined for sure. Any surveys where the observer selected "Not Sure" for all demographic questions were excluded entirely from the unsheltered portion of the count itself.

The PIT Committee also prepared outreach workers for a change in count methodology. Therefore, we conducted a survey within 5 days following the count to get outreach workers and volunteers used to implementing a survey in our PIT count moving forward. We felt the methodology was unclear to implement survey results fully in this year's count.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

Prior to the count, we worked with youth experiencing homelessness and service providers to identify the "hot spots" where youth congregate. These locations were incorporated in the CoC's PIT count. On the night of the PIT Count, a local homeless youth-serving agency (Oasis Center) hosted a magnet event for homeless youth called "Youth Count." Modeled after recommendations from the US Interagency Council on Homelessness (USICH), this event, which engaged youth throughout planning and recruitment, represented a key strategy in gathering more accurate data on homeless youth.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness,

**families with children, and Veterans experiencing homelessness.
(limit 1000 characters)**

For the sheltered portion of the count, agencies conduct interviews and collect all the necessary HUD-prescribed data points to determine chronicity, veteran status and families with children. For the unsheltered portion of the count, seasoned outreach workers identified "hot spots" before the night of the count where certain sub-populations could be found. Training was strengthened around expanding the type of observation utilized in the count. For example, Nashville has noticed an uptick in families with children living in vehicles. Outreach workers were consistent in their trainings around identifying vehicles where families with children might be present. This training and more refined approaches resulted in two families being identified as sleeping in vehicles in the unsheltered portion of the count.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.

(limit 1000 characters)

The 2017 HDX Competition Report shows a reduction in first-time homelessness for the current year of 230 persons (1,991 persons current year) from FY 2015 (2,221 persons).

The Metro Homelessness Commission leads the effort to mold the current CES approach into a collaborative system. Households are identified at multiple entry points including shelters, schools, and the justice system & are referred to Metro Social Services (MSS). At MSS, households are assessed to determine their needs. Last year, 87% of clients indicated they had a housing crisis. They are then immediately linked with a case manager to address the housing crisis affecting the household. This process includes diversion, prevention, or assistance to immediately access shelter when necessary.

The Homelessness Commission provides one-on-one CES trainings including prevention/diversion options for new staff at CoC service providers. As Collaborative Applicant, MDHA oversees this strategy.

3A-2. Performance Measure: Length-of-Time Homeless.

CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.

(limit 1000 characters)

HUD's 2017 HDX Competition Report shows that the length of stay (LOS) in emergency shelters and transitional housing fell dramatically from 2016 to 2017: the average was down by 227 nights to a current-year stay of 162 nights; and the median length of stay was reduced by 130 nights to 82 nights. In

conjunction with assessments done via VI-SPDAT, HMIS data is used to identify & house people with longer spells of homelessness. The Metro Homelessness Commission serves as the backbone of How's Nashville, a collective-impact collaboration which includes 22 CoC members who focus on ending literal homelessness through a CES. The Commission regularly trains housing navigators at local shelters, & organizations offering outreach & case management, & leads bi-weekly care coordination meetings focusing on rapidly housing people, prioritizing based on acuity levels measured by the VI-SPDAT and length of time homeless. The organization responsible for overseeing this CoC strategy is MDHA.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)

Successful exits from street outreach were up 2% this year, up 6% from shelters/transitional/PH-RRH, & down 3% when combined with retention, in PH. Through How's Nashville, the city's Homelessness Commission collaborated with 22 CoC providers who increased the housing placement rate from about 19/month in 2013 to an average of 54 households/month during the past year. SAMHSA CABHI funds helped to quickly move people from street to housing & link them to Critical Time Intervention (CTI) case management contracted to Centerstone. Serving over 200 households/year, the 2 contracts have a retention rate of 82-85%. Enhancing placement were city-funded landlord incentives (\$260K) to rent to homeless vets (leasing bonus, damages), a \$50K CDBG commitment to assist homeless people with utility deposits/1st-month's rent, annual bus passes for chronic homeless persons seeking housing, and a set-aside of 18 housing vouchers/month. As Collaborative Applicant, MDHA oversees this strategy.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)

In HDX, data over the last 2 years show 741 persons exiting an array of temporary & more permanent housing scenarios to permanent housing. Of this number, 200 (27%) returned to homelessness. To stem this flow, Open Table plans to hire a Housing Retention Specialist, to focus on people who have been placed in housing but still require intensive interventions to remain stable in their housing. Recidivism will be built into the CES workflow in HMIS. The Metro Homelessness Commission hired a Data & Performance Coordinator, who is reviewing available data to measure returns to homelessness, and has been

instrumental in developing by-name lists with time stamps, which will highlight the incidence of these returns.

The organization responsible for overseeing the CoC's efforts to reduce recidivism is MDHA, designated as Collaborative Applicant this year.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

Nashville's CoC has had tremendous success with assisting homeless people with disabilities to access Social Security benefits via the SOAR model. ESG funds assisted people who were being served through the SOAR process and living on the streets of Nashville. During 2016/2017 the SOAR Program assisted 73 people obtain an approval through Social Security with an average waiting time of only 60 days. Since the inception of the program in 2006, over 847 people have been approved for disability within an average of 52 days and a 95% success rate. Via the Transition from Jail to Community listserv, networking occurs daily to help people exiting the justice system access jobs. Through Shelters to Shutters, Metro Homelessness Commission staff links people who have moved into housing after homelessness with opportunities in maintenance jobs. The organization responsible for overseeing the CoC's efforts to increase this income growth is MDHA, designated as Collaborative Applicant this year.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)

NA

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, 05/31/2017

**which included the data quality section for FY
2016.
(mm/dd/yyyy)**

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	38	199	161

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated as Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless; provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	94
Total number of beds dedicated to individuals and families experiencing chronic homelessness	30
Total	124

3B-1.2. Did the CoC adopt the Orders of Priority into their 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. No

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)**

Key family shelter providers have established a coordinated family entry point at Metro Social Services including a phone line. Priority is on prevention and diversion via an intake team at MSS. The Metro Homelessness Commission leads family care coordination meetings where organizations including a DV provider prioritize families based on vulnerability (physical & mental health disabilities and DV situations), length of time homeless & family size (in the current housing market it takes longer to house large families). Landlord liaisons at The Homelessness Commission, MSS, and Safe Haven collaborate to identify housing to move prioritized households from street to units as quickly as possible. The Rescue Mission and Safe Haven offer shelter units. Safe Haven & Catholic Charities link families to their Rapid Rehousing programs. Salvation Army offers transitional housing placement with a focus on Rapid Rehousing. As Collaborative Applicant, MDHA oversees this strategy.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	24	20	-4

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination 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.
(limit 1000 characters)**

In addition to providing training to ESG and CoC funding recipients on HUD's Equal Access to Housing Rule as discussed in 1C-5, contracts with ESG recipients include specific provisions for complying with anti-discrimination policies. Specifically, agencies are required to have operating policies and procedures on program admissions and occupancy to ensure that equal access

is provided, and these policies will be reviewed when MDHA conducts a monitoring visit. During the development of the 2017 Joint Assessment of Fair Housing (AFH) for Metro Nashville and MDHA, MDHA staff expressly obtained input from the CoC to identify barriers to housing based on a protected characteristic (including LGBT) experienced by homeless persons. This information was used to inform some of the goals and strategies of the 2017 AFH.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

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-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

In 2017, twenty-two organizations created a comprehensive action plan to prevent & end youth homelessness in Nashville. The 4 strategic areas in the Key Plan include immediate response, prevention, coordinated entry, and long-term solutions. Focus areas include winter sheltering from Nov.-March, a community meal to engage YYA new to homelessness/Nashville, specific YYA CES entry points introducing the TAY-VI-SPDAT, & starting a Youth Rapid ReHousing program. 20 goals align with the USICH "Opening Doors"

framework for ending youth homelessness, including LGBTQ training for all homeless providers, middle/high schools, foster care, & juvenile justice systems; expansion of the Extension of Foster Care Act in TN; a coordinated youth shelter system; and long-term housing options. We raised over \$200,000 from private funders to implement the goals, & launched a partnership with a youth service provider (Oasis Center) & an affordable housing organization (Urban Housing Solutions) to create youth-specific housing with optional case management services. 7 of the 8 participants are still in housing or have exited to stable housing. For that program, we are measuring indicators on the TAY VI-SPDAT at entry, 3-6-9 months & at exit, as well as length of stay, exit status, acceptance/refusal of case management, mental /physical health, & workforce development. These measures, grounded in evidence, provide the most accurate, comprehensive set of data possible for the population served.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

The McKinney-Vento HERO Program is the CoC's liaison to public schools for homeless children. The Program Supervisor sits on the CoC Governance Board & the ESG Review Committee, is CES Committee Co-chair, and trains shelter staff yearly. School Policy 6.100 (updated Sept. 2011, & reviewed annually) states that in collaboration with community organizations, the HERO Program will identify children in & out of school and train school personnel on homeless indicators; a Residency Questionnaire for new students identifies children appropriate for the program. A Documentation of Collaboration, outlining key commitments, was signed by 19 shelter/community agency CEOs in May 2017. Services include: assistance with enrollment; housing & community resource information; obtaining birth certificates, immunization/school records; parent workshops; referrals to dental, medical and mental health services; school supplies and clothing; and transportation to school & school-related events/activities.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	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	No	No
Tribal Home Visiting Program	No	No

Other: (limit 50 characters)		
Safe Haven/DHS agreement -childcare vouchers	No	Yes

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

The CoC has instituted Coordinated Entry System and has regular meetings for homeless outreach workers, and housing navigators from community and city agencies along with SSVF program staff and VA homeless outreach and HUD VASH Social Workers. VA Case Managers go to day centers, shelters, and jails in the community and conduct street outreach along with community partners to identify homeless Veterans who are unsheltered. Homeless Veterans identified by any outreach worker are placed on a By Name list and reviewed at twice-monthly Veteran care coordination meetings. Veterans are referred to SSVF and VA GPD and HUD VASH programs based on eligibility and need, as screened and assessed through intake and use of the VI-SPDAT. VA Case Managers connect eligible Veterans with HUD VASH program and GPD and VA Contract transitional beds as are most appropriate; Veterans ineligible for VA programs are referred to other community resources.

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 is assisted to quickly move into permanent housing using a Housing First approach?

No

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	No	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
Mental Health Co-op/Centerstone Safety Net	Yes	Yes

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

Supplemental leverage includes over \$800,000 in planning & services at the Metro Homelessness Commission (MHC) & over \$4 million in medical, dental & pharmacy services via TennCare. Via How's Nashville, MHC trains housing navigators -social workers, street outreach specialists, and case managers at 22 partner organizations who help literally homeless persons enter permanent housing and link to retention supports. This monthly training includes DV safety planning, how to complete housing applications, obtain IDs, birth certificates, etc. At bi-weekly care coordination meetings, housing navigators teach each other about eligibility for food stamps, referrals to SOAR, child care, rent & utility assistance, prevention assistance, etc. Vanderbilt's Homeless Health Services' disability coordinator pursues fast track disability claims for individuals who are homeless with severe and persistent mental illness. As Collaborative Applicant,

MDHA oversees this strategy.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	15.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	11.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	73.33%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	15.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	13.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	86.67%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

The Metro Homelessness Commission hired a 3-member outreach staff last year to help coordinate with all outreach providers to ensure full geographic coverage of Davidson County in the CoC's CES efforts. Integrating with outreach at Park Center, the VA, Vanderbilt Medical Center's Psychiatric Street Outreach, the Downtown Partnership and other efforts, they engage people each day who are sleeping in camps & on the streets who may not actively seek assistance. "Engagement items," such as clothing, hygiene items, bus passes and food, are used to help begin a conversation with homeless individuals. A lot of work has been done in prior years around the Community Cold Weather Plan, where Open Table Nashville leads the city-wide outreach efforts, which cover the entire CoC area. In addition, outreach coordination engages on an annual basis around the PIT count to divide up the county into geographic outreach maps.

4A-5. Affirmative Outreach
Specific strategies the CoC has 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; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

MDHA recently completed a Joint Assessment of Fair Housing (AFH) for Nashville & MDHA. The AFH deeply analyzed barriers to securing & retaining housing encountered by persons with protected characteristics. MDHA, city officials & fair housing groups worked to identify all potential stakeholders to ensure maximum participation/representation for all protected groups. Stakeholders provided input on draft development via 5 consultations focused on different protected classes (2 consultations on disability), plus a consultation with the CoC & meetings by appointment. The public could contribute to draft development at 5 community meetings held in different areas of Nashville, while 6 public hearings were held on the draft AFH, also in different areas of the county. Meeting notices were published in English & Spanish in 3 local papers, posted on MDHA's social media outlets & website, email, posted at various locations & announced on radio stations (including the Spanish radio station).

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	74	100	26

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statutes who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). 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
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	CoC 2017 Evidence...	09/14/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	CoC 2017 Attachme...	09/27/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC 2017 Rating &...	09/14/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC 2017 TN-504 R...	09/14/2017
05. CoCs Process for Reallocating	Yes	CoC 2017 Process ...	09/23/2017
06. CoC's Governance Charter	Yes	TN-504 Nashville ...	08/22/2017
07. HMIS Policy and Procedures Manual	Yes	TN-504 Nashville ...	08/22/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	COC 2017 1C-4 PHA...	09/25/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	TN-504 Nashville ...	08/22/2017
14. Other	No	1C-4 PHA Limited ...	09/22/2017
15. Other	No		

Attachment Details

Document Description: CoC 2017 Evidence of Communication to Rejected participants

Attachment Details

Document Description: CoC 2017 Attachment 02. CoC Consolidated Application: Public Posting Evidence

Attachment Details

Document Description: CoC 2017 Rating & Review Procedure TN-504

Attachment Details

Document Description: CoC 2017 TN-504 Rating & Review Procedure: Public Posting Evidence

Attachment Details

Document Description: CoC 2017 Process for Reallocating TN-504 Nashville-Davidson County, TN

Attachment Details

Document Description: TN-504 Nashville TN CoC Governance Charter

Attachment Details

Document Description: TN-504 Nashville TN HMIS Policy & Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: COC 2017 1C-4 PHA Limited Pref HCV

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: TN-504 Nashville TN System Perf Measures
from HDX

Attachment Details

Document Description: 1C-4 PHA Limited Pref HCV TN-504

Attachment Details

Document Description: 1E-4. Reallocation Process

Submission Summary

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

Page	Last Updated
1A. Identification	08/22/2017
1B. Engagement	09/27/2017
1C. Coordination	09/28/2017
1D. Discharge Planning	09/28/2017
1E. Project Review	09/27/2017
1F. Reallocation Supporting Documentation	09/28/2017
2A. HMIS Implementation	09/06/2017
2B. PIT Count	09/12/2017
2C. Sheltered Data - Methods	09/27/2017
3A. System Performance	09/28/2017
3B. Performance and Strategic Planning	09/27/2017

4A. Mainstream Benefits and Additional Policies	09/27/2017
4B. Attachments	09/27/2017
Submission Summary	No Input Required



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Acrobat X or Adobe Reader X, or later.**

Get Adobe Reader Now!

IMPORTANT NEWS

(Items in **BLUE** are active links. Documents are posted as they are received.)

In its 2017 Notice of Funding Availability for Continuum of Care funding, HUD requires Collaborative Applicants to post on their website, at least 2 days before the application submission deadline, all parts of the CoC Consolidated Application, including the CoC Application attachments and the Priority Listing, and notify community members and key stakeholders that the Consolidated Application is available. These two parts may be found in the links below. Anyone interested in reviewing any of the applications for the 19 projects being submitted may contact Suzie Tolmie, Homeless Coordinator at

MDHA, for a copy at stolmie@nashville-mdha.org.

CoC FY2017 Project Priority List CoC FY2017 Consolidated Application

[Click Here for the FY2017 CoC Competition Update](#)

[FY2017 HUD CoC Appeals Process](#) (Details Attached)

~~[9/26 Appeals Panel Special Meeting](#)~~ (*Canceled*)

[9/25 Appeals Panel Meeting](#)

[9/21/17 CoC General Meeting](#) (Agenda Attached)

[9/13/17 CoC Governance Board Meeting](#) (Agenda Attached)

[9/11/17 CoC Governance Board – Special Called Meeting](#) (Agenda Attached)

[CoC 2017 All September & October Calendar Items](#)

[CoC Governance 2017: Leadership Letter & Decision Timeline](#)

[May 2017 CoC Presentations](#)

Suzie Tolmie

From: Suzie Tolmie
Sent: Tuesday, September 26, 2017 4:23 PM
To: Suzie Tolmie
Subject: Continuum of Care Consolidated Application & Priority Listing available for review

In its 2017 Notice of Funding Availability (NOFA) for Continuum of Care funding, HUD requires Collaborative Applicants to post on their website, at least 2 days before the application submission deadline, all parts of the CoC Consolidated Application, including the CoC Application, related attachments and the Project Priority Listing, and notify community members and key stakeholders that the Consolidated Application is available.

This email is being sent via Blind Copy to 398 recipients, who are CoC members or interested local stakeholders. Final drafts of these two parts may be found in the link below. Minor edits are still needed; to review the final versions of either part of the application, please visit this site at 7 p.m., Thursday, September 28 (the HUD deadline for Nashville) or later. Anyone interested in reviewing any of the applications for the 19 projects being submitted may contact me for a copy. Thanks.

<http://www.nashville-mdha.org/community-development/about-the-continuum-of-care/>

If you would like additional information about the Nashville-Davidson County Continuum of Care ("CoC"), please visit our website at:

<http://www.nashville-mdha.org/community-development/about-the-continuum-of-care/>
Continuum of Care: General Membership Meetings

Continuum of Care: Governance Board Materials

Suzie Tolmie, Homeless Coordinator

Metropolitan Development & Housing Agency (MDHA)

712 South Sixth Street

Nashville, TN 37206

615/252.8574 phone

615/248-9098 fax

stolmie@nashville-mdha.org



Nashville's Homeless Management Information System (HMIS)

Metropolitan Development and Housing Agency

fax | 615-252-8547 | **mainline** | 615.252.8545 **office & mailing** | 712 S Sixth Street, Nashville, TN 37206

PURPOSE

This document provides the policies, procedures, guidelines, and standards that govern the Nashville, Davidson County Continuum of Care agencies contributing data (HMIS Partnering Agencies) to the Nashville's HMIS. HMIS staff will provide each HMIS Member Agency provider with a copy of this document. As a condition of participation, each HMIS Member Agency is asked to adhere to all policies within the document as signed in the HMIS Memorandum of Understanding (MOU) and outlined in the city's HMIS Governance Charter.

- *Special Note: Our Continuum has adopted a statewide Policy and Procedures Manual. The policies set forth are universal to all 10 state continuums.

EXCEPTIONS

In order to mitigate risk from participation in the HMIS system, HMIS leadership has the right to grant exemptions to any HMIS policy only in the following instances:

1. Unique circumstances/projects not encountered before by HMIS staff,
2. Public policy decisions needing some considerations,
3. On need of quick time lines for implementation. No

other instances will be considered.

ACKNOWLEDGMENTS

Memphis, TN's Shelby County CoC led the effort in updating and editing the policies and procedures manual to ensure full compliance with the 2014 Data Standards Manual as released by HUD. They issued the following acknowledgments:

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Section 1: Historical Perspective

Introduction

The concept of HMIS was a brainchild of the United States Congress and the Department of Housing and Urban Development (HUD). In 1999, Congress mandated the Department of Housing and Urban Development (HUD) find a way to adequately track the scope of homelessness in the United States in the HUD Appropriations Act. The following year, the Department of Housing and Urban Development (HUD) mandated that each community implement or be in the process of implementation of a Homeless Management Information System (HMIS) by October 2004.

HMIS is a secure web-based centralized database where non-profit organizations across our community enter, manage, share, and report information about the clients that they serve. It is similar to an electronic health record system in a hospital. The HMIS staff provides training and technical assistance to HMIS Member Agency providers and their users.

Senate and House Appropriations Committee reports have reiterated Congress' directive to HUD to: 1) assist communities in implementing local Homeless Management Information Systems (HMIS), and 2) develop an Annual Homeless Assessment Report (AHAR) that is based on HMIS data from a representative sample of communities. Most recently, Congress renewed its support for the HMIS initiative and the AHAR in conjunction with the passage of the Transportation, Treasury, Housing and Urban Development, the Judiciary, the District of Columbia, and Independent Agencies Appropriations Act of 2006 (PL 109-115).

In addition to Congressional direction HUD, other federal agencies and the U.S. Inter-agency Council on Homelessness requires HMIS under various statutory authorities and Congressional direction to collect information about the nature and extent of homelessness. Individual projects authorized under the McKinney-Vento Act require the assessment of homeless needs, the provision of services to address those needs, and reporting on the outcomes of federal assistance in helping homeless people to become more independent. The major congressional imperatives in HUD's McKinney-Vento Act projects are:

- Assessing the service needs of homeless persons;
- Ensuring that services are directed to meeting those needs;
- Assessing the outcomes of these services in enabling homeless persons to become more self-sufficient;
- And,
- Reporting to Congress on the characteristics of homeless persons and effectiveness of federal efforts to address homelessness.

HMIS Project Goals

Measure the Extent and Nature of Homelessness

The first goal is to inform public policy makers about the extent and nature of the homeless population in our community. This is accomplished through analysis of homeless client and service provider data. HMIS gathers an unduplicated count of those accessing services, service trends, bed utilization rates, re-entry rates, and HMIS system usage. All data is provided in an aggregated (void of any identifying client level information) format and made available to public policy makers, service providers, advocates, and consumer representatives.

Streamline the Intake and Referral Process for Human Service Agencies

The second goal is to streamline the intake and referral process for human service agencies in the community. HMIS provides a standardized mechanism for collecting client information across all providers. Human service providers collect the same client information and then the client can share that information at each project with additional service providers for greater ease of service. As part of the system, a service provider can send an electronic referral to another agency. This streamlined process allows for the development of centralized coordinated assessment centers where agencies can store assessments, refer to other projects, and follow clients longitudinally with a shared information system.

Provision for In-depth Case Management by Sharing Client Information

The third goal is to allow for in-depth case management through the sharing of client information in a centralized system. HMIS provides a standardized mechanism in which human service providers collect information and then share it among every participating human service agency to assist clients more efficiently and effectively.

Inventory Homeless Housing

Finally, the fourth goal is to inventory homeless housing options in the community. HMIS captures this inventory and allows for real-time collection and tracking of emergency shelter, transitional housing, and permanent supportive housing.

Section 2: HMIS Roles & Responsibilities

Roles

(HMIS) is to act as the Homeless Management Information System (HMIS) Lead Agency for the community.

In addition to acting as the HMIS Lead Agency, the role of HMIS is to provide training and technical support to HMIS Member Agency providers. Lastly, HMIS staff coordinates and participate in numerous projects annually regarding data collection and performance measurement.

Responsibilities

HMIS Staff is responsible for coordinating the following items on behalf of HMIS Member Agencies.

- **All software related issues to the software vendor** - This includes all communication with the vendor including phone, email, and conferences. As well as submitting feature enhancement requests from HMIS Member Agencies.
- **User training** - HMIS staff is responsible for all End User training. This is to ensure continuity and consistency with training as well as to ensure the proper workflow for HMIS Member Agencies.
- **Technical support as it relates to the software or project** - HMIS staff is responsible for providing technical support to Agency Administrators and End Users. Technical support services attempt to help the user solve specific problems with a product and do not include in-depth training, customization, reporting, or other support services.

- **Data quality initiatives** – Together, Member Agencies and HMIS staff work diligently on adhering to data quality standards in order to ensure that reports both at the provider level and the system level are complete, consistent, accurate, and timely.
- **System-wide reporting on performance measures for local, state and national initiatives** - HMIS staff train HMIS Member Agencies on how to access and run reports on the data they contribute to the HMIS. Additionally, reports are provided to local community planners monthly and to statewide and national partners quarterly and annually. These data are in an aggregate format and details the trends on how clients are being served in the community.

Annual Projects & Reports

HMIS Staff coordinates and/or participates in numerous projects annually that include, but are not limited to, data collection and reporting. Below is a list of current HMIS projects:

- **Annual Homeless Assessment Report (AHAR)** -The Annual Homeless Assessment Report (AHAR) is a report submitted to the Department of Housing and Urban Development (HUD). Data are then submitted to the U.S. Congress detailing the extent and nature of homelessness in the United States. It provides counts of the homeless population and describes their demographic characteristics and service use patterns. The AHAR is based primarily on data from the Homeless Management Information System (HMIS) in the United States.
- **Annual Performance Report (APR)** - The Annual Performance Report (APR) is a self-assessment prepared by the recipient of an Indian Housing Block Grants (IHBG). The APR is required by Section 404 of the Native American Housing Assistance and Self Determination Act of 1996 (NAHASDA); regulations for the program are published at 24 CFR Part 1000.
- **Grant Inventory Worksheet (GIW)** - provide CoCs and Field Offices with information about CoC program grants that are eligible for renewal in the FYXXXX competition.
- **HOPWA Consolidated Annual Performance and Evaluation Report (CAPER)** - The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support.
- **Housing Inventory Chart (HIC)** - The Housing Inventory Chart (HIC) is an annual report submitted to the Department of Urban Development (HUD) that lists all homeless emergency, transitional, safe haven, shelter plus care, and permanent supportive housing beds in our Continuum of Care (CoC).
- **Homelessness Pulse** - Generated on a quarterly basis, this report, similar to the AHAR, provides real-time information on service usage and trends to the Department of Housing and Urban Development.
- **Homeless Point in Time (PIT)** - Bi-annually our Continuum of Care (CoC) is responsible for counting and surveying the homeless population on a given day and submitting those data to local, state and federal government entities. These data are used to estimate the number of individuals in our community experiencing homelessness.
- **Project Homeless Connect (PHC)** - Project Homeless Connect (PHC) is a one-day event where local services come together in one location to provide services to homeless and at-risk clients. HMIS staff coordinates data collection and reporting for the event as well as logistical technical support.

Section 3: HMIS Member Agency Roles & Responsibilities

"HMIS Member Agency" is the term given by the HMIS staff to reference participating health care and/or human service providers who actively enter data into the HMIS.

Participation Requirements

Policy 3.1: A qualified HMIS Member Agency is required to sign and abide by the terms of the HMIS Member Agency Agreement, the HMIS HIPAA Agreement, and the HMIS Policies and Procedures.

Procedure: Any organization that provides a health and human service may qualify to participate in HMIS. To participate in HMIS, Member Agencies must sign and agree to abide by the terms of the HMIS Member Agency Agreement and the HMIS HIPAA Agreement. They must also abide by the policies and procedures outlined in this document as well as the End User Agreement.

All Member Agencies which receive funding from the United States Housing and Urban Development Department (HUD) are mandated to participate in HMIS by contract. For other agencies, participation is voluntary and strongly encouraged by the local CoC.

HMIS Member Agency Agreement

Policy 3.2: The HMIS Member Agency Agreement must be signed by an authorized representative of each HMIS Member Agency.

1. Each Agency is required to designate an line of contact for the HMIS Systems Administrator known in this document as the 'Agency Administrator'.
2. Every 'Agency Administrator' is required to keep a copy of the Policies and Procedures Manual (PPM) in his or her workplace at all times. The agency administrator will make available the PPM to any qualified HMIS end users or staff person.
3. Each agency will receive a minimum of (1) PPM to keep at the agency location.

Document: The HMIS Member Agency Agreement is a legal contract between the HMIS Member Agency and the HMIS Lead Agency regarding specific HMIS guidelines and use. The agreement outlines specific details about the HMIS Member Agency providers' HMIS involvement including, but not limited to, the areas of confidentiality, data entry, security, data quality and reporting.

Procedure for Execution:

1. The Agency's Executive Director (or authorized officer) will sign two copies of the HMIS Member Agency Agreement and mail them to the HMIS Lead Agency.
2. Upon receipt of the signed agreement, it will be signed by the HMIS Lead Agency director.
3. One copy of the HMIS Member Agency Agreement will be scanned and filed, both as a hard copy and electronically with the HMIS Lead Agency. The original copy will be mailed back to the HMIS Member Agency.

HIPAA Agreement

Policy 3.3: The HIPAA Agreement must be signed by the Executive Director (or authorized representative) of each HMIS Member Agency.

Procedure: The HIPAA Agreement is a HMIS document required by all HMIS Member Agency providers who partner with HMIS. This document details the basic business practices of the HIPAA rules to be followed by each HMIS Member Agency. The document further explains that each HMIS Member Agency will be working with other HMIS Member Agency providers who are HIPAA covered entities. All HMIS End Users will adhere to the basic business practices under HIPAA as it relates to client confidentiality, privacy, and security.

1. The Agency's Executive Director (or authorized officer) will sign two copies of the HMIS HIPAA Agreement and mail them to the HMIS Lead Agency.
2. Upon receipt of the signed agreement, it will be signed by the HMIS Lead Agency director.
3. One copy of the HMIS HIPAA Agreement will be scanned and filed, both as a hard copy and electronically with the HMIS Lead Agency. The original copy will be mailed back to the HMIS Member Agency.

Agency Staff Roles and Requirements

Policy 3.4: For a Member Agency with more than five employees and licensed end users, the Member Agency will assign both an Agency Administrator and a back-up Agency Administrator to coordinate HMIS activities for their organization.

Procedure: The Executive Director (or authorized officer) of the Agency will complete the Agency Administrator Designation Form to assign the position to a specific staff person. This role is vital to the success of HMIS at the HMIS Member Agency locations. This practice will ensure that the data is entered in a timely manner, the quality of the data is continuously monitored, and communication and support between HMIS and the HMIS Member Agency is streamlined.

An Agency Administrator is the staff member at a HMIS Member Agency provider who acts as the centralized contact for the HMIS staff.

- An agency staff member, other than the agency administrator, will need to be identified as the "Security Officer". This individual will ensure data confidentiality protocols within the agency and ensure the safety of client level information.

Agency Administrator Role and Responsibility

The Agency Administrator role is to act as the operating manager and liaison for the HMIS system at the HMIS Member Agency. This position is required for any Member Agency with five or more active licenses.

They are responsible for the following items:

- Adhere to and enforce the HMIS Policies and Procedures.
- Attend at least one Agency Administrator Training.
- Maintain current user license in the system by completing the certification assignments within 5 days of training and login to the system at least once every 30 days.
- Communicate and authorize personnel and security changes for HMIS End Users to HMIS Staff within 24 hours of a change.
- Act as the first tier of support for HMIS End Users.
- Ensure client privacy, security, and confidentiality for clients.
- Enforce HMIS End User Agreements.
- Ensure the HMIS Privacy Notice is posted in a visible area of the Agency and communicated in a language understandable by clients.
- Enforce data collection, entry, and quality standards.
- Ensure a basic competency with running HMIS system reports and have an understanding of system wide data quality reports.
- Ensure Agency and all users are using the correct HMIS related forms and following the most current HMIS procedures and work flow.
- Attend all HMIS required meetings and conference calls.
- Assist with HMIS projects as needed (AHAR, PIT, EHIC, and Pulse).
- Schedule/Authorize HMIS End User Training
- Inform HMIS Staff of all project changes within at least five business days prior to the change.

Policy 3.4.1: For Member Agencies with less than five employees and licensed end users, an Agency Administrator is not required, but at least one HMIS Point of Contact is required to communicate with the HMIS staff.

Point of Contact Role and Responsibility

The Point of Contact role is very similar to the Agency Administrator role, but without the technical support aspect. The HMIS staff will fulfill the role of help desk support and triage. A Member Agency should designate a primary and a back-up Point of Contact. The HMIS Point of Contact is responsible for the following items:

- Adhere to and enforce the HMIS Policies and Procedures.
- Enforce HMIS User Agreements.
- Ensure client privacy, security, and confidentiality.
- Communicate and authorize personnel/security changes for HMIS End Users to HMIS Staff within 24 hours of a change.
- Authorize HMIS End Users by completing the HMIS End User Request Form prior to trainings.
- Ensure Agency and all users are using the correct HMIS related forms and following the most current HMIS work flow.
- Inform HMIS Staff of all project changes with at least five business days prior to the change.
- Ensure the HMIS Privacy Notice is posted in a visible area of the Agency and communicated in a language understandable by clients.
- Attend all HMIS required meetings and conference calls.
- Assist with HMIS projects as needed (AHAR, PIT, eHIC, and Pulse).

Policy 3.5: A HMIS Member Agency will ensure that at least one person will complete training in order to receive a license to access live client data in HMIS.

Procedure: Once the Agency Administrator/Point of Contact position has been assigned, she or he will be able to work with HMIS Staff to assign End Users and authorize additional licenses for the HMIS Member Agency. The End User will complete training and then be responsible for the timeliness of the data being entered and the quality of the data they enter.

An **End User** is a term used to refer to all HMIS users at a HMIS Member Agency.

HMIS End Users Roles and Responsibility

Every HMIS End User must attend at least one training session and sign a HMIS End User Agreement. This should be completed within five business days of training.

Every HMIS End User is responsible for the following items:

- Adhering to all of the Policy and Procedures outlined in this document
- Attending all trainings required by HMIS staff and the HMIS Member Agency Administrator.
- Entering quality data in a timely and accurate manner.
- Adhere to the data requirements set by the HMIS staff and the HMIS Member Agency.

Initial HMIS Staff Site Visits

Policy 3.6: Prior to signing the HMIS agreements, a prospective HMIS Member Agency will first schedule and complete an on-site Initial HMIS Site Visit at the prospective Member Agency.

- Agencies are subject to annual site visits for monitoring purposes by the HMIS Systems Administrator.

Procedure: Prior to signing the Agreements for participation, a prospective HMIS Member Agency provider will first schedule and complete an on-site Initial HMIS site visit at the prospective Member Agency. This site visit is between the HMIS staff, the prospective HMIS Member Agency Executive Director and other HMIS Member Agency critical staff at the prospective HMIS Member Agency location. Other staff may include data entry staff, supervisors, managers, intake workers, or case managers. The prospective HMIS Member Agency should include any staff they feel necessary to perform HMIS data entry, data quality or the reporting process.

At this site visit, HMIS staff will document the goals of the prospective HMIS Member Agency in regards to HMIS (what do they want to achieve by using the system), go over the required data elements, review the Policy and Procedures, define entry requirements and set expectations. The site visit also allows HMIS staff to properly assess the prospective HMIS Member Agency providers work flow and user needs, specific implementation issues, and any constraints or risks that will need to be mitigated by the prospective HMIS Member Agency prior to going live. A site demo using a training version of the HMIS system may also be used (at HMIS staff discretion) during the visit to visually explain HMIS and its capabilities.

Minimal Technical Requirements

Policy 3.7: All HMIS End User workstations must meet minimum technical requirements in order for HMIS to be functional and to meet the required security specifications.

Procedure: The following details are the minimal set of technical requirements for hardware and Internet connectivity to the HMIS system. HMIS works with all operating systems.

Hardware:

- Memory: 4 Gig recommended, (2 Gig minimum), If XP – 2 Gig recommended, (1 Gig minimum)
- Monitor: Screen Display - 1024 by 768 (XGA)
- Processor: A Dual-Core processor is recommended.

Internet Connectivity:

- Broadband Internet Connectivity recommended (High Speed Internet).

Authorized Browsers:

- Firefox 3.5 or greater
- Internet Explorer 8.0 or greater
- Safari 4.0 or greater
- Google Chrome 5.0 or greater

Workstation Maintenance:

- Workstations should have their caches refreshed on a regular basis to allow for proper speed and functionality.
- Workstations should continue to be updated to the most current version of Java, as suggested by their software.
- Workstations may need their virtual memory increased.

HMIS Data Use

Policy 3.8: HMIS Member Agency providers will not violate the terms of use of data within the HMIS system.

Procedure: HMIS Member Agency providers will not breach system confidentiality by misusing HMIS data. HMIS data is not to be used for any purpose outside the use of case management, project evaluation, education, statistical and research purposes.

Policy 3.8.1: HMIS Member Agency providers shall not use any data within HMIS to solicit clients, organizations, or vendors for any reason.

Procedure: At no time shall confidentiality of clients, organizations and vendors be violated by disclosing client information to non-members. Data in HMIS will not be used to solicit for volunteers, employees, or clients of any type. This information must not be sold, donated, given, or removed from HMIS for any purpose that would violate client, organization, or vendor confidentiality or put participants at harm or risk. Those found in violation of this rule will have their access to HMIS immediately terminated and the violation disclosed to all local government and funding entities.

Policy 3.8.2: HMIS Member Agency providers shall not sell any HMIS client, organization, or vendor data for any reason.

Procedure: At no time shall confidentiality of clients, organizations, and vendors be violated by selling any information. HMIS Member Agency providers shall not profit from disclosure of client, organization, or vendor information. Disclosure of information puts everyone at legal risk. Violation or breaches in HIPAA and 42 CFR regulations can result in fines and jail time. Those found in violation of this rule will have their access to HMIS immediately terminated and the violation disclosed to all local government and funding entities.

HMIS Corrective Action

Policy 3.9: If an HMIS Member Agency or any of its End Users have violated any HMIS policy, the HMIS Staff will implement an action plan upon discovery of the violation.

Procedure: Violations in HMIS policy may occur. HMIS Member Agencies will work to ensure violations in policy are prohibited. If a violation is discovered, it is the role of the HMIS staff to swiftly respond in order to prevent further violations from occurring or the current violation from harming clients or other HMIS Member Agencies. The HMIS staff will determine a course of action depending on the type and the severity of the policy violation.

Critical Risk (For example: Security Breach, Imminent risk to clients, Unresolved Data Quality Errors)

- HMIS System Administrator will suspend all HMIS Member Agency Active End User Licenses. Affected End Users will be suspended until retraining.
- HMIS Project Coordinator immediately reports the violation to the HMIS Lead Agency.
- HMIS Project Coordinator will contact the HMIS Member Agency in question to discuss the violation and course of action.
- HMIS Member Agency will be suspended until violation is resolved and will be placed on probation for at least 90 days.
- HMIS Lead Agency will contact the HMIS Member Agency Contract Manager to discuss violation and action plan.

Medium Risk (For example: Grievance has been filed against HMIS Member Agency or general complaints that threaten or endanger clients.)

- HMIS Project Coordinator immediately contacts and reports to the HMIS Lead Agency to discuss the course of action and plan.
- HMIS Project Coordinator will contact the HMIS Member Agency in question to discuss the violation and course of action.
- The HMIS Lead Agency will contact the HMIS Member Agency Contract Manager to discuss violation and action plan.
- HMIS Member Agency will be placed on Probation for at least 90 days and possible suspension until violation resolved.
- If appropriate, HMIS System Administrator will suspend all HMIS Member Agency's Active End User Licenses.

Low Risk (For example: Unresponsive HMIS Member Agency to HMIS Requests, Ceased Data Entry, Incorrect Bed List, End User Inactivity, and Timeliness Issues.)

- HMIS Project Coordinator immediately contacts and reports to the HMIS Lead Agency to discuss the course of action and plan.
- HMIS Project Coordinator will contact the HMIS Member Agency in question to discuss the violation and course of action.
- If appropriate, the HMIS Lead Agency will contact the HMIS Member Agency Contract Manager to discuss violation and action plan.
- If appropriate, HMIS Member Agency will be placed on probation for at least 90 days or until violation resolved.
- If appropriate, HMIS System Administrator will suspend all or some of the HMIS Member Agency End User Licenses in question.

Potential Courses of Action

Probation

The HMIS Project Coordinator will notify the Agency's Executive Director and HMIS Agency Administrator in writing to set up a one-on-one meeting to discuss the violation in question. During the meeting, an action plan will be developed and documented with relevant time frames outlined set to correct actions. If a training issue is identified, the HMIS Project Coordinator will coordinate further follow up with the End Users in question. The Member Agency will be on placed on probation, for a minimum of 90 days, where monitoring and auditing may be required and performed regularly during this period. Notification of probation will be communicated to all local contract managers.

Suspension

If a violation is of critical risk or the corrective measure(s) are not achieved in the probationary period, or more HMIS violations occur during the probationary period, the HMIS System Administrator will suspend access to HMIS until the issues are resolved. The HMIS Member Agency will receive a written notice to the Member Agency's Executive Director of the suspension, reasons, and effective date. During suspension, a mandatory meeting will be held between the Member Agency Executive Director, the CoC Leadership, and the HMIS Staff, if appropriate, to discuss suspension and requirements for resolution. All meeting deliverables will be documented in writing and must be achieved within the set probationary period.

Termination

If the Member Agency violates any policies deemed of critical risk and fails to achieve resolution within the probation period, the HMIS Staff will permanently terminate the Member Agency from HMIS. The HMIS Member Agency will receive a written notice to the Member Agency Executive Director outlining the termination, reasons,

and effective date. Notification of the termination will be sent to all local contract managers. In the case of incurred data quality costs and/or transfer costs, the Member Agency will assume responsibility for payment.

Section 4: User Administration

HMIS End User Prerequisites

Policy 4.1: All HMIS Users are required to have minimum set of basic computer competency and skills to adequately perform their data entry roles in HMIS.

Procedure: Each HMIS Member Agency Administrator should meet the skill requirements set forth in the Agency Administrator Minimum Qualifications White Paper. All other HMIS Users should be prepared with basic computer competency/skills to adequately be able to use and navigate HMIS. Users will be evaluated for competency at the beginning of training. Users who do not have a minimum competency will be asked to leave training and seek a basic competency class. Basic computer competency classes can be found at a local library, community center, college, or business learning center. Once the user has completed the basic competency class, they can register and attend HMIS training. Upon return, they will be required to produce proof of attendance at the basic computing class.

Policy 4.2: All HMIS Users should have had a background check prior to being assigned access to HMIS by a HMIS Member Agency.

Procedure: HMIS Member Agency providers are encouraged to have background checks on all staff and volunteers prior to assigning them access to HMIS. HMIS Member Agency shall review the received criminal history report before the end user signs-up for HMIS training. Background checks that come back with a criminal history should be carefully considered prior to giving them access to client information. **See policy 4.3.**

HMIS End User Agreement

Policy 4.3: No prospective HMIS User will be given a license for HMIS if she or he has entered a plea of nolo contendere (no contest) or been found guilty of any fraud (including identity theft) or stalking related felony crimes punishable by imprisonment of one year or more in any state.

Procedure: A HMIS Member Agency should not risk the privacy and confidentiality of client information by allowing any individual convicted of a fraud or stalking related crime (fraud, identity theft, stalking) in any state. In the broadest sense, a fraud is an intentional deception made for personal gain or to damage another individual. An HMIS User needs to be mindful of potential identity theft and improper usage and disclosure of client information. This policy will be taken under consideration and possibly waived if the prospective user has passed a State of Tennessee Level II Background Check.

An HMIS User will be denied HMIS access if they meet any of the following, whether a judgment of guilt was withheld or not:

- has entered a **plea of nolo contendere** (no contest) to a fraud related felony crime (fraud, identity theft, stalking) punishable by imprisonment of one year or more.
- has entered a **plea of guilty** to a fraud related felony crime (fraud, identity theft, stalking) punishable by imprisonment of one year or more for crimes concerning.
 - has **been convicted or found guilty** of a fraud related felony crime (fraud, identity theft, stalking) punishable by imprisonment of one year or more for crimes.

Policy 4.4: Any prospective HMIS User who was a previous client of the same project he or she now intends to work or volunteer must not have resided at the facility or been a project participant in the last 6 months prior to gaining access to HMIS.

Procedure: The HMIS User for most residential/homeless service projects must not have been a previous client of the same project he/she now intends in which work or volunteer for last 6 months prior to gaining access to HMIS. An HMIS User should never have access to detailed information on project/service participants that may have received services at the same time as the end user. Any HMIS Member Agency who violates this rule is putting client information at risk of a privacy and confidentiality breach. Upon discovery of the practice, HMIS Lead staff will immediately inactivate the HMIS User in question and notify the agency administrator and end user of the inactivation in writing.

Policy 4.5: All HMIS Users must be provided with a software license by and provided training through the HMIS staff prior to entering or accessing client data in HMIS.

Procedure: Due to the amount of personally identifying information and the confidential nature of the HMIS, every HMIS User must be assigned a software license to access the system and their initial training must come from the HMIS Lead staff. In order to receive a license, a potential HMIS User must not violate HMIS policies 4.0 through 4.4. Furthermore, a condition of being granted a license is that all users must sign and adhere to an HMIS User Agreement. This document outlines the role and responsibility of having and maintaining their access in HMIS. An HMIS User who violates the HMIS User Agreement will be immediately inactivated from HMIS and required to attend re-training to re-gain access.

License Administration

Policy 4.6: Notification of issuance and revocation of access within the HMIS is the responsibility of Agency Administrator.

Procedure: Agency Administrators are responsible for notifying the HMIS Lead staff of a new user, change in user access, or deletion of user access within 24 business hours of their organization's needed change to HMIS access. Agency Administrators should work with the HMIS Lead staff to ensure proper license access is given to qualified HMIS Users. However, issuance, maintenance, and revocation of software license within the HMIS Lead is the sole responsibility of HMIS Lead staff.

Assignment of End User security settings

The HMIS Lead staff will assign the security level of every end user based on the agreed upon security settings established by the Member Agency at the Initial HMIS site visit. The Agency Administrator or Executive Director will assign access to individuals based on their role in the organization and needed access to HMIS. Assignments are best organized by the lowest level of security the staff or volunteer member would need to perform their normal work duties as defined by their official job/position description. If the HMIS User is to remain on the system, but has had a change in responsibilities, an Agency Administrator or Executive Director may request a change in any end users security setting.

Additional licenses/changes.

All requests for new licenses must be submitted to the HMIS Member Agency Administrator or the HMIS Lead Agency. Request forms must be received and approved no later than 72 hours before the scheduled training date. All new licenses are issued only after a MOU and HIPAA Agreement have been signed by the HMIS Member Agency and the HMIS End User Agreement has been signed by the appropriate HMIS User. Licenses are allocated on a first come-first served basis based upon agency size, use, and adherence to all Policies and Procedures set forth in this document. If there are no more licenses available, the user will have to wait until a license is available or the HMIS Member Agency may purchase a license for the HMIS User.

Inactivity

An HMIS User must successfully complete all assigned training homework within 5 business days after the initial training date and allow no more than 60 days between log in sessions on the live site to keep their license active. Any HMIS User who is in violation of these rules will have their access inactivated by HMIS Lead staff immediately and the user will be required to attend re-training prior to regaining access. They may be charged a license fee. If a license is no longer needed by the Member Agency, it will be distributed to the pool of available licenses open to all Member Agency providers. An inactivity report is generated and shared with the Agency Administrator.

HMIS Lead Staff removing a user license for cause

HMIS Lead reserves the right to inactivate or delete the license for any end user for cause. In all cases where a licensee is removed for cause, the assigned HMIS Member Agency Administrator and Executive Director will be notified immediately via email with the stated cause of license removal. Reasons that a licensee would lose their license or otherwise have their license temporarily inactivated or revoked would include, but not be limited to:

- Multiple failed log on attempts in the same day.
- A consistent lack of good data quality.
- Three consecutive no call, no shows to scheduled training.
- Failure to log on to system at least once in a consecutive 60 day period.
- Sharing system credentials (log in and password) with any other party.
- Allowing non-authorized users to view any data from, have access to, see the screens of, or be provided any print outs of client data from HMIS.
- Other violations of these HMIS Policies.
- Other serious infractions that result in a compromise of the HMIS Member Agency and/or any client level data in the system.

Agency removing a user license

An HMIS User license can only be deactivated by the HMIS Lead staff. Requests for removal of a license by a HMIS Member Agency can only come from the Agency Administrator or Executive Director and the request must be submitted in writing through the HMIS User License Request Form. All license requests should be communicated to HMIS within 24 business hours after the end user has left the employment of the HMIS Member Agency, the HMIS User has changed positions and is no longer in need of HMIS access, or has knowingly breached or is suspected of a system breach where client data has been compromised. Terminations should be submitted using the HMIS License Request Form.

Law Enforcement

Policy 4.8: No active member of law enforcement or detention and corrections staff will be an authorized HMIS User.

Procedure: To protect current clients who may be accessing health and human service projects from harassment or harm, active members of law enforcement will not be granted access to HMIS. Limited exceptions may be negotiated and an agreement executed with HMIS, the local COC, when there is a project with direct involvement in an active homeless jail diversion and/or prison release project. Any agreement with exceptions must include a statement that: HMIS use is (1) limited to the purpose for which it was intended; and (2) is only for work with project involved clients.

Former members of law enforcement who may volunteer or are employed at a homeless service provider post-law enforcement career may have access to HMIS if it is imperative to their new responsibilities. HMIS will consider and respond to requests by law enforcement with next of kin searches, searches for clients and in the interest of public safety a person(s) who law enforcement has probable cause or an active warrant for his/her arrest related, to a

violent crime and other felony crimes. HMIS will provide law enforcement information related to evidence and information gathering concerning a criminal matter via Court Order, such as a search warrant or subpoena.

Section 5: Clients' Rights

Client Consent

Policy 5.1: A HMIS Member Agency must obtain consent from all clients for whom they are entering or accessing client data into HMIS. However, if your CoC operates under a closed system, a member agency must attain a signed consent from the client for data collection for each specific project.

Procedure: No client shall be entered into HMIS without their written consent. The HMIS Member Agency agrees to get written permission on one or both of the following forms signed by the client: Informed Consent and or a Release of Information. All consent forms are not system-wide, but specific to the project/service they are receiving.

Informed Consent

The HMIS Client Informed Consent form provided is required to be used to record a client's authorization for their data to be entered into HMIS. The original signed Client Informed Consent form should be kept by the HMIS Member Agency and protected from theft or loss. This form explains to clients their rights and authorizes the data to be entered into HMIS. HMIS End Users should strive to communicate the contents on the form in a language the client understands. The Client Informed Consent Form must be completed by each member of the household receiving services who is over the age of 18. The Head of Household may sign for all members of the household under the age of 18 on the same form. Member Agencies are responsible for establishing an expiration date for the consent, as well as securing updated forms after expiration and updating them in HMIS. It is important to understand that agencies cannot deny services to individuals solely on the basis of the individual deciding not to share information in HMIS.

Release of Information (ROI)

The HMIS Release of Information (ROI) form is used to control how client data is shared in HMIS. It should be kept by HMIS Member Agency and protected from loss of theft. Member Agencies are required to use the HMIS Release of Information form provided. Release of information is specific to sharing data among providers in the Continuum of Care, as well as HMIS Member Agencies. Clients have the right to have their records open, partially open or closed. HMIS Users should strive to communicate a Release of Information in a language the client understands. The form must be completed by each member of the household receiving services who is over the age of 18 and those who did not sign the Informed Consent.

The head of the household may sign for any children or members of the household under the age of 18 on the same form. Informed Consent, but still wants to control how their data is shared, they will need to sign another HMIS Release of Information form and the data will need to be updated in HMIS.

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 shall 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.

Client Access to Information

Policy 5.2: All clients entered into HMIS have a right to view information within their electronic HMIS file.

Procedure: If a HMIS Member Agency has a written policy for providing copies of their paperwork or data collection to clients, the HMIS Member Agency may follow its procedures to allow for providing copies of the HMIS data they collected. Clients can request a copy of their information in writing to the HMIS staff through email or regular mail. Once received, the HMIS staff will fulfill the client's request in an expedited manner.

Filing a Grievance

Policy 5.3: Clients have the right to file a grievance with the HMIS staff about any HMIS Member Agency related to violations of access in HMIS, violations of HMIS Policies and Procedures, or violations of any law.

Procedure: HMIS staff will entertain any client who wishes to file grievance against any HMIS Member Agency. HMIS staff will request that a client fill out a HMIS Client Grievance Form, which can be obtained by contacting the HMIS staff by phone, email or regular mail. Once completed and submitted by the client, HMIS Staff will investigate the complaint and provide its findings to the client who lodged the grievance. HMIS will notify the parties involved about the alleged incident reported. If the client is not satisfied with the findings of the grievance, the client must submit a grievance request in writing to the U.S. Dept. of Housing and Urban Development.

Policy 5.4: Other HMIS Member Agencies have a right to file a grievance with the HMIS staff about any HMIS Member Agency related to violations of access in HMIS, violations of HMIS Policies and Procedures, or violations of any law.

Procedure: HMIS staff will entertain any HMIS Member Agency who wishes to file grievance against any other HMIS Member Agency. In cases where a client leaves one HMIS Member Agency to receive services from another HMIS Member Agency and the client reports a suspected violation, the new HMIS Member Agency does have a right to file a grievance or duty to warn the HMIS staff on behalf of the client as long as the client grants their permission to file a grievance on their behalf. HMIS staff will request a HMIS Client Grievance Form be completed by either the client or the HMIS Member Agency. The form can be obtained by contacting the HMIS staff by phone, email or regular mail. Once completed and submitted by the client, HMIS Staff will investigate the complaint and provide its findings to the client who lodged the grievance. HMIS staff will notify the parties involved and the appropriate community planners about the alleged incident reported. If the client is not satisfied with the findings of the grievance, the client must submit a grievance request in writing to the U.S. Department of Housing and Urban Development.

Revoking Authorization for HMIS Data Collection

Policy 5.5: All clients who initially agree to participate in HMIS have the right to rescind their permission for data sharing in HMIS.

Procedure: Clients who choose to revoke their information sharing authorization must complete a new Release of Information. The new Release of Information should be sent by the Agency Administrator who will notify the HMIS Staff that the client record is to be "closed" in the system. The HMIS staff will be responsible for closing the client record from view. Once closed, the HMIS Member Agency will no longer be able to share future client data entered into HMIS. However, data entered prior to the record being closed can still be viewed and shared with other Member Agency providers. The new Release of Information should be kept on file by the Member Agency. After a Release of Information is signed and a client is accepted into a HMIS participating financial assistance project, the client must sign a client consent form and HMIS staff must be notified to re-open the client record for sharing. The notification to re-open the file must be submitted in writing, along with a scanned copy of the client's newly signed consent.

Section 6: Privacy, Safety & Security

National Privacy Requirements

Policy 6.1: HMIS complies with all federal, state, local laws, standards, and regulations.

Procedure: It is imperative that partner agencies have Policies and Procedures in place that ensure compliance with applicable laws and regulations that govern their projects.

HIPAA Covered Entities

Any Agency that is considered a “covered entity” under the Health Insurance Portability and Accountability act of 1996, 45 C.F.R., Parts 160 & 164, and corresponding regulations established by the U.S. Department of Health and Human services is required to operate in accordance with HIPAA regulations. More information about 45 C.F.R. may be found at: <http://www.hhs.gov/ocr/privacy/>

42 CFR Part 2 Entities

Any Agency that is considered a “covered entity” under 42 C.F.R. Part 2, and corresponding regulations establishing by the U.S. Department of Health and Human Services is required to operate in accordance with the corresponding regulations. More information about 42 C.F.R. may be found at: http://www.access.gpo.gov/nara/cfr/waisidx_02/42cfr2_02.html

Domestic Violence (DV) Shelters

Any agency that is a victim service provider is barred from disclosing identifying information to HMIS as of 2007. More information about DV Shelters and HMIS may be found at: <http://epic.org/privacy/dv/hmis.html>

Other Entities

Any Agency that is NOT considered a “covered entity” under any of the above mentioned projects is required to operate in accordance with HMIS/HMIS privacy and security rules, as well as any applicable federal, state, local laws and regulations. More information about HMIS Privacy and Security Rules may be found at: https://www.hudexchange.info/resources/documents/HEARTH_HMISRequirementsProposedRule.pdf

Privacy Notice

Policy 6.2: HMIS Member Agency providers must post a HMIS Privacy Notice prominently on their websites and in areas of plain view of the public such as waiting rooms, intake areas, lobbies, or screening or assessment areas. HMIS Member Agency providers are required to provide a copy of the HMIS Privacy Notice to all clients upon request by the client.

Procedure: By law, HMIS Member Agency providers are required to post a Privacy Notice that discloses collection and use of Client Information. HMIS has developed a document for posting for providers without an adequate notice. The HMIS Privacy Policy and Notice are document in Appendix V.

System Security and Privacy Statement

Policy 6.3: The HMIS Lead Agency has implemented extensive technical and procedural measures to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data as recommended in the HMIS Data and Technical Standards.

Procedure: The security and confidentiality of homeless and at-risk client information within HMIS is a major issue. For certain providers and sub-populations, such as Domestic Violence Shelters, Substance Abuse Facilities and HIPAA Covered Entities, security and confidentiality of client information becomes even a much larger concern for all involved. The HMIS Data and Technical Standards, published June 30, 2004 and updated through 2014 by the U.S. Department of Housing and Urban Development (HUD), include extensive HMIS Privacy and Security Standards to be followed by Continuum of Services, Homeless Assistance Providers, and HMIS Software companies. These standards were developed after careful review of the Health Insurance Portability and Accountability Act (HIPAA) standards for securing and protecting patient information. The HMIS has and will continue to be in compliance with these Privacy and Security Standards even while not being considered a HIPAA covered entity as an HMIS Lead Agency.

Policy 6.4: HMIS secures the location of the server in a controlled hosting environment providing security from data loss and theft.

Procedure: HMIS contracts with a HUD approved software vendor to provide HMIS to the Continuum of Services. As a web based HMIS solution, the HMIS software and data-bases are hosted on secure servers in a highly secure computer room accessible only by very few employees who are responsible for maintaining and supporting the system. The vendor computers are also protected by firewalls to prevent unauthorized external access.

Policy 6.5: HMIS ensures that only appropriate staff and volunteers at HMIS Member Agency providers gain and retain system access through a user authentication process.

Procedure: As an Internet based software system, each HMIS User accesses the system via their internet web browser. To access HMIS, each user must know the web address (URL) for HMIS, which is not available or published outside the community.

Once on the website, each user must use a valid user sign on and dynamic password. All user names and initial temporary passwords are issued by HMIS staff only. Passwords are considered expired every 45 days and users are prompted for new dynamic passwords. Additionally, after three failed log in attempts, user ID's and passwords automatically become inactive and users must contact an Agency Administrator or HMIS staff for re-activation. Passwords are always encrypted and can never be seen in clear text.

Policy 6.6: HMIS secures data as it is traveling over the Internet and stored on the centralized server by proving encryption for all data.

Procedure: As a cloud or web based software system, it is imperative that all data travel through the Internet encrypted or unreadable to an outside user. All HMIS transactions are fully encrypted using Secure Socket Layer (SSL) with 128-bit encryption. This is the highest commercially available encryption level and is the same as used by financial institutions. Users can be assured that the data they are interacting with is secure by noticing the URL, or Web Address while using HMIS begins with the letters HTTPS (Hyper Text Transfer Protocol Secure).

Policy 6.7: HMIS staff, in conjunction with the HMIS Member Agency Administrator, ensures that all HMIS Users have access to the components of the system appropriate for their level of data usage.

Procedure: The HMIS software has a built-in security system that ensures each user only has the minimum access needed to perform their normal duties. Each HMIS User is assigned a security level in their user profile that grants them access to only the areas they need to accurately do their work. A change to the level of system security for an end user may only be requested by an Agency Administrator or Executive Director for which the end user works.

Policy 6.8: HMIS staff use audit trail tools to ensure system maintenance, investigate privacy, security breaches or filed client grievances.

Procedure: The HMIS software has built-in audit trail applications that allow administrators to audit use and access of data. Audit reporting is an integral part of maintaining system security protocols and is performed on a scheduled basis by HMIS staff.

Policy 6.9: The HMIS is a shared information system with default visibility and security exceptions preset by HMIS staff based on the workflow of the Member Agency.

Procedure: Pursuant to 42 and 45 CFR notwithstanding, HMIS is an open or shared HMIS system. The default visibility settings for clients will be set to OPEN for all HMIS clients that are not registered or receiving services from any 42 or 45 CFR facility or project. If client is enrolled in a 42 or 45 CFR covered entity project, project visibility settings will be set in accordance to applicable laws.

The HMIS system utilizes a set of Visibility Settings that allow sharing of only agreed upon data elements among the participating HMIS Member Agencies. The HMIS system utilizes a set of Deny Exceptions that disallow sharing of certain information by provider projects based upon federal, state, or local laws and guidelines, and by agreement with each HMIS Member Agency provider. System Visibility settings may only be changed by the HMIS staff. Requests to change visibility settings must be made via written request to HMIS staff. The HMIS System is constructed to offer a dynamic range of levels of security based on the needs of the agency and HMIS User. As a default, HMIS Users will only have enough security access to perform their normal job duties. Requests to change a user status must come from an HMIS Member Agency Administrator or Executive Director.

A client has the right to refuse to have his or her data entered into the HMIS database. The client's individual choice regarding participation will not affect his or her rights to services.

Data Ownership

Policy 6.10: All data is governed by the owner(s) of the data with regard to data use and disclosure.

Procedure: The client ultimately retains ownership of any identifiable client-level information that is stored within *HMIS*. If the client consents to share data, the client, or agency on behalf of the client, has the right to later revoke permission to share her or his data without affecting rights to service provision.

Section 7: User Training

HMIS Training Process

Policy 7.1: All HMIS Users are required to have a basic computer competency prior to attending any HMIS training.

Procedure: Prior to being sent to HMIS training, all HMIS Users should have a basic computer competency. HMIS Users should be able to turn on/off a computer, use a mouse and keyboard, launch a browser, enter a URL, and navigate the World Wide Web. HMIS Users who cannot complete these tasks should be sent to a basic computer competency class prior to being scheduled for HMIS training. HMIS staff will verify the competency of all Users prior to training.

Policy 7.2: HMIS Lead Agency has established beginning, advanced, and ongoing training requirements for system users and agency administration.

Procedure: Beginning Training

1. System users *must* attend Beginning Training before accessing the system. Beginning Training is designed to give users an introduction to the system.
2. A staff person may attend a specific training, depending on their role within the agency. Training modules are developed on skill level and type of access to the system.
3. Under no circumstances should anyone in the agency who has not received official training by HMIS Administration have access to or use the HMIS.

Privacy Training

Privacy Training, which has now been integrated into the Beginning Training curriculum, is mandatory for all system users. This training is designed to ensure that the user safeguards the privacy/confidentiality of the client when accessing the system. The user is instructed on obtaining Client Consent/ Release of Information and the appropriate use and disclosure of client data. The user also receives instruction on maintaining the privacy of his/her username and password.

Reporting Training

Training for canned and customized reports is available to advanced users. This training must be requested by the HMIS Member Agency.

Onsite Training

HMIS staff is available to deliver onsite training in the event that an agency has a large number of staff to train or wants a specific topic covered.

Section 8: HMIS Technical Support

Policy 8.1: The Homeless Management Information System staff will provide a system that will allow HMIS Users to request technical assistance, general HMIS related inquires, training and work flow questions, and data quality assistance.

Procedure: All requests for technical assistance must be submitted in email form directly to the HMIS System Administrator. If the matter is urgent, agency staff will need to express this in the subject line of the email.

Policy 8.2: The HMIS staff will respond to all inquiries from Member Agencies and clients in a timely manner.

Procedure: Response times for technical assistance varies based on the item that is submitted and the priority associated. HMIS Staff reserve the right to adjust priority levels based on the type of the request.

After hours and weekend requests will be treated as if the request was received at opening of the next business day. HMIS staff normal working hours for Technical Assistance are Monday through Friday, 8:30 am through 5:00 pm. Each HMIS can fill in hours. For after-hour requests, please contact your Agency Administrator.

Policy 8.4: HMIS staff will submit to the vendor all feature enhancement requests submitted through the proper channels from Agency Administrator(s) or HMIS Users.

Procedure: It is a stated goal of HMIS to be as efficient and user-friendly as possible within the technical restraints of the system. Feature enhancement requests are welcomed and encouraged. Please submit all possible feature enhancements in the following manner:

- Begin by submitting a service request to the HMIS Systems Administrator.
- Code the request type as a feature enhancement.

- Be as specific as possible in the request.
- If appropriate, describe the current work flow first and the suggested feature enhancement right after.
- If enhancement is for new system functionality, please describe a work flow and diagram as much as possible.
- If appropriate, please denote how much time savings would be achieved if the feature enhancement were to be enacted.
- If appropriate, please denote all of the possible benefits for your agency or End Users and other Member Agency providers if feature enhancement were to be enacted.

Policy 8.5: The Homeless Management Information System staff will hold mandatory periodic in person meetings or conference calls to discuss system changes and provide technical support.

Procedure: Agendas will be driven by submitted requests for agenda or discussion. All information, including agenda and instructions, will be sent to agency administrators via e-mail at least 48 hours before the meeting. All attendance records are open to review by local government entities and other community planners.

Section 9: Data Collection Process

Clients Served vs. Clients Benefiting from Service

Policy 9.1: All client data entered into HMIS by the Member Agency should be that of clients receiving services and/or its family in attendance.

Procedure: Clients entered into HMIS should consist of the clients in attendance at the day of enrollment into the project or services, and can consist of minors under the age of 18 if the legal guardian consents to their entry into HMIS. HMIS is not meant for adult clients who are not in attendance or may benefit from services at a later date. HMIS Member Agency providers should refrain from entering adult clients into HMIS that are not physically seen to be enrolled in the project or provided the service because they cannot give consent in absentia. For those providing financial assistance services per address, it is expected each member of the household receiving the service by the same address must provide consent and be entered as a household unit in HMIS and linked together using a service transaction, otherwise there is a risk of duplication of services. Data on all members of the family should be entered individually, but tied together as a household. The head of household can give consent for all minor children (under 18 years of age) in a family but cannot give consent for any adult members (over the age of 18). All adults must give their consent individually.

Data Entry Requirements

Policy 9.2: The Homeless Management Information System staff requires each HMIS Member Agency to enter client level data based on a set of predefined data standards.

Procedure: HMIS data standards are based on the most current revision of the HUD Homeless Management Information System (HMIS) Data Standards. Every project entering into HMIS must adhere to the requirements set by HUD and the local Continuum of Care. Every project entering data into HMIS is evaluated based on the following elements: completeness, consistency, accuracy, and timeliness. *Refer to Section 10 on Data Quality for details.*

Procedure for All Projects

Every HMIS Member Agency is required to enter the following Universal Data Elements as outlined in the 2014 HUD Data Standards in order to meet minimum data entry standards. The elements required for every person who is entered in the system are:

Release of Information documented, Full Name (First, Last), Name Data Quality, Social Security Number (full or partial), Social Security Data Quality, Date of Birth, Date of Birth Data Quality, Primary Race, Ethnicity, Gender, Veterans Status, Disabling Condition, Residence Prior to Project Entry, Length of Stay in Previous Place, Project Entry Date, Project Exit Date, Zip Code, Relationship to Head of Household, Client Location, Length of Time on the Street, Continuously Homeless for One Year, Number of Times the Client Has Been Homeless in the Past Three Years, and homeless status verification documented.

Procedure for McKinney-Vento Funded Projects

HMIS Member Agencies who are funded through any of the programs below must meet the basic requirements set by HMIS and also meet additional Program Specific Data Elements (PSDE). Found at HUDHRE.com and <https://www.hudexchange.info/>

- Emergency Solutions Grant (ESG);
- Supportive Services for Veteran Families (SSVF)
- VA Grant and Per Diem Program (GPD)
- Rapid Re-Housing Program (RRP);
- Projects in Assistance of Transition from Homelessness (PATH);
- Supportive Housing Program (SHP);
- Shelter Plus Care (S+C);
- Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO);
- Housing Opportunities for Persons with AIDS (HOPWA).

Additional program specific data elements to be collected are detailed in the 2014 HUD Data Standards and vary by program type (e.g. PATH, SSVF, RHYMIS, ESG, etc.) and may include: Housing Status, Income amount, Income Source(s), Income Date(s), Non-Cash Benefits, Non-Cash Benefits Source(s), Non-Cash Benefits Date(s), and Sources, Health Insurance, Health Insurance Source(s), Health Insurance Information Date, Reason for No Health Insurance (if applicable), Disability Type, Domestic Violence Victim/Survivor, Domestic Violence Information Date, Contact Date (Street Outreach Only), Date of Engagement (Street Outreach and Services Only Projects), Services Provided (PATH, HOPWA, & VA Funded), Financial Assistance Provided (HPRP only), Referrals Provided, Residential Move-in Date, Housing Assessment Disposition) and, and Housing Assessment at Exit.

All providers receiving HUD funding must have at least one service transaction per client (for HPRP must have at least one service transaction under Financial Assistance and at least one under Housing Relocation and Stabilization). The housing status must be recorded at project entry. The PSDE of income and sources must be recorded at project entry and verified at least one time during a year if in the project over a year.

It is recommended that Member Agencies and Agency Administrators review the 2014 HUD Data Standards (<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf> and Data Dictionary) <https://www.hudexchange.info/resources/documents/HMIS-Data-Dictionary.pdf> to ensure that their specific projects are collecting all required project specific data elements as designated by funding stream(s).

Managing Bed Inventory (*Housing Providers Only*)

Policy 9.3: All Housing Providers are required to maintain the most current bed inventory in HMIS. HMIS must be notified at least 5 days in advance of a change to any beds at the facility and client inventory in HMIS in real-time must reflect the most current project utilization.

Procedure: All Housing Providers must work with HMIS Staff to build accurate bed lists in HMIS. Each HMIS bed list should be assigned to the appropriate project (Emergency, Transitional, Permanent Supportive, etc.). If there are any changes to the bed lists, the Agency Administrator is required to notify the HMIS System Administrator at least 5 business days prior to the beds becoming available. Clients being assigned to beds or exited from beds in the system should be done in real time as the client is entering the project. In cases where clients are unable to be entered or exited in real time due to technical difficulties, all data must be current within 24 hours. Clients entering as families must be built as families in HMIS prior to bed entry and must be assigned together as part of the ShelterPoint module.

Optional Requirements

Policy 9.4: All Member Agency providers are encouraged to record all Program-Specific Data Elements (PSDE) for all clients entered into HMIS even if not required for funding.

Procedure: Optional PSDE is a valuable area of the client record and part case management. Therefore, though not required, HMIS Users are encouraged to complete these elements for each client, especially if the client is in a housing or financial assistance project. The optional PSDE include: Employment, Adult Education, General Health Status, Pregnancy Status, Veteran's Information, and Children's Education.

Client Self-Sufficiency Outcomes Matrix

Policy 9.5: Case Managers are encouraged to use the HMIS Client Self-Sufficiency Outcomes Matrix as an assessment tool for all clients that are entering and exiting a project.

Procedure: The Client Self-Sufficiency Outcomes Matrix is a newly offered optional assessment tool for each client in the HMIS system. The matrix is built with a series of assessment domains that a case manager may use to evaluate the strengths and weaknesses of a client as they begin and continue their case plans and assistance strategies. The domains to choose from include the following: Income Domain, Employment Domain, Shelter Domain, Food Domain, Childcare Domain, Children's Education Domain, Adult Education Domain, Legal Domain, Health Care Domain, Life Skills Domain, Mental Health Domain, Substance Abuse Domain, Family Relations Domain, Mobility Domain, Community Involvement Domain, Safety Domain, and Parenting Skills Domain. Case Managers utilizing this tool usually pick a series to focus on and then complete at entry, at several points during interim and finally at exit. Client Self-Sufficiency Outcomes Matrix training is part of Level 2 = Case Management training.

HMIS Client Photo ID Cards

Policy 9.6: Member Agency providers are encouraged to create and disseminate HMIS Client Photo ID Card for all clients being entered into HMIS.

Procedure: Some Continuums of Care have established the HMIS Client Photo ID Cards as the identification for all homeless clients in the system. Homeless and at-risk of homeless clients will be issued a HMIS Client Photo ID Card at their first point of entry in to the Continuum of Care. The cards may be issued at major continuum points of access such as day centers and one-stop centers or by other Member Agency providers when a service is rendered.

Policy 9.6.1: HMIS Member Agency providers are encouraged to accept the HMIS Client Photo ID Cards for all clients for which they are providing services as proof of ID.

Procedure: In order for the Continuum of Services and clients to see the benefit of ID cards, HMIS Member Agency providers should be willing to generate, accept and ask for HMIS Client Photo ID Cards from clients. This will require some education to the clients about the use of the ID cards and how it will help them access services better. HMIS Client Photo ID Cards are covered in Level 3 training on SkanPoint.

Policy 9.6.2: HMIS Member Agency providers are encouraged to use the HMIS Client Photo ID Cards for all clients for which they are providing services as proof of ID to rapidly check them into services and projects.

Procedure: Using the bar code on the HMIS Client Photo ID Cards, scan technology can help HMIS Member Agency providers do business better. For low volume providers, scan technology can be used to access client records more quickly. For high volume providers, scan technology can be used to check people into like services rapidly.

Section 10: Data Quality

Data quality is **vital** important to the success of the Homeless Management Information System. HMIS Member Agency providers and HMIS staff will work diligently on adhering to the most current revision of the HUD Homeless Management Information System (HMIS) Data Standards in order to ensure that reports both at the provider level and the system level are complete, consistent, accurate, and timely. Adherence to set data quality standards will help bring additional funded dollars into our community as well as ensure our data reflects our communities level of service when reported locally, statewide, or nationally. Data quality will be evaluated on accuracy, completeness, consistency, and timeliness. This data will be used by the Continuum of Care to monitor progress towards meeting its benchmarks.

Policy 10.1: The Homeless Management Information System staff will evaluate the quality of all HMIS Member Agency data on the accuracy of the data entered monthly.

Procedure: Accuracy is the degree to which data correctly reflects the client situation or episode as self-reported by the client.

Policy 10.1.1: All client data entered into HMIS should reflect what the client self-reported or an accurate assessment of known information by a case manager, where indicated by the 2014 HMIS Data Standards or most current revision of the HUD Homeless Management Information System (HMIS) Data Standards.

Procedure: Data captured for entry into HMIS should be what was client self-reported or data known by case managers. HUD Procedures allow case managers to make changes to client data not reported by the client. Client self-reported means any information reported to staff by the client.

Policy 10.1.2: All client data entered into HMIS should be congruent with program details.

Procedure: Client records entered into HMIS should reflect the client population served, match capacity of enrollment, project type, and entry/exit should fall within service parameters. This information is based on consistency of accurate data entered on clients receiving services. For example, if you:

- are a project for men, you should not enter data on women.
- are a state program and state you have 20 beds, there should not be any more than 20 people in shelter unless you are using the overflow beds.
- are a fully HUD funded project, you should only have entry/exit type of HUD

Policy 10.1.3: While HUD has defined HMIS as the ‘record of record’, if agencies use paper-based files, they must match information entered into HMIS.

Procedure: All client data entered into HMIS should match the information captured and filed in the HMIS Member Agencies client record/case file. Observed discrepancies could be subject to audit by HUD, HMIS staff, a local government entity or other community planner.

Policy 10.2: The Homeless Management Information System staff will evaluate the quality of all HMIS Member Agency data on the completeness of the data entered using detailed Data Quality Reports (DQRs), agency reports, and other tools utilized by local HMIS Administrators.

Procedure: Completeness is the level at which a field has been answered in whole or in its entirety. Measuring completeness can ensure that client profiles are answered in whole and that an entire picture of the clients’ situation emerges.

Policy 10.2.1: For all clients served and entered into HMIS, a HMIS Member Agency must maintain HUD mandated data quality standards.

Procedure: It is expected that HMIS Member Agencies work to maintain no more than 5% missing data for each HUD Universal Data Element, and PSDE if applicable. The HMIS monthly Data Quality Reports, agency reports, and other tools utilized by local HMIS Administrators will be used to address data quality issues with the HMIS Member Agencies. HMIS staff will work collaboratively with Member Agencies to address and improve overall data quality.

Policy 10.2.2: For all clients served and entered into HMIS by a HMIS Member Agency, no more than 5% of all client level data should be “blank/not reported/null”.

Procedure: It is expected that HMIS Member Agencies will work with clients to capture all necessary data. HMIS Member Agencies will be expected to have no more than 5% of all client data “blank/not reported/null” value rate for all clients entered into HMIS (or 95% or above completeness). “Blank/not reported/null” values include fields that are left blank or answered with a client doesn't know, client refused, or data not collected. While these options may accurately reflect what the client has self-reported, they are considered of a low quality value.

Policy 10.2.3: For all clients served and entered into HMIS by a HMIS Member Agency, all system data quality fields must be completed.

Procedure: In HMIS, there are several data quality fields that are essential to understanding patterns of data entry and client self-reporting. These fields are part of the Universal Data Element (UDE) requirements measured for each HMIS Member Agency.

These fields measure the quality of their associated fields. For example, if the Date of Birth field has been left blank, the Date of Birth Data Quality field is used to explain why the field is blank. There are three quality fields in the system.

- Name Data Quality
- Social Security Data Quality
- Date of Birth Data Quality

These fields allow for reporting only partial answers or full answers in order receive completeness credit. These fields in conjunction with the associated data element field will be used to assess data quality issues.

Policy 10.3: The Homeless Management Information System staff will evaluate the quality of all HMIS Member Agency data on the consistency of the data entered.

Policy 10.3.1: All HMIS Member Agency client data should work consistently to reduce duplication in HMIS by following workflow practices outlined in training.

Procedure: HMIS Member Agencies are trained to search for existing clients in the system before adding a new client into the system. Client data can be searched by Name, Social Security Number, and Client Alias. HMIS Member Agencies are encouraged to follow this protocol.

HMIS staff review duplicate data entries in the system and have to merge client records. When duplicate client records created by HMIS Member Agency providers are discovered, the HMIS staff will contact the designated Agency Administrator to notify and address the user creating the duplication.

Policy 10.3.2: All HMIS Member Agency client data should adhere to HMIS capitalization guidelines.

Procedure: HMIS Member Agencies are trained on the current method and style to enter client level data. No HMIS Member Agency should enter a client in any of the following ways:

- ALL CAPS
- all lower case
- Mix OF loWEr and UPPER cAsE lEtters
- Enter nicknames in the name space (please use the Alias box).

Policy 10.4: The Homeless Management Information System staff will evaluate the quality of all HMIS Member Agency data on the timeliness of the data entered.

Procedure: Timeliness is an important measure to evaluate daily bed utilization rates and current client system trends. To ensure reports are accurate, Member Agencies should ensure that their internal processes facilitate real-time data entry.

Policy 10.4.1: All HMIS Member Agency client data should be entered in real-time or no later than 24 hours after intake, assessment, or program or service entry or exit.

Procedure: Real-time is defined as “the actual time during which a process takes place or an event occurs.” Client data can be entered into HMIS in real-time - as the client is being interviewed at intake or assessment. The more real-time the data, the more collaborative and beneficial client data sharing will be for all HMIS Member Agencies and clients. The goal is to get all program intake and assessment data into HMIS in real-time.

Policy 10.4.2: All HMIS Member Agency providers should back date any client data not entered in real-time to ensure that the data entered reflects client service provision dates.

Procedure: All required data elements including program entry/exit, service transactions, universal data elements, and bed management must be entered for each client within 24 hours of program entry/exit or service provision dates. If the date was entered more than 24 hours later than the program entry/exit or service provision, the actual data of service or entry/exit must be used.

Policy 10.5: All Homeless Management Information System staff, HMIS Member Agency providers, and data partners will work together to ensure the highest quality of data in HMIS.

Procedure: Due to the many reports the HMIS staff is asked to provide, HMIS Member Agencies' response to HMIS staff inquiries and correction of data quality issues is critical. Many of our project partners have very rigid time frames in which the HMIS staff must provide updated information. Therefore, the Member Agency will provide a designated Agency Administrator whose role is to communicate with HMIS staff regarding these issues and ensure that the following measures are met.

Policy 10.5.1: All Agency Administrators should respond to HMIS staff inquiries no later than 24 business hours.

Procedure: The Agency Administrator or back-up Agency Administrator should respond to inquiries from HMIS staff no later than 24 business hours. In instances of vacation or illness, the back-up Agency Administrator will be contacted.

Policy 10.5.2: All HMIS Member Agency providers should correct client data in HMIS within 5 business days of notification of data errors.

Procedure: After a report that outlines data corrections has been sent to the HMIS Agency Administrator or back-up Agency Administrator, it is the responsibility of the Member Agency to correct the issues within 5 business days. Once the corrections have been made, the Agency Administrator or back-up Agency Administrator should update the HMIS staff.

Policy 10.6: All Homeless Management Information System staff, HMIS Member Agency providers, and data partners will work together to ensure accuracy of reporting.

Procedure: The HMIS software includes a series of reports to aid in outcome evaluation, data quality monitoring, and analysis of system trends.

Policy 10.6.3: The Homeless Management Information System staff may provide specialty reports to all HMIS Member Agency providers for a fee.

Procedure: Assistance from the HMIS staff to customize reports may be a fee-based service. A request must be submitted to the HMIS staff for evaluation and fee determination.

Section 11: Performance Measurement

HMIS staff will measure the performance of HMIS Member Agency providers as it relates to the quality of the data entered into the system. Additionally, performance on a system-level will be measured to show the progress towards our Continuum of Care in ending homelessness.

Policy 11.1: HMIS staff will measure the timeliness and completeness of data entered by each HMIS Member Agency.

Procedure: As a quality monitoring tool, the HMIS staff will measure the effectiveness of data entry performed by each HMIS Member Agency. These reports will be generated out of the system on a monthly basis. Each HMIS Member Agency will have 5 business days to seek technical assistance regarding and/or correct any data quality issues.

Policy 11.2: HMIS staff will measure the bed utilization rates of homeless housing providers.

Procedure: As a quality monitoring tool, the HMIS staff will periodically review the bed utilization rates of HMIS Member Agencies.

Homeless Management System (HMIS)

Data Quality Plan

Data Quality

Assessing the effectiveness of the current homeless service system is critical to finding successful solutions to assist and reduce homelessness. For that reason, information at project exit, such as destination and income, are important to learn if and how the system has helped to resolve clients' housing crisis and to improve their overall stability. HUD's "Housing First" model states that "Housing creates stability." Data on returning clients also contribute to this goal. Comparing project entry data with project exit data at the aggregate level will also provide a picture of homeless project impacts on the clients they serve.

The Homeless Management Information System (HMIS) staff will evaluate the quality of all HMIS member agency data on the quality (the degree to which data correctly reflects the client situation or episode as self-reported by the client) of the data entered monthly.

- All client data entered into HMIS should reflect information reported by the client, or an accurate assessment of known information by a case manager, as indicated by the 2015 HMIS Data Standards found here: <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>
- All client data entered into HMIS should be congruent with program details. While HUD has defined HMIS as the 'record of record', if agencies use paper-based files, they must match information entered into HMIS.

The Homeless Management Information System staff will evaluate the quality of all HMIS member agency data on the completeness of the data entered using detailed Data Quality Reports (DQRs), agency reports, and other tools utilized by local HMIS Administrators.

Data Quality Benchmarks

As stated in the 2015 HMIS Data Quality Standards issued by HUD, all contributory Homeless Assistance projects are required to follow HUD determined data quality benchmarks. These benchmarks are determined by HUD and are required. The goal of the benchmarks is to attain consistent data. The benchmarks in the following areas have been determined:

- **Timeliness**
- **Completeness**
- **Data Accuracy**
- **Program Descriptor Elements** (found in the 2014 HUD Standards Manual and subsequent guides released by HUD)
- **Annual Performance Report – Program Specific Data Elements**
- **HMIS Data Quality**

Timeliness of Data

To be most useful for reporting, the HMIS database should include the most current information on the clients served by participating homeless projects. To ensure the most up to date data, information should be entered as soon as it is collected. Timely data entry ensures that the data is accessible when it is needed, either proactively (e.g. monitoring purposes, increasing awareness, meeting funded requirements), or reactively (e.g. responding to requests for information, responding to inaccurate information). All client data must be entered within 5 business days of entry into a project.

Timeliness Requirements

- a. Client information is entered within 5 business days of entry/intake into a project
- **Nashville's Goal is within 48 hours!**
- b. Client information is updated regularly as information changes and at exit or annual assessment – per requirements relative to each universal and project specific data elements.
- c. Clients must sign a Release of Information (must renew with the Lead Agency (TVCH) annually)

Training

Standardized training is provided by the Lead Agency HMIS Department and is vital to attaining quality data entry. Software training is performed using a standardized curriculum, presented in a consistent manner by the HMIS Department team.

- a. User training will cover how to collect data, how to pass data from front-line staff to data entry staff, how to log questions about the data and how to resolve those questions, how to give feedback, and expectations for participating in user meetings. Some of these issues may be project specific, so they may need to be addressed by custom or specialized training rather than as part of the system-wide software training.
- b. **All users must attend a minimum of one training session annually.**
 - o Anyone who does not attend a required training **will be locked out of HMIS and must make arrangements with the Lead Agency HMIS Department to attend the next available training.**
 - o Anyone who does not attend one training session annually **will be locked out of HMIS and must make arrangements with the Lead Agency HMIS Department to attend the next available training.**
- c. New User and Refresher trainings will be conducted by the Lead Agency HMIS Department bi-monthly throughout the year.
- d. Security, Privacy, Data Quality and Disaster Recovery policies will be presented annually at the first training of the calendar year.

Data Accuracy

Information entered into the HMIS database must be valid and must accurately represent the information of the individuals that enter any of the projects, therefore contributing data to the HMIS database. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is worse than incomplete information, as incomplete information can be attributed to some reasons. It is better to enter “data not collected” or “client doesn’t know” than to enter inaccurate data.

Monthly monitoring

To ensure the most up-to-date and complete data, data errors will be collected monthly, by the lead agency HMIS department and sent to each agency individually with a deadline for corrections to be finalized. The lead agency HMIS department will assist with data cleanup technical assistance when needed. Data errors will be monitored for a second time each month to assure that data errors have been corrected.

Failure to clean up data errors

Non compliance with data error correction will result in incorrect data reporting for Program Specific Reports, HMIS Annual Performance Reporting, and other Homeless Assessment Reporting required by HUD and other grant providers.

For all clients served and entered into HMIS:

A HMIS Member Agency must maintain HUD mandated data quality standards. The HUD Definitions and HMIS Policies & Procedures can be downloaded from the HMIS section of our website: <https://tvchomeless.org/hmis/hmisdownloads>.

- HMIS Member Agencies are expected to maintain no more than 5% missing data for each HUD Universal Data Element, and Program Specific Data Elements (PSDE) if applicable.
- The HMIS monthly Data Quality Reports, agency reports, and other tools utilized by local HMIS Administrators will be used to address data quality issues with the HMIS member agencies.
- HMIS staff will work collaboratively with member agencies to address and improve overall data quality.

For all clients served and entered into HMIS by a HMIS member agency:

- No more than 5% of all client level data should be “blank/not reported/null”. While these options may accurately reflect what the client has self-reported, they are considered of a low quality value.
- If an agency shows more than 5% “missing/not reported/null” then the agency must acquire this data and enter it into HMIS within the requested time period that the Lead Agency has assigned.
- Missing data will affect reports such as AHAR (Annual Housing Assessment Report) that is sent to Congress for reporting our community. An individual missing data will not be utilized in this report, and can therefore affect any funding or resources that could be awarded to our community.

- For all clients served and entered into HMIS by a HMIS member agency, all system data quality fields must be completed.

Range of missing (null) and unknown (don't know/refused) responses must be at 0%:

Data Element	Transitional Housing, Permanent Supportive Housing, Rapid Re-Housing		Emergency Shelter		Outreach Projects	
	MISSING	Don't Know/Refused	MISSING	Don't Know/Refused	MISSING	Don't Know/Refused
First & Last Name	0%	0%	0%	0%	0%	0%
SSN	0%	0%	0%	0%	0%	0%
Date of Birth	0%	0%	0%	0%	0%	0%
Race	0%	0%	0%	0%	0%	0%
Ethnicity	0%	0%	0%	0%	0%	0%
Gender	0%	0%	0%	0%	0%	0%
Veteran Status (Adults)	5%	5%	5%	5%	5%	5%
Disabling Condition (Adults)	5%	5%	5%	5%	5%	5%
Residence Prior to Entry	5%	5%	5%	5%	N/A	N/A
Zip of Last Perm. Address	5%	5%	5%	5%	5%	5%
Housing Status (Entry)	5%	5%	5%	5%	N/A	N/A
Housing Status (Exit)	5%	5%	5%	5%	N/A	N/A
Income & Benefits (Entry)	5%	5%	N/A	N/A	N/A	N/A
Income & Benefits (Exit)	5%	5%	N/A	N/A	N/A	N/A
Add'l PDEs (Adults; Entry)	5%	5%	N/A	N/A	N/A	N/A
Reason for Leaving	5%	5%	5%	5%	N/A	N/A
Destination (Exit)	5%	5%	5%	5%	N/A	N/A

The Homeless Management Information System staff will evaluate the quality of all HMIS Member Agency data on the consistency of the data entered.

- All HMIS Member Agency client data must work consistently to reduce duplication in HMIS by following workflow practices outlined in HMIS Orientation and HMIS Refresher training.
- All HMIS Member Agency client data must adhere to HMIS capitalization guidelines, so that data can be accurately understood and analyzed.

Incorrect Capitalization:

- o ALL CAPS
- o all lower case
- o Mix OF loWER and UPPER cAsE lEtters
- o Enter nicknames in the name space (please use the Alias box).

Monitoring and Reporting Procedure

All HMIS Member Agency client data will be monitored and reported according to the dates specified on the Monitoring & Reporting Deadlines document. HMIS will provide the monitoring and reporting based on the HUD requirements, and will provide those reports to HUD and the HMIS member agency.

Timeliness Measurement

The Homeless Management Information System staff will evaluate the quality of all HMIS member agency data on the timeliness of the data entered.

- All HMIS member agency client data should be entered in real-time or no later than 3 business days for CoC Funded Grants, and 24 hours for SSVF after intake, assessment, or program or service entry or exit.
- All HMIS member agency providers should back date any client data not entered in real-time to ensure that the data entered reflects client service provision dates.
- All HMIS staff, HMIS Member Agency providers, and data partners will work together to ensure the highest quality of data in HMIS.
- All agency administrators should respond to HMIS staff inquiries within 24 business hours (1 business day).
- All HMIS member agency providers should correct client data in HMIS within 5 business days of receipt of notification of data errors.
- All HMIS staff, HMIS member agency providers, and data partners will work together to ensure accuracy of reporting and annual reporting.

Performance Measurement

- HMIS staff will measure the performance of HMIS Member Agency providers as it relates to the quality of the data entered into the system. Additionally, performance on a system-level will be measured to show the progress towards our Continuum of Care in reducing homelessness.
- HMIS staff will measure the timeliness and completeness of data entered by each HMIS Member Agency.
- HMIS staff will measure the bed utilization rates of homeless housing providers.

Data Quality Reporting and Outcomes

The HMIS Staff will send data quality monitoring reports to the Executive Director, Project Manager, and the contact person at the agency responsible for HMIS data entry. Reports will include any findings and recommended corrective actions. If the agency fails to make corrections, or if there are repeated or egregious data quality errors, the data may be thrown out in the AHAR (Annual Housing Assessment Report) sent to Congress, and therefore can affect funding and resources for our community.

HMIS data quality certification is part of several funding applications, including CoC funded projects and ESG programs. Low HMIS data quality scores may result in denial of HUD funding applications and other funding sources that required HMIS data.

Other Reporting

The HMIS staff may provide requested specialty reports to HMIS member agency providers for a fee.

Homeless Management System (HMIS) Privacy Plan

PURPOSE

This document describes the privacy plan of the Tennessee Valley Continuum of Care Homeless Management Information System (HMIS) and agencies contributing data (HMIS Partnering Agencies) to the HMIS. This document covers the processing of protected personal information for clients of HMIS Partnering Agencies.

Protected Personal Information (PPI) is any information that is maintained about a client that:

- a. Allows identification of a client/consumer directly or indirectly
- b. Can be manipulated by a reasonably foreseeable method to identify a specific client/consumer, **OR**
- c. Can be linked with other available information to identify a specific client/consumer. The

provisions of this plan shall go into effect immediately.

DATA COLLECTION NOTICE

HMIS Partnering Agencies must let clients know that personal identifying information is being collected, and the reasons for collecting this information. To meet this requirement, HMIS Partnering agencies must post the following language in places where intake takes place:

Agency Name and its partner provider agencies collect personal information directly from you for reasons that are discussed in our NOTICE OF PRIVACY PRACTICES. Agency Name and its partner provider agencies may be required to collect some personal information by law or by organizations that provide funds to operate this project. Other personal information that is collected is important to run our projects, to improve services, and to better understand the needs of individuals being housed/sheltered/served. Agency Name and its partner provider agencies only collect information that is considered to be appropriate.

1. While the posted notice is the minimum requirement, agencies may choose to take additional steps to obtain consent from clients, including obtaining written consent. Agencies without a contractual relationship with Agency Name may use an Agency-specific alternative that complies with HUD's baseline privacy standards.
2. Each Agency should adopt and comply with the attached Notice of Privacy Practices for Use with the HMIS ("HMIS Privacy Notice"). Agencies without a contractual relationship with Agency Name may use an Agency-specific alternative that complies with HUD's baseline privacy standards.
3. Each Agency must provide a copy of the *HMIS Privacy Notice* upon client request. Clients must acknowledge receipt by signing an *HMIS Client Consent Form*. Agencies without a contractual relationship with Agency Name may use an Agency-specific alternative. The Agency must keep signed copies of the *HMIS Client Consent Form*.
4. Each Agency shall provide reasonable accommodations to persons with disabilities and to persons with limited English proficiency to ensure their understanding of the HMIS Privacy Notice and/or Acknowledgement Form.

ACCOUNTABILITY

Each agency must uphold relevant federal and state confidentiality regulations and laws that protect client records, including but not limited to the privacy and security standards found in HUD's Data and Technical Standards. If the Agency is a HIPAA-covered entity, the Agency is required to operate in accordance with HIPAA regulations and is exempt from the privacy and security standards found in HUD's Data and Technical Standards.

ACCESS AND CORRECTION

1. Each agency must allow individuals to inspect and have a copy of their personal information that is maintained in HMIS.
2. Each agency must offer to explain any information that is not understood.
3. Individuals must submit a request to inspect their HMIS data in writing to their social worker/case manager. Each agency must consider a written request for correction of inaccurate or incomplete personal information. If the agency agrees that the information is inaccurate or incomplete, the agency may delete it or may choose to mark it as inaccurate or incomplete and to supplement it with additional information.
4. Each agency may deny the individual's request for inspection or copying of personal information if:
 - a. Information was compiled in reasonable anticipation of litigation or comparable proceedings
 - b. Information is about another client/consumer
 - c. Information was obtained under a promise of confidentiality and the disclosure would reveal the source of the information, or
 - d. Disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.
5. If the agency denies a request for access or correction, it must explain the reason for the denial and include documentation of the request and the reason for the denial.
6. Each agency may reject repeated or harassing requests for access or correction.

PURPOSE AND USE LIMITATIONS

Each agency will use or disclose personal information for activities described in this part of the notice. The agency assumes that clients consent to the use or disclosure of personal information for the purposes described here and for other uses and disclosures that are determined to be compatible with these uses or disclosures:

1. To provide or coordinate services to individuals (shelter, housing, case management, etc.)
2. For functions related to payment or reimbursement for services
3. To carry out administrative functions such as personnel oversight, management functions, and auditing purposes.
4. To create de-identified (anonymous) information that can be used for research and statistical purposes
5. When required by law
6. To avert a serious threat to health or safety if:
 - a. the agency believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
 - b. the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat
7. To report victims of abuse when authorized by law.
8. For research purposes unless restricted by other federal and state laws.
9. To a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct).
10. For judicial and administrative proceedings in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena.
11. To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

Before any use or disclosure of personal information that is not described here, the agency must seek the clients consent first.

CONFIDENTIALITY

- a. Each agency must maintain any/all personal information as required by federal, state, or local laws.
- b. Each agency shall only solicit or input into HMIS client information that is essential to providing services to the client.
- c. Each agency shall not knowingly enter false or misleading data under any circumstance, nor use HMIS with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.
- d. Each agency shall ensure that all staff, volunteers and other persons who use HMIS are issued an individual User ID and password.
- e. Each agency shall ensure that all staff, volunteers and other persons issued a User ID and password for HMIS receive confidentiality training, HMIS training, and comply with the attached *HMIS User Agreement* and the *HMIS Participation Agreement*.

**PROTECTIONS FOR VICTIMS OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULTS AND STALKING**

Victim service providers are prohibited from entering data into HMIS. Other agencies must be particularly aware of the need for confidentiality regarding information about persons who are victims of domestic violence, dating violence, sexual assault, and stalking. Additional protections for these clients includes explicit training for staff handling personal identifying information of the potentially dangerous circumstances that may be created by improper release of this information.

Homeless Management System (HMIS)

Security Plan

1. Administrative Safeguards

- A. **Security officer.** The HMIS Lead Agency (TVCH) and each Covered Homeless Organizations (CHO) must designate an HMIS security officer to be responsible for ensuring compliance with applicable security standards. The HMIS Lead must designate one staff member as the HMIS security officer. The CHO must designate the Lead Security officer of their agency.

Both Lead and CHO security officers are responsible for ensuring compliance with applicable security standards.

➤ **The Lead Security Officer:**

1. Will provide annual training and guidance to Contributing HMIS Organization (CHO) security officers.
2. Will provide software upgrade training to all users during each software upgrade that warrants training.
3. At least twice a year will offer a security specific training for users to attend who need to renew certification of annual security training.
4. Work with Data Management Committee and CoC to develop and implement the Security Plan and review/update the plan annually.
5. Keep a current list of names and contact information for each CHO security officer.
6. Be the primary contact for the CHO security officer and work with them to resolve security issues.
7. Perform background checks on all CHO security officers and other HMIS users.

➤ **ii. The (CHO) Security Officer:**

1. Will provide the CHO security officer's and each HMIS user's name and contact information to the HMIS lead security officer.
2. Ensure that all other employees in the CHO are current in their security training.
3. **Will provide new user training to current employees in the CHO.** The CHO will train new users on entry enrollment data entry, maintaining data quality, interim and updated data entry, and exit enrollments. The CHO will contact the Lead Agency HMIS department for and data quality or data cleanup assistance.
4. At least once a year the security officer will conduct a review of organization practices, policies and procedures to ensure that they are in compliance with the security plan.
5. Keep list of active users and notify Lead Agency HMIS when within 24 hours to deactivate access for employee/volunteers that no longer need access.
6. **Have an approved background check for the current calendar year.**
7. Sign and date for the current calendar year:
 - a. Memorandum of Agreement
 - b. User Agreement (for themselves and for each user at the agency)
 - c. HMIS Policies & Procedures: Data Quality Plan, Privacy Plan, Security Plan & Checklist, Data Recovery Plan

iii. Both the Lead and CHO Security Officers are responsible for ensuring compliance with applicable security standards.

- B. **Workforce security.** The HMIS Lead must ensure that each CHO conduct criminal background checks on the HMIS security officer and on all administrative users. Unless otherwise required by HUD, background checks may be conducted only once for administrative users.
- C. **Security awareness training and follow-up.** The HMIS Lead must ensure that all users receive security training prior to being given access to the HMIS, and that the training curriculum reflects the policies of the

Continuum of Care and the requirements of this part. HMIS security training is required at least annually.

i. Prior to being given access to HMIS, all users must:

1. Participate in annual HMIS Security Training.

- The training will cover privacy of information, data security, data quality expectations, disaster recovery and the basics of the HMIS software. This training will be a group training webinar offered one time annually.
 - i. The training will be provided by a HMIS Lead Agency Staff person for the Lead Security Officers of each CHO, current active users, and new users.
 - ii. If a new user is unable to attend the annual HMIS Security Training, or is hired after the training has already occurred that year, the Lead Security Officer of the CHO will cover the required security document training listed above, and/or have the new user review the webinar video from the HMIS Security Training session for that calendar year.

2. Visit our website for important HMIS documents and downloads.

<https://tvhomeless.org/hmis/hmisdownloads>. Complete and return a copy of:

- HMIS User Agreement
- HMIS Memorandum of Agreement
- Privacy Plan
- DQ Plan
- Security Policy & Checklist
- Disaster Recovery Plan

3. Complete some basic tasks in the HMIS training environment.

ii. The HMIS lead agency will offer HMIS orientation training and HMIS refresher training on a regular basis and will make efforts to offer it more often if it is needed.

iii. All users of HMIS will need to participate in training that covers privacy information, data security, and data quality at least annually. The HMIS lead agency will offer this Privacy Plan, Security Policy & Checklist, Data Quality Plan, and Disaster Recovery Plan at least once a year during new user training and user refresher training.

D. Reporting security incidents. Security incidents should first be reported to the CHO security officer within 2 business days of the incident. If needed the CHO security officer should then contact the HMIS lead security officer. If needed the HMIS lead security officer will bring the issue to the HMIS Data Management Committee and they in turn can bring the issue before the CoC.

E. Disaster Recovery Plan. In conjunction with our HMIS software Case Worthy (aka ECM), the HMIS lead agency has created a Disaster Recovery Plan found: <https://tvhomeless.org/hmis/hmisdownloads>.

F. Annual Security Review.

i. At least once a year the HMIS lead security officer and the CHO security officer will conduct an annual security review.

ii. The CHO security officer security review responsibilities:

- 1. Review and complete the HMIS security check list every July
- 2. Send the complete HMIS security checklist to the HMIS lead security officer.
- 3. Make a plan to improve/fix all issues that were found during the completion of the HMIS security checklist.

iii. HMIS lead security officer security review responsibilities:

- 1. Review and complete the HMIS security check list every January.
- 2. Review the completed and submitted HMIS security check lists from the CHO's.
- 3. Make a plan to improve/fix all issues that were found during the completion of the HMIS security checklist.

G. Contracts and Other Arrangements. The HMIS lead must retain copies of all contracts and agreements executed as part of the administration and management of the HMIS or required to comply with the requirements of this part.

2. Physical Safeguards

- A. The HMIS lead agency and CHO's will take all reasonable, foreseeable and protective actions to physically secure the protected personal information of clients. Some of these actions are listed below but this list does not represent an exhaustive list of physical safeguards.
1. **To protect protected personal information, all users when transmitting written communication about clients will use the ClientID to refer to the client.**
 2. **Hard copies of client information or reports with protected personal information will be kept in a locked cabinet or storage area when unattended.**
 3. **Loose papers or notes with client information that are not to be stored in the client file will be securely disposed of.**
 4. **The lead HMIS agency and CHO's will minimize computer/table/phone screens used to access HMIS to unauthorized individuals.**
 5. **The lead HMIS agency and CHO's will turn the monitor and/or hide the screens from view during case interviews where their screens could be accidentally viewed.**
 6. **Documents that contain passwords will be kept physically secure.**
 7. **The servers that house HMIS information will be kept in a secured and monitored facility.**

3. Technical Safeguards

- A. The HMIS lead agency and CHO's will take all reasonable, foreseeable and protective actions to technically secure the protected personal information of clients. Some of these actions are listed below but this list does not represent an exhaustive list of physical safeguards.
1. **Users will change their passwords at least once annually.**
 2. **Terminals used to access HMIS will have locking screen savers and will be password protected**
 3. **Browsers used to access HMIS will not use the auto fill password setting. Passwords must be manually entered each time of accessing the HMIS.**
 4. **Users will not leave HMIS open and running when terminal is unattended.**
 5. **Users will be automatically logged off after 30 minutes of inactivity.**
 6. **Electronic Documents stored outside of a private protected local network that contain protected personal information must be password protected.**

Homeless Management System (HMIS)

Disaster Recovery Plan

The Nashville, Davidson County Homeless Management Information System (TN 504- HMIS) is a critically important tool used to gather and maintain information about the homeless population in the state. This document describes the responsibilities of key personnel and three scenarios where HMIS recovery may be required:

- A. On-site power outage at the Lead Agency in Nashville, TN.
- B. Local disaster in Tennessee
- C. Outage or disaster at Bowman, Inc. location

A. On-Site Power Outage or Service Interruption

If there is a power loss at the Lead Agency, users will be able to continue normal day-to-day operations. However, reporting (including custom reporting), and technical support may be temporarily unavailable.

1. The TN 504-HMIS data is backed up nightly to an off-site, secure server bank. In the event of a disaster, this data can be immediately available via Internet connection.
2. MDHA HMIS staff will still be available during normal business hours.

B. Local Disaster Plan

1. Local Disaster

A local disaster is considered to be a disaster that affects locations in or around Tennessee. In the event of a local disaster:

- a. TN 504-HMIS, in collaboration with the local Agencies, will provide information to local responders (fire, police, etc.) as required by law and within best practice guidelines.
- b. TN 504-HMIS in collaboration with the local Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the HMIS system and as allowed by law.

2. CHO or HMIS Staff Emergency Responsibilities

During a disaster, communication between the HMIS Lead Agency staff, the CoCs, the Agencies, and the software Vendor (Bowman) will be a shared responsibility that is based on location and type of disaster. Appendix A- Emergency Contacts lists key contact people and their phone numbers.

In the event of an outage or system failure, staff responsibilities include:

- a. The TN 504-HMIS Project Manager or designee will notify all participating CoCs and local Agency Administrators should a disaster or major outage occur at Bowman or in the TN 504-HMIS Administrative Offices.
- b. When possible, the TN 504-HMIS Project Manager or designee will also provide a description of the recovery plan timeline.
- c. After business hours, TN 504-HMIS staff will report system failures to the software Vendor using the after regular business hours hotline.
- d. TN 504-HMIS staff will send an email to local Agency Administrators and HMIS staff no later than one hour following identification of the failure.

- e. TN 504-HMIS Project Manager or designated staff will notify the HMIS Vendor if additional database services are required.
- f. If an outage or failure happens at Bowman, the Bowman support staff will manage communication to the System Administrator as progress is made to address the service outage.

In order to ensure that HMIS data can be restored in the event of a disaster, HMIS Lead Agencies are required to:

- a. Back-up internal management data systems nightly.
- b. Provide a solution for off-site storage for internal data systems.
- c. Perform automated backups Monday through Friday to a local network access storage (NAS) device.
- d. Emergency contact information, including the names and phone numbers of local responders and key internal organization staff, designated representative of the CoCs, local HMIS Lead Agency, and the TN 504-HMIS Project Manager. See Appendix A-Emergency Contacts for a list of contacts.
- e. The HMIS team is responsible for notification and nature of the emergency and the timeline of TN 504-HMIS being available.

C. Outage or Disaster at Bowman, Inc. (formerly ECM) Locations

1. Software Recovery Services

HMIS data is entered into Bowman, Inc. application. In the event that there is a service outage or disaster at Bowman, Inc.'s location, it is important that Bowman, Inc. and all data is backed up and recovered as soon as possible so that personnel in Tennessee can do their work.

In addition, TN 504-HMIS has a contract with Bowman, Inc. that covers the following recovery and preventative options:

a. Standard System Failure Recovery

The TN 504-HMIS database is stored online, and is readily accessible approximately 24x7.

b. Data Backups

All servers, network devices, and related hardware are maintained by Bowman, Inc.. All client data is backed up online and stored on a central file server repository for 24 hours. Each night Bowman, Inc. makes a backup of client data and maintains it at a secure location.

c. Data Restores

Historical data can be restored by contacting Bowman, Inc. and having them restore the database within a 24 hour period.

d. System Crash Restore

After a system crash, there may be the loss of all unsaved data on the current record. The HMIS system is maintained by Bowman, Inc. offsite and on a secure server.

2. Major Outages

All major outages are immediately brought to the attention of TVCH executive management. Bowman, Inc. support staff helps manage communication as progress is made to address the service outage. Bowman, Inc. takes major outages seriously, and understands and appreciates that HMIS is a tool used for daily activity and client service workflow, so every effort will be made to restore services.

MEMORANDUM OF UNDERSTANDING
BETWEEN THE METROPOLITAN HOMELESSNESS COMMISSION
AND THE METROPOLITAN DEVELOPMENT AND HOUSING AGENCY

This MEMORANDUM OF UNDERSTANDING ("MOU") is entered into this 16th day of JUNE, 2017, by and between the Metropolitan Homelessness Commission ("MHC") and the Metropolitan Development and Housing Agency ("MDHA").

WITNESSETH

WHEREAS, the Built for Zero Campaign ("Campaign") is a national initiative to prioritize housing for people experiencing homelessness who are most likely to die on the streets without intervention; and

WHEREAS, the MHC desires to join this campaign and work to reduce chronic homelessness in Nashville by systemically identifying those most in need and securing permanent housing and supportive services through collaboration and coordination with public and private partners; and

WHEREAS, MDHA desires to collaborate with the MHC on a Demonstration Program ("Program") by prioritizing a limited number of housing choice vouchers ("Vouchers") for Section 8 housing for the most vulnerable homeless individuals and families in Nashville; and

WHEREAS, MDHA and the MHC find it necessary and convenient to enter into this MOU to state each entity's responsibilities moving forward with the Program.

NOW, THEREFORE, for and in consideration of the mutual covenants set forth herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, MDHA and the MHC agree as follows:

Section 1. Responsibilities of the MHC

1. Provide technical assistance, training, and implementation support for the Vulnerability Index Service Prioritization Decision Assistance Tool ("VI-SPDAT") to partner with agencies which identify the most vulnerable homeless individuals ("Client" or "Clients") and families in Nashville.
2. Through community coordination, ensure that housing navigators identify and prioritize the most vulnerable Clients for housing placement.
3. Submit referrals to MDHA for Vouchers. Such referrals shall include VI-SPDAT scoring and be submitted to MDHA no later than the 25th of each month to be placed on the list the following month. Should a Coordinated Entry System (CES) be established during the term (including any extension) of this MOU, upon implementation of the CES, MHC agrees to submit all referrals in accordance with the CES requirements. Before submitting referrals, MHC will validate that each referral: 1) Includes appropriate verification of homelessness; 2) Includes releases of information from Clients, which permit the legal

sharing of information with MDHA and homeless service providers and compliance with all privacy laws, including but not limited to, referring the matter to MDHA and entering Client data into the Homeless Management Information System ("HMIS"); and 3) Has been updated in HMIS to include all required documentation and HMIS Universal Data Elements and program specific data elements.

4. Partner with homeless service providers to support Client's transition from homelessness to being housed and to offer ongoing supportive services, including but not limited to, assisting Clients with the application process (including assembling required documentation), assisting Clients with the housing search process, and providing case management to help ensure Program and lease compliance.
5. Monitor Voucher utilization rates for this Program and work with MDHA, landlords, and homeless service providers to identify and remove barriers to Voucher utilization.
6. Notify MDHA when MHC is aware that a Client becomes non-compliant with a service plan or other requirements of supportive services provisions.
7. Investigate and address complaints regarding data collection and VI-SPDAT scoring.
8. Enter data into any additionally mutually agreed upon collection tools.

Section 2. Responsibilities of MDHA

1. Provide for the acceptance of paper applications from homeless preference applicants referred from the MHC at all times.
2. Provide that all applications in which the homeless preference is claimed must include a certification by a local homeless service provider that the applicant meets the Category 1 definition of "homeless" pursuant to HUD rules and regulations.
3. Provide additional preferences to allow a higher priority (extra preference points) based upon the applicant's VI-SPDAT score as determined by the MHC.
4. Once each month, as long as funding is available, provide for selection of up to eighteen (18) applications qualifying for the homeless preference from MHC referrals through this Program. Selections for a month shall be from referrals made by the 25th of the preceding month. Applicants with the highest preference total will be selected in that order. Applicants not selected will remain on the waiting list to be considered for selection the subsequent month(s) according to the procedure established herein.
5. Determine eligibility for those selected pursuant to paragraph 4 above in accordance with the current Section 8 Administrative Plan eligibility requirements.
6. Provide Housing Assistance Payments ("HAPs") to landlords on behalf of clients in accordance with MDHA's Administrative Plan for Section 8 Programs and all other relevant HUD rules and regulations.
7. Notify the MHC if MDHA becomes aware or discovers that a Client is in violation of Program rules.
8. Ensure that Clients and landlords comply with all federal rules and regulations governing Section 8 Programs and all local and state laws and take any action that is available to MDHA in instances of noncompliance.
9. Enter data relevant to the Voucher Program into the HMIS and any additionally mutually agreed upon collection tools.

10. Provide the MHC, upon request, reports regarding the value of Voucher payments made on behalf of Clients participating in this Program for the purpose of utilizing such amounts for matching requirements.

Section 3. Representations

1. MDHA does not guarantee that every applicant referred through this Program will be selected and does not guarantee that every applicant that receives a Voucher will be placed in housing.
2. MDHA makes no representations as to the validity and accuracy of the data collected through the VI-SPDAT score.

Section 4. Time and Performance

This MOU shall be effective on the 1st day of July, 2017, and end on the 30th day of June, 2018. Per the written agreement of the parties, the parties may extend the Program for a period of up to three (3) additional terms of twelve (12) months each term.

Section 5. Contacts

For the purpose of this Program, the following parties are designated as primary contacts for each entity, and these persons shall receive any written notice provided herein:

Metropolitan Development and Housing Agency
James E. Harbison, Executive Director
701 South Sixth Street
Nashville, Tennessee 37206

Metropolitan Homelessness Commission
Judith Tackett, Interim Director
800 2nd Avenue North
Nashville, Tennessee 37201

Section 6. Termination

This MOU may be terminated by either party upon thirty (30) days written notice.

Section 7. Modification of Agreement


This MOU constitutes the entire agreement of the parties with respect to the Program and the subject matter hereof and may be modified only by a written instrument signed by the authorized representative of both parties. Oral modifications shall have no effect.

IN WITNESS WHEREOF, the undersigned have executed this Agreement.

METROPOLITAN HOMELESSNESS
COMMISSION

METROPOLITAN DEVELOPMENT
AND HOUSING AGENCY


Renee Pratt, Executive Director
Metro Social Services


James E. Harbison, Executive Director
MDHA

Date: 6/16/17

Date: 6/29/17

APPROVED AS TO LEGALITY AND
FORM:


Attorney for MDHA

Attorney for MHC

Norman Deep

From: Tackett, Judith (Social Services) <Judith.Tackett@nashville.gov>
Sent: Friday, June 16, 2017 4:42 PM
To: Norman Deep
Subject: RE: MOU
Attachments: signed by Renee.pdf

Norman,

All our Metro channels have approved. Let me know if you need the original version.

Once you have a signed version, could you send me a copy, please for my file?

Sincerely,
Judy

From: Norman Deep [<mailto:nddeep@Nashville-MDHA.org>]
Sent: Friday, June 09, 2017 9:20 AM
To: Tackett, Judith (Social Services)
Subject: RE: MOU

Our counsel has come back to state it is okay to remove item altogether. Attached is revised MOU with all changes highlighted. Once approved, go ahead and remove highlights.

Please return to me once signed.

Thanks

Norman Deep
Director of Rental Assistance
Metropolitan Development and Housing Agency
P O Box 846
Nashville, TN 37202
nddeep@nashville-mdha.org
Office: 615-252-6517
Fax: 615-687-9976
Website: www.nashville-mdha.org

From: Norman Deep
Sent: Thursday, June 08, 2017 11:44 AM
To: 'Tackett, Judith (Social Services)'
Subject: MOU

Hi Judy,

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for TN-504 - Nashville/Davidson County CoC

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	1175	669	518	109	-409	385	44	-341
1.2 Persons in ES, SH, and TH	1914	1527	389	162	-227	212	82	-130

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	665	-	130	-	-	46	-
1.2 Persons in ES, SH, and TH	-	1474	-	204	-	-	103	-

FY2016 - Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	52	3	6%	0	0%	1	2%	4	8%
Exit was from ES	111	7	6%	7	6%	7	6%	21	19%
Exit was from TH	284	31	11%	11	4%	15	5%	57	20%
Exit was from SH	0	0		0		0		0	
Exit was from PH	294	8	3%	1	0%	9	3%	18	6%
TOTAL Returns to Homelessness	741	49	7%	19	3%	32	4%	100	13%

FY2016 - Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2154	2365	211
Emergency Shelter Total	1116	1230	114
Safe Haven Total	8	0	-8
Transitional Housing Total	560	462	-98
Total Sheltered Count	1684	1692	8
Unsheltered Count	470	673	203

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	2432	1617	-815
Emergency Shelter Total	1499	690	-809
Safe Haven Total	0	0	0
Transitional Housing Total	1168	1075	-93

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 2015	Current FY	Difference
Universe: Number of adults (system stayers)	60	361	301
Number of adults with increased earned income	7	44	37
Percentage of adults who increased earned income	12%	12%	1%

FY2016 - Performance Measurement Module (Sys PM)

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	60	361	301
Number of adults with increased non-employment cash income	23	121	98
Percentage of adults who increased non-employment cash income	38%	34%	-5%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	60	361	301
Number of adults with increased total income	27	161	134
Percentage of adults who increased total income	45%	45%	0%

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	47	136	89
Number of adults who exited with increased earned income	24	21	-3
Percentage of adults who increased earned income	51%	15%	-36%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	47	136	89
Number of adults who exited with increased non-employment cash income	7	45	38
Percentage of adults who increased non-employment cash income	15%	33%	18%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	47	136	89
Number of adults who exited with increased total income	30	65	35
Percentage of adults who increased total income	64%	48%	-16%

FY2016 - 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 2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1537	1217	-320
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.	176	155	-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)	1361	1062	-299

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

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2523	2341	-182
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.	302	350	48
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2221	1991	-230

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 2016.

FY2016 - Performance Measurement Module (Sys PM)

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 2015	Current FY	Difference
Universe: Persons who exit Street Outreach	111	221	110
Of persons above, those who exited to temporary & some institutional destinations	7	21	14
Of the persons above, those who exited to permanent housing destinations	9	16	7
% Successful exits	14%	17%	2%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	1932	1784	-148
Of the persons above, those who exited to permanent housing destinations	1169	1194	25
% Successful exits	61%	67%	6%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	483	1702	1219
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	430	1468	1038
% Successful exits/retention	89%	86%	-3%

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METROPOLITAN HOMELESSNESS
COMMISSION

METROPOLITAN DEVELOPMENT
AND HOUSING AGENCY


Renee Pratt, Executive Director
Metro Social Services


James E. Harbison, Executive Director
MDHA

Date: 6/16/17

Date: 6/29/17

APPROVED AS TO LEGALITY AND
FORM:


Attorney for MDHA

Attorney for MHC