

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: TN-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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

| Organization/Person Categories | Participates in CoC Meetings | Votes, including selecting CoC Board Members |
|--|------------------------------|--|
| Local Government Staff/Officials | Yes | Yes |
| CDBG/HOME/ESG Entitlement Jurisdiction | Yes | Yes |
| Law Enforcement | Yes | Yes |
| Local Jail(s) | Yes | No |
| Hospital(s) | Yes | Yes |
| EMS/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 | Yes |
| 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 |
| Mental Illness Advocates | Yes | Yes |
| Substance Abuse Advocates | Yes | Yes |

| Other:(limit 50 characters) | | |
|--|-----|-----|
| VA, AIDS orgs, TN Conf Soc Welfare, Universities | Yes | Yes |
| United Way | Yes | Yes |
| TN Dept Mental Health/SubAbuse, Philanthropy | Yes | Yes |

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

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; 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. Over 85 individuals actively participate in regular meetings of 14 working committees that are tackling issues ranging from gaining input from people with lived experience to Youth Action to Veterans and HMIS Advisory. In July 2018, the CoC Governance Board formally joined forces with the Metropolitan Homeless Commission, to become the Metro Nashville-Davidson County CoC Homelessness Planning Council - the coordinating body that manages city government and CoC funds to end homelessness. Through this partnership, the participation level of elected officials, Metro department representatives, and the business sector in CoC meetings is higher than ever. In early September, more than 450 individuals on the CoC listserv were emailed about how to subscribe online to receive the new Planning Council agendas via email or text.

1B-2.Open Invitation for New Members. Applicants must describe:

- (1) the invitation process;**
 - (2) how the CoC communicates the invitation process to solicit new members;**
 - (3) how often the CoC solicits new members; and**
 - (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

- (1) Over the past two years, The Cloudburst Group has provided technical assistance to strengthen Nashville’s CoC governance structure. This has acted as a vehicle to bolster membership through community outreach campaigns coordinated among MDHA (Collaborative Applicant), the Homeless Impact Division, and the Nashville Coalition for the Homeless.
- (2) Through efforts to make meeting information widely available via posting on the CoC website, extensive email relay, and word of mouth, over 150 people have been added to the CoC contact list, bringing the total to 456. During the Charter revision process, members identified specific stakeholders that should be participating in the CoC as members and to serve on the new governance

board. As a result, the current Planning Council reflects a broad array of interests not previously represented.

(3) Monthly agendas of the CoC General meeting invite the public to attend; these are distributed via email to the CoC listserv, and CoC membership forms are emailed out to the 450+ individuals on the listserve at least twice a year.

(4) The CoC has formed an ad hoc planning committee that is meeting monthly to develop a Consumer Advisory Board structure, where people with lived experience would provide input on specific CoC matters. This committee began meeting in spring 2018, and is working on a nomination process, expectations of staff support needed, training and incentives to participate, and alignment with other similar boards, such as that of the local Health Care for the Homeless Council.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

As Collaborative Applicant, MDHA staff shares information about the CoC funding process at monthly CoC General meetings on its website and by email. To broadcast the new DV bonus opportunity, on 6/26, staff emailed key personnel at the three Victim Service Providers (VSP) in the CoC. The email attached the NOFA, alerted the agencies of the anticipated amount to the CoC via the bonus, and included pertinent sections from the NOFA in the text of the email. All 3 VSP agencies attended the CoC Applicant workshop detailed below.

On 7/16, MDHA emailed the Annual Competition announcement to 430 people then on the CoC community listserv. Along with the FY2018 NOFA, this email included HUD’s “What’s New/Changes” summary, an invitation to an applicant workshop/pre-proposal conference and various links: the HUD CoC competition webpage; how to get added to the HUD Exchange Mailing List; navigational guides; and HUD Detailed Instructions for new and renewal projects.

The FY2018 NOFA was posted on the CoC page of MDHA’s website, as was basic information about the eligible new project components and activities under the 10% DV bonus funding as well as the 6% regular bonus funding. Electronic local application forms for renewal and new projects were also posted on this website, as well as deadlines for both to be submitted to MDHA.

On 7/20, MDHA held a pre-proposal conference for entities interested in funding. 20 individuals attended, representing 13 agencies. On 7/23, MDHA emailed the local CoC new project application to all attending on 7/20. Two organizations that have never been funded - Agape/Morning Star Sanctuary & Crossroads Campus – attended this conference and expressed interest in 2018 funds, but both agencies concluded they were not prepared to apply.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

| Entities or Organizations the CoC coordinates planning and operation of projects | Coordinates with Planning and Operation of Projects |
|---|---|
| Housing Opportunities for Persons with AIDS (HOPWA) | Yes |
| Temporary Assistance for Needy Families (TANF) | Yes |
| Runaway and Homeless Youth (RHY) | Yes |
| Head Start Program | No |
| Funding Collaboratives | Yes |
| Private Foundations | Yes |
| Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs | Yes |
| Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs | Yes |
| Housing and service programs funded through other Federal resources | Yes |
| Housing and services programs funded through State Government | Yes |
| Housing and services programs funded through Local Government | Yes |
| Housing and service programs funded through private entities, including foundations | Yes |
| Other:(limit 50 characters) | |
| Faith-based/congregations | Yes |
| Behavioral/acute health | Yes |

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
 - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

(1) 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. 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 provides a forum to articulate homeless needs & strategies during the Con Plan update process, plus MDHA keeps a pulse on local homeless issues as staff of the CoC. The city's Homeless Impact Division was contracted by MDHA to host public input sessions for the 2018-2023 Consolidated Plan, designed to prioritize key activities eligible for funding via HUD block grant funds, particularly ESG funds. Four of these sessions were held through the month of March 2018 – one at the meetings of the local homeless Coalition and the CoC General body.

(2) In evaluating ESG funding requests, a review committee is given monitoring reports & assessments on the quality of data entered into HMIS. This year, the ESG review committee included two members of the CoC Performance Evaluation Committee (charged with rating & ranking), to further integrate the two processes.

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

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

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and

**(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)**

(1) Through strong collaborative partnerships, Victim Service Providers (VSP) in our CoC discuss cases (either without sharing identifying information or with a release of information) to prioritize safety and coordinate emergency transfers if the need arises. VSP representatives attend By-Name List Coordinated Entry System (CES) meetings to staff such issues. Guidance and regulations from federal funding entities such as HUD & the Department of Justice help each agency shape policies and procedures to prioritize safety. All VSP operate under a trauma-informed care model and provide victim-centered services that are voluntary and optional, promoting client choice and autonomy.

(2) Once a survivor is identified, staff at an Access Point contacts a VSP for placement. If there are no DV shelter beds available, staff create a safety plan

with the survivor and will remain in contact until a bed becomes available. A survivor is eligible to be served at all CES access points, cannot be denied access, and, once engaged, may select the agency from which s/he would like to receive services.

The 2 primary DV agencies take all necessary measures to protect client information and confidentiality. They obtain informed, written, and reasonably time-limited consent to collect and share clients' personal information, stored electronically in secure databases or at times as hard-copy files in a locked cabinet to which only appropriate staff members have a key. The databases are HMIS compatible and incorporate security features that protect survivors' information: HIPAA compliance; data encryption; internet connection managing; & automatic log-out.

ESG Memoranda of Understanding do not disclose the location of DV shelters, and ensure all records containing personally identifying information for any individual or family who applies for and/or receives ESG-funded family violence prevention or treatment services are kept secure and confidential.

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

YWCA Nashville & Middle Tennessee trains CoC member agencies and Coordinated Entry staff on an annual basis. Trainings include the dynamics of power and control in abusive relationships, warning signs of domestic violence in victims and abusers, and trauma-informed communication strategies to offer victims resources and assistance. Trainings also include best practices in safety planning that is trauma-informed and victim-centered. A safety plan is made up of action steps to keep victims of domestic violence safe or achieve a desired goal. Those steps can be categorized by any number of factors, including Physical Safety, Economic Safety, Emotional Safety, Sexual Safety, Children Safety, Pet Safety and Secondary Victim Safety. Effective action steps are those that victims can immediately put into motion and feel empowered doing so. Resource referrals are always valid action steps, and the final step of any safety plan can always be to contact the YWCA's 24-Hour Crisis and Support Helpline for additional resources and support. The YW's hotline completed over 5,000 individualized safety plans last year and will offer any victim of domestic violence additional safety planning support. Statistically, the most dangerous time for someone experiencing domestic violence is when they are leaving the relationship. Follow-up services are imperative for victims' long-term safety and support.

CoC coordination with victim service providers occurs in monthly CoC meetings, CES meetings and meetings of the Nashville Coalition for the Homeless. Partnerships among DV providers and providers of services not specific to DV survivors adhere to VAWA guidelines.

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

Using data from the CES Preliminary Assessment in Nashville's HMIS for the period July 1, 2017, through June 30, 2018, the Homeless Impact Division's Data & Performance Coordinator reported that 24% of households with a valid response said that they had experienced domestic violence at some point in their lives. Of those 406 households, 38% (153) reported that the experience had occurred within the past year, and 27% (111) reported that they were currently fleeing that violence.

To further assess the scope of the issue, the CoC reviewed data collected from the Metro Police Department's Lethality Assessments, as well as PIT count data and broader HMIS statistics showing persons fleeing domestic violence.

**1C-4. DV Bonus Projects. Is your CoC Yes
 applying for DV Bonus Projects?**

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

| | |
|-----------------------|-------------------------------------|
| SSO Coordinated Entry | <input type="checkbox"/> |
| RRH | <input checked="" type="checkbox"/> |
| Joint TH/RRH | <input checked="" type="checkbox"/> |

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;**
- (2) the data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.
 (limit 2,000 characters)**

(1) Currently, 159 households are being served by domestic violence agencies. In our local HMIS, our Coordinated Entry System (CES) identified 571 individuals who responded that they were survivors of domestic violence. Of this number, approximately 223, or 41%, stated the violence occurred within the last year and 130 were fleeing a domestic violence situation at the time of their entry.

(2) Data was calculated based on information at area domestic violence shelters, within their internal databases. Additionally, data was pulled from HMIS from participating agencies.

(3) Domestic violence agencies collect data points from crisis hotline calls and from assessments used at shelters and within their housing programs. Providers that are not domestic violence-specific enter data into HMIS at program entry for all households as a program specific data element across funding types.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
- (2) data source the CoC used for the calculations; and**

**(3) how the CoC collected the data.
(limit 2,000 characters)**

(1) Our community estimates that on an annual basis, approximately 1,449 households experiencing domestic violence need housing or services. Two primary domestic violence shelters provided the number of calls received during the most recent year. Using those figures, CoC staff calculated an estimated 20% duplication rate. Between the two shelters and HMIS data, 2,028 instances of domestic violence were recorded. Examples of instances include calls or enrollment into our local Coordinated Entry System (CES).

(2) The CoC used several data sources: data collected at local domestic violence shelters which tracked the number of calls; data from our local HMIS; and, more specifically, data from our Coordinated Entry System (CES) in HMIS.

(3) Data was collected at an agency level from staff interacting with domestic violence survivors whether on a call or during service engagement. Data was also collected in the same fashion from non-dv agencies at the service level ranging from case managers upon intake to outreach workers post engagement.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;

(2) quantify the unmet need for housing and services for DV survivors;

(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and

(4) describe how the CoC determined the unmet need for housing and services for DV survivors.

(limit 3,000 characters)

(1) Nashville's 3 Victim Service Providers' (VSP) beds remain at capacity at all times. With the implementation of the Lethality Assessment Program by Metro Nashville Police Department, the number of survivors seeking services has doubled across VSP. While the increase in survivors seeking safety is positive, it has highlighted an increased need for safe, accessible housing. Nashville's DV providers see the value of CES, but confidentiality & safety concerns have necessitated the creation of workarounds to serve shared clients. A CES grant would dedicate staff to this proposed Victim-Centered Coordinated Entry System, who will work closely with Metropolitan Government's Office of Family Safety. Because the CES Advocate will be stationed at Metro's new family justice center—The Family Safety Center—any survivor seeking services through the Center will be informed of this available service. The added staff will provide mobile advocacy & meet survivors where they feel safe & where it is convenient for them. Advocates will be proactive & creative in reaching those with the highest barriers to accessing assistance. If a survivor is not able to meet in person due to any variety of barriers, the CES Advocates will be able to conduct assessments over the phone.

(2) Based on data collected from domestic violence shelters and the Metro Police Department, CoC staff estimate that 26,000 households per year require some type of domestic violence intervention & at least 2,000 households experience literal homelessness in our CoC, as a result of these crises.

(3) Data sources included turn-away & crisis call data from three local domestic violence shelters, as well as CES Preliminary Assessment Data generated from HMIS to create a report produced by the Homeless Impact Division's Data &

Performance Coordinator. The YWCA collects client data in software called Efforts to Outcomes (ETO), & Mary Parrish Center reviewed data in its EmpowerDB system. Both are HMIS-compatible databases that uniquely protect & serve domestic violence programs. Data from the Metropolitan Nashville Police Department was used, as well as local 2018 Point-in-Time data. According to national statistics, the average stay at shelter is 60 days for victims, & the average length of time it takes a homeless family to secure any form of housing is 6 to 10 months (Roofless Women's Action Research Mobilization). As a result, 31% of survivors who have stayed in shelters return to their abusers because they are unable to obtain long-term housing (Melbin, Sullivan & Cain, 2003). HUD reported in its 2013 Family Options Study that domestic violence is the largest barrier for homeless families to increase income or find housing.

(4) Information about unmet need was determined using the information above by collating data from our three local DV providers as well as our local police department.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The Mary Parrish Center has submitted three applications - one for a RRH program, one for a Joint RRH/TH program, and a third to develop CES specifically for victims of domestic violence. The two proposals to address the housing gap would add an additional 30 units to dedicated inventory for those fleeing domestic violence situations. Both programs are extremely low-barrier, making it as accessible as possible for all victims in need, especially those from traditionally underserved populations who are disproportionately affected by the housing crisis in Nashville, and who face unique challenges and barriers including the types of violence used and control exerted against them, and the community supports available to them.

Increased participation from Victim Service Providers (VSP) in the CoC General meetings and CES meetings is educating CoC stakeholders on the specific barriers that survivors face in seeking services. This has proved especially crucial with Nashville's CES, which has proven to be an excellent model for efficiently connecting people to services. CoC policies and protocols for DV survivors need to be more fully developed. VSP are held to higher confidentiality standards, which can prove challenging in connecting survivors to appropriate housing. The SSO-CE project would add dedicated staff to assist in creating a coding system for survivors of DV, enhancing the ability to case conference and share data for eligible clients. Staff would be stationed at the city's new Family Safety Center, with a specialized entry point for survivors of DV. Staff would also help train the larger community on safety planning.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
- (2) rate of housing retention of DV survivors;**
- (3) improvements in safety of DV survivors; and**
- (4) how the project applicant addresses multiple barriers faced by DV**

**survivors.
(limit 4,000 characters)**

(1) Since 2009, The Mary Parrish Center (MPC) has provided transitional housing to 139 DV survivors and their children. When there is a vacant apartment in their transitional housing program, they move in residents as quickly as possible (on average, the move-in process takes 2 weeks). 96% of their residents have exited to permanent housing.

(2) The MPC provides follow-up services to residents for 1 year after their exit from transitional housing. After 1 year, 96% of clients are still in permanent housing.

(3) The MPC provides safe, individual apartments—secured by window and door alarms, external window bars, front door locks, and the security/alarm system of the property at-large—to their clients. The MPC also develops safety plans with residents at entry, and helps revise them over time as clients' situations and schedules change. In order to address emotional safety, The MPC provides individual, group, and family therapy for adult and child clients, using evidenced-based trauma therapies/interventions.

The MPC measures safety by administering The Measure of Victim Empowerment Related to Safety (MOVERS). The MOVERS scale is administered at intake and regularly revisited during case management sessions. It is also administered before program exit. 100% of residents have reported improvements in safety 3 months after they have been living in transitional housing and 100% have reported improvements in safety at exit. Additionally, The MPC takes all necessary measures to protect clients' information and ultimately maintain their confidentiality, to increase client safety. They obtain informed, written, and reasonably time-limited consent to collect and share clients' personal information. This information is stored either (1) electronically in EmpowerDB or (2) as hard-copy files in a locked cabinet to which only appropriate staff members have a key. EmpowerDB is an HMIS-compatible database that uniquely protects and serves domestic violence programs. EmpowerDB has the following security features that protect survivors' information: HIPAA compliance; data encrypted in transit and at rest; intrusion prevention software; internet connection managing; access point managing; and automatic log-out.

(4) Housing First principles are deeply embedded in The Mary Parrish Center's transitional housing program model, as they believe this is the first step in removing barriers faced by domestic violence victims in need of housing. They have specifically designed services to address the needs of the most vulnerable survivors in our community—those from traditionally underserved populations who, due to any number of barriers, cannot secure safe housing elsewhere. They ensure the lowest possible barriers for entry, and do not require that residents participate in any support services to maintain their housing. Further, they offer all of their comprehensive support services to residents throughout their entire stay in their program because they know that some residents have more long-term needs. As a cost-free, and Housing First program, they work to remove the initial barriers for homeless survivors seeking safety and shelter. After entry into their program, residents work with Staff to reduce barriers to permanent housing, including, but not limited to, repairing credit, educating landlords about issues specifically related to dv (evictions, criminal records), securing appropriate mainstream benefits, working on outstanding legal issues, and providing other support and advocacy to address barriers the clients may be facing. They also provide individual and group therapy to address symptoms of trauma. When a resident is ready for

permanent housing, s/he has secured the funds to pay the first month's rent, eliminating the financial barrier of needing significant funds when first moving into permanent housing.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

| Public Housing Agency Name | % New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry | PHA has General or Limited Homeless Preference | PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on? |
|----------------------------|--|--|--|
| MDHA | 26.00% | Yes-HCV | No |
| MDHA | 10.00% | No | No |
| | | | |
| | | | |
| | | | |

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

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

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-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The needs of LGBTQ individuals experiencing homelessness are particularly prevalent among youth and young adult populations. Local data collection efforts – including the annual YOUTH Count event held in conjunction with the city’s Point-in-Time Count and the 2016 Voices of Youth Count study led by Chapin Hall– found over 40% of Nashville’s homeless youth population identifies as LGBTQ.

As part of local efforts to end youth homelessness – including the Key Action Plan for Youth & Young Adults Experiencing Homelessness in Nashville – Oasis Center and local partners have expanded LGBTQ cultural competence training to agencies serving youth who are currently or at-risk of experiencing homelessness. Over the past 12 months, this has included:

- Training 40 branch managers within the local public library system on homelessness and supporting LGBTQ youth;
 - Working with the local juvenile court to modify assessment processes so court personnel can more readily identify when sexual orientation, gender identity, and gender expression are issues relevant to runaway petitions and/or otherwise pushing LGBTQ youth into the juvenile justice system (e.g., due to family rejection);
 - Training for Metro Homeless Impact Division, juvenile court staff, and local youth-serving organizations;
 - Collaboration with TN Department of Education to create a “Micro-Accreditation” for school-based counselors on supporting LGBTQ youth and families to improve family acceptance and reduce LGBTQ youth absences and drop-out rates (ultimately leading to youth homelessness); and
 - Collaboration with TN Department of Children’s Services to provide “Open & Affirming Culture of Care” training to foster parents, with the goal of reducing multiple placements and group home placements for LGBTQ youth.
- Much of the training conducted is not necessarily tied to youth (library managers, police, etc.) and would include best practices for all age populations.

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

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

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

| | |
|--|-------------------------------------|
| Engaged/educated local policymakers: | <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"/> |

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC’s standard assessment tool.
(limit 2,000 characters)

(1) The CoC has designated access points throughout Nashville-Davidson County where individuals and families experiencing homelessness can easily complete the Preliminary Assessment in HMIS. Each Access Point provides the same assessment approach for all households, including those who fall into more than one subpopulation (e.g., a family with minor children, in which the head of household is a veteran). In addition, street outreach programs act as mobile access points.

(2) The Metropolitan Homeless Impact Division’s Homeless Outreach Team leads efforts to coordinate Nashville’s outreach to identify all persons experiencing literal homelessness in Nashville-Davidson County. Street outreach staff uses the same assessment approach as physical access points.

(3) The Preliminary Assessment tool for literally homeless persons who want to work towards housing is the VI-SPDAT designed for individuals, families or youth. People who are literally homeless but not quite prepared to work towards housing continue to be engaged by outreach. The VI-SPDAT is the CoC’s housing assessment tool that is a part of the prioritization process, which is dependent on the availability of each resource, and based on the following

criteria: chronically homeless, as defined by HUD; literally homeless as defined by HUD; VI-SPDAT score, with consideration taken from discussion at Care Coordination Meetings if a score is not representative of the person and their situation; length of time homeless; and date of identification (only to be used if there are two households tied for the resource).

Prioritization ensures that those who are currently experiencing chronic homelessness, or at risk of such, are served as quickly as possible. It is important to note that all agencies participating in CES have program eligibility requirements.

(4) This tool is attached.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

| | |
|--------------------------|-------------------------------------|
| Foster Care: | <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"/> |

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

| | |
|--------------------------|-------------------------------------|
| Foster Care: | <input checked="" type="checkbox"/> |
| Health Care: | <input checked="" 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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

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

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

(1) For many years, the CoC has relied upon volunteers serving on the Performance Evaluation Committee (PEC) to assist in the design of the matrix used to score local projects. This year, the PEC modeled this directly after the HUD Rating and Ranking Tool, customized with a sliding scale for criteria based on a desired improvement upon actual performance achieved during the period from March 1, 2017- February 28, 2018. Among the criteria were three markers for severity of need- more than one disability, zero income, and living on the streets/ in a place not meant for human habitation. MDHA staff conducted site visits to all CoC-funded agencies from late April through mid-May 2018. These visits included an review of HMIS data quality, error rates, & timeliness of entry, as well as a review of client files. After the visits and a brief "grace period" for agencies to clean up related data, MDHA's HMIS Coordinator created a data report pulled from final CoC Annual Performance Report figures for each CoC project.

(2) The PEC requested specific data points for this report; among them were three indicators of vulnerability - multiple disabilities, zero income, and living in a place not meant for human habitation. Each indicator had a maximum score of

10, creating a maximum subtotal of 30 “severity/high needs” points in a possible 150-point total project score.

- 1E-3. Public Postings. Applicants must indicate how the CoC made public:**
- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
 - (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
 - (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

| Public Posting of Objective Ranking and Selection Process | | Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings | |
|---|-------------------------------------|--|-------------------------------------|
| CoC or other Website | <input checked="" type="checkbox"/> | CoC or other Website | <input checked="" type="checkbox"/> |
| Email | <input checked="" type="checkbox"/> | Email | <input type="checkbox"/> |
| Mail | <input type="checkbox"/> | Mail | <input type="checkbox"/> |
| Advertising in Local Newspaper(s) | <input type="checkbox"/> | Advertising in Local Newspaper(s) | <input type="checkbox"/> |
| Advertising on Radio or Television | <input type="checkbox"/> | Advertising on Radio or Television | <input type="checkbox"/> |
| Social Media (Twitter, Facebook, etc.) | <input type="checkbox"/> | Social Media (Twitter, Facebook, etc.) | <input type="checkbox"/> |

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

Reallocation: No

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

CoC recipients were monitored in April & May by the HMIS System Administrator and the CoC Homeless Coordinator. Projects were monitored using HUD monitoring exhibits as a guide. Client file reviews focused on program eligibility, performance outcomes and high-need populations served. Documentation on file was then matched to data pulled from HMIS. HMIS data quality, error rates, & timeliness of entry were also analyzed. Agencies were granted a grace period to review data errors, correct for inconsistencies and to provide additional documentation. During this time, the HMIS Administrator provided technical assistance including report training and data entry techniques, and answered related questions. A final CoC-APR was pulled for each project. Specific data points were culled to produce a custom report reflecting performance during the year ending Feb 28. Each agency received a copy of draft performance data for confirmation or to request correction of any errors, prior to a final set of data being used by the Performance Evaluation Committee (PEC) in its evaluation of renewal projects. This Performance Data report covered metrics including exits to permanent housing, length of stay, access to income, serving high-needs populations, CES participation, Housing First & utilization rates. The PEC began meeting March 6, and decided to use HUD's Rating & Ranking Tool, cited as a "Strategy for Success" by the US Interagency Council on Homelessness in its July 2018 CoC webinar, incorporating a sliding scale, vis-à-vis actual local performance target achievement levels. PEC members presented this rating tool to interested agencies at a CoC 2018 competition workshop July 20. In August, the PEC scored and ranked all projects, and considered reallocation as a local strategy. In September, they recommended reallocation of two projects falling in Tier 2 due to poor performance. This was approved by the CoC Planning Council at its September 12 meeting.

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Applicants must: 10, CoC Governance Charter
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

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

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

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

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

(3) total number of beds in HMIS.

| Project Type | Total Beds in 2018 HIC | Total Beds in HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|------------------------|------------------------------------|--------------------|------------------------|
| Emergency Shelter (ES) beds | 1,497 | 67 | 83 | 5.80% |
| Safe Haven (SH) beds | 5 | 0 | 5 | 100.00% |
| Transitional Housing (TH) beds | 514 | 20 | 293 | 59.31% |
| Rapid Re-Housing (RRH) beds | 148 | 0 | 3 | 2.03% |
| Permanent Supportive Housing (PSH) beds | 1,163 | 0 | 1,163 | 100.00% |
| Other Permanent Housing (OPH) beds | 117 | 0 | 117 | 100.00% |

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

The CoC is aware of the need to increase Nashville’s HMIS coverage rates for shelter & transitional beds. Outlined below are key action items intended to increase coverage.

1. Transition the HMIS Lead agency to Metro Social Services’ Homeless Impact Division (HID), anticipated to be complete later this fall. HID staff will work to open the system, & revise consent forms and MOUs with participating agencies.
2. Form a Systems Capacity Committee, whose primary objective is to enhance HMIS capacity, working with community partners to secure more funding for staff and investment in HMIS.
3. Secure local government pledges to invest in HMIS during FY2019-20.
4. Nashville has a new CoC governance structure, which unifies two formerly separate entities into one CoC Planning Council, which met for the first time in July 2018. Streamlining this governance structure will strengthen the city’s ability to advocate for systems building.
5. Over the past year-and-a-half, the city transitioned from using an outside database for its Coordinated Entry System (CES) data collection to using HMIS. As a result, the HMIS has added new users who have not previously entered data into the system.
6. MDHA is applying for CoC funds under the 6% FY2018 bonus to expand HMIS staff capacity, which will help provide data entry support for our shelter providers.

Note: Errors were found in our 2018 HIC that resulted in a misreporting of our dedicated RRH beds. All corrections have been submitted and reviewed to the Abt Associates technical assistance providers to reflect the number listed above for 2018.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 8

2A-7. CoC Data Submission in HDX. 04/30/2018
Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count

**(HIC) data into the Homelessness Data
Exchange (HDX).
(mm/dd/yyyy)**

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/26/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/30/2018

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

Instructions:

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

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

There were no changes in the sheltered portion of the PIT Count. MDHA staff updated the shelter survey to ensure alignment with HUD requirements and maintained the same data quality requirements and timeliness standard of submissions.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

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

| | |
|---------------|---|
| Beds Added: | 0 |
| Beds Removed: | 0 |
| Total: | 0 |

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

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

| | |
|---------------|---|
| Beds Added: | 0 |
| Beds Removed: | 0 |

| | |
|--------|---|
| Total: | 0 |
|--------|---|

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable. Yes

2C-4a. If “Yes” was selected for question 2C-4, applicants must:
(1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC’s unsheltered PIT count results.
(limit 2,000 characters)

(1) For the 2018 unsheltered PIT Count, the CoC used a survey tool. Outreach workers and volunteers were trained to administer the survey as well as how to record the data collected from each person interviewed. Our continuum’s geography was strategically divided to ensure de-duplication as well as assure full coverage. The canvassers sought to interview all those identified as unsheltered who were awake, including all people over 18 and any unaccompanied children. For those who declined to be surveyed, an observation form was completed to ensure they were counted. Characteristics were gathered on all those observed and interviewed. Those interviewed were asked questions about demographics, citizen status, foster care experience, domestic violence experience, homeless history to determine chronicity, employment status, disabling conditions, veteran status, level of education and length of time in Nashville, including reasons for relocating to Nashville if applicable.

(2) Through a formal partnership with Vanderbilt University, analysis by an honors student found that approximately 30% of our total reported unsheltered population were surveyed. The change in methodology did not increase the number of people found on the night of the count, but it provided key insight into how they might be experiencing homelessness. Key findings included that of those surveyed, roughly one-half had been homeless for one year or less, roughly half had not used any shelter in the past year, 1/5 had some college, and the majority had no income, with only 7 employed full-time.

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

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were

**engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)**

(1) Oasis Center and Launch Pad serve youth experiencing homelessness in Nashville and were integrally involved in preparing for the night of the count. They designed a flyer for each PIT count team that alerted count volunteers to contact Launch Pad if any persons aged 18-24 were found. This was publicized in training the night of the count. The agencies coordinated a YOUth Count event for 18-24 year olds at The Boys and Girls Club on the night of the count from 7:30-10:30 p.m. and designated funds to reimburse for a cab/Uber/Lyft to get youth to shelter. Room in the Inn, a large seasonal shelter provider that traditionally has not focused on serving youth, began a winter shelter program for youth several nights a week, and collected key statistics on these guests. Youth providers actively participated on the CoC's PIT Committee and in the PIT count itself.

(2) The CoC held a magnet event called YOUth Count, attended by 42 unaccompanied youth, ages 13-24. Modeled after recommendations from USICH, YOUth Count provides a fun atmosphere for youth who lack stable housing. In the weeks leading up to the event, CoC youth and young adult homelessness providers, homeless shelters, youth-serving community organizations, and the public library system publicized the event via flyers, handouts, and social media. At the event, trained staff administered a comprehensive survey with all consenting youth, capturing additional data not required by HUD (sexual orientation, gender identity, current/previous living situations, labor and sex trafficking/exploitation, involvement with foster care, juvenile & adult justice, employment, and education history).

The CoC integrated strategies to better identify and engage youth as part of the PIT count, pinpointing locations where youth sleep/congregate that may not have been visited by primarily adult-focused street outreach teams.

(3) Youth helped plan the YOUth Count event, but did not help with actual counting.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

**(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)**

(1) Actions to better count persons experiencing chronic homelessness included re-defining boundaries of certain teams to make them smaller and easier to cover more extensively. New this year, a brief survey was conducted of all unsheltered persons who were found awake, with assistance on design from street outreach workers, staff at veteran service organizations and Dr. Beth Shinn, nationally-renowned researcher on homelessness and Vanderbilt professor. Experienced outreach workers/ team leads canvassed heavily for a month to identify all likely sleeping places for people experiencing homelessness, and added locations to Pinmaps. The survey collected data such as first initial of first name, and first 3 initials of last name, which were compared with other demographic data to assist with assuring de-duplication. 2

training sessions for Team Leads were scheduled in January, and Count Subcommittee co-chairs (both street outreach staff) offered alternative times to any Leads who could not make either session. Training focused on practicing this survey, and Leads then trained their team members the night of the count before teams deployed.

(2) Few changes were made in the methodology for families.

(3) Staff from the local VA served as co-chair of the CoC PIT Count Committee. VA outreach staff actually administered the unsheltered survey to homeless people in the downtown area in early December 2017, and slight edits to the survey were made as a result, in an effort to further clarify a few questions.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

| | |
|---|-------|
| Number of First Time Homeless as Reported in HDX. | 1,744 |
|---|-------|

3A-1a. Applicants must:

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

(1) The Metropolitan Homeless Impact Division (HID) leads Nashville-Davidson County’s CES as a citywide collaborative process. Households are identified at multiple points of entry, including shelters, schools and the criminal justice system. Families with minor children are referred to Metro Social Services, the dedicated point of entry for families into CES, for assessment and crisis resolution. Access points are listed in a CES brochure distributed to service providers throughout the CoC. Last year, 87% of those referred to Metro Social Services through CES and other mechanisms reported they were undergoing a housing crisis. The Preliminary Assessment is the common assessment for CES and collects HUD Universal Data Elements (UDEs) that identify persons becoming homeless for the first time.

(2) The Preliminary Assessment (PA) helps identify households at risk of becoming homeless who need prevention or diversion services, such as those staying with family/friends who are being asked to leave and those facing eviction. After being assessed, households are linked with a case manager to resolve their housing crisis. Resolution includes diversion or prevention activities or assistance accessing emergency shelter. The Homeless Impact Division provides one-on-one CES trainings, including strategies for prevention and diversion, for new staff at service provider agencies throughout the CoC. Data from the PA will assist the CoC in identifying and implementing more streamlined approaches to address the needs of these households. Family Resource Centers will be explored as additional access points for CES. A pilot project supported by State Department of Human Services/TANF funds will be implemented in the upcoming year to provide diversion and prevention services for families with minor children. This will serve as a model for expansion to other populations.

(3) As Collaborative Applicant, MDHA oversees implementation of this strategy.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

(1) HUD’s 2018 Homelessness Data Exchange Competition Report shows that the length of time persons remained homeless in Nashville’s emergency shelters and transitional housing programs fell from an average stay of 162 nights in 2016 to 154 nights in 2017.

(2) Informed by assessments done using the VI-SPDAT, HMIS data is used to identify and house people undergoing longer durations of homelessness. The Homeless Impact Division (HID) facilitates the citywide How’s Nashville process, a collective-impact collaboration that includes 22 CoC members who focus on ending literal homelessness through the CES. The HID regularly trains housing navigators at local shelters and organizations offering outreach and case management services. They also host bi-weekly Care Coordination Meetings (CCMs) focusing on housing people as rapidly as possible, prioritizing households based on their acuity of need as measured by the VI-SPDAT and by the length of time they have been experiencing homelessness. These meetings also involve prioritization of resources and entail discussions among service providers about other options for clients who may need less intensive interventions.

(3) Prioritization for housing and support services is dependent on the availability of resources and is based on criteria including chronicity, VI-SPDAT score, and length of time homeless. By-Name Lists (BNLs) of households experiencing literal homelessness are used during CCMs to guide discussion of high-priority cases. The Homeless Impact Division has been working on developing lists for veterans and families. New Youth Homelessness Demonstration Program funding will help secure a BNL of youth and young adults. MDHA will work with the HID to analyze HMIS data on durations of homelessness to determine if race is a factor that should be addressed.

(4) MDHA is the organization responsible for overseeing the implementation of this CoC strategy.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:

(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

| |
|------------|
| Percentage |
|------------|

| | |
|--|-----|
| Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX. | 72% |
| Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX. | 86% |

3A-3a. Applicants must:

(1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

(1) SAMHSA CABHI funds support the rapid movement of people experiencing homelessness into permanent housing, including Critical Time Intervention (CTI, an evidence-based practice) case management contracted through Centerstone by the Homeless Impact Division. CES quickly identifies and connects persons experiencing homelessness to appropriate housing and supports. In 2017, 79 homeless households obtained permanent housing per month. Bolstering placement rates are: city-funded landlord incentives to rent to homeless veterans (\$260,000 for leasing bonuses and damages); a \$50,000 CDBG commitment to assist with utility deposits & first month’s rent; annual bus passes & housing navigation; and a monthly set-aside from MDHA of 18 housing vouchers. A Housing First fidelity scale will be used as part of the CoC scoring in 2019. Slated for development in 2019 is Victory Hall, 29 units of housing for homeless Veterans & 10 units of market-rate housing with a preference for case managers & counselors who work with Veterans. The Mayor’s office is proposing a new housing/service center downtown, adding 100 units of housing for homeless persons. A Community Benefits Agreement approved by Council as part of Nashville’s new soccer stadium development paves the way for added affordable/work force housing.

(2) Centerstone and Operation Stand Down TN use Supportive Services for Veteran Families funding to help eligible veterans retain housing. CTI services help high-need formerly homeless individuals retain their housing. Open Table Nashville hired a Housing Retention Specialist, & Safe Haven Family Shelter has two Housing Specialists building relationships with landlords and linking clients to open units. Case managers offer wrap-around services to help families remain stabilized in housing. CABHI staff at Park Center and Centerstone, along with CTI interventions, served over 200 households per year and achieved a retention rate in housing and services of 82-85%.

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

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

3A-4a. Applicants must:

| | | |
|------------------------|---------|------------|
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|------------------------|---------|------------|

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

(1) In the past year, HMIS usership has increased from 117 licenses to 147, due in part to the implementation of CES. The CoC is working to capitalize on this increase to identify common characteristics and risk factors for recidivism throughout the community. To more effectively address recidivism – as well as to factor recidivism into the CES workflow in HMIS – the Homeless Impact Division has hired a Data & Performance Coordinator to, among other things, review available data to measure returns to homelessness. The CES Manager will work with the HMIS lead to examine System Performance Reports to measure recidivism. MDHA will work with the Homeless Impact Division (HID) to assess any racial disparity in these rates. If race is seen to be a significant factor, the 2 agencies will take steps to better understand underlying reasons and address the differences.

(2) Several programs in our community work to decrease recidivism, and multiple community agencies have hired, or are working to hire, individuals to assist households with housing stabilization. For instance, CTI case managers and Open Table’s Housing Retention Specialist focus on supporting people who have been placed in housing but still require intensive interventions to retain housing and improve stability. Efforts of the city’s Data & Performance Coordinator to identify risk factors for recidivism will further assist the community in providing targeted interventions for people who may be at risk of returning to homelessness. The CoC Homelessness Planning Council will embark on development of a community-wide Strategic Plan to End Homelessness that outlines action steps to build a Housing Crisis Resolution System. The plan is slated for completion by June 2019.

(3) MDHA, the designated Collaborative Applicant, is responsible for overseeing this strategy.

3A-5. Job and Income Growth. Applicants must:

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

(1) In the latest HUD System Performance Report for the CoC, this metric shows improvement in both earned and unearned income for leavers & stayers compared to 2016, and a higher universe of people reported, so the CoC not only did better, it did better with more people. Nashville’s CoC has had tremendous success connecting homeless people with disabilities to Social Security benefits via the SOAR model. During 2017-18, the program assisted 122 people obtain an approval through Social Security, with an average wait of

56 days and an approval rate of 93%. Since the inception of the program in 2006, over 950 people have been approved. The CoC will strengthen its connection to American Job Center, & link to Goodwill SNAP training for jobs in construction, call center & custodial fields, and out-of-school youth programs for 18-24-yr-olds. The city's Homeless Impact Division (HID) is working with Advocates for Human Potential to create paths to employment. Additionally, the HID has worked with the Vice Mayor to develop a proposal for the city to fund a 6-8-month pilot designed to quickly link people staying on the streets with employment opportunities and housing assistance.

(2) Networking occurs daily to help people exiting the justice system access jobs via the Transition from Jail to Community listserv. Through Shelters to Shutters, HID staff links people with maintenance jobs. An SSVF Employment Specialist maintains relationships with employers & assists veterans in obtaining employment. At Park Center, using the evidence-based Individual Placement and Support model developed at Dartmouth, adults experiencing homelessness are placed in jobs using a nonjudgmental, low-barrier, person-centered approach that might be described as the job development equivalent of Housing First.

(3) As the designated Collaborative Applicant, MDHA is responsible for overseeing these efforts.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/29/2018

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

Instructions

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

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

| | |
|--|------------|
| Total number of beds dedicated as DedicatedPLUS | 0 |
| Total number of beds dedicated to individuals and families experiencing chronic homelessness | 171 |
| Total | 171 |

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. No

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

| | |
|--|-------------------------------------|
| History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse) | <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 type="checkbox"/> |
| Head of Household with Mental/Physical Disability | <input checked="" type="checkbox"/> |

3B-2.2. Applicants must:

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

(1) The CoC Homelessness Planning Council will embark on development of a community-wide Strategic Plan to End Homelessness that outlines action steps to build a Housing Crisis Resolution System for all populations, including families with children. This plan will align with decisions detailed in the local CES Policies & Procedures. Nashville’s CoC has developed a centralized approach to coordinated entry for families with minor children. Metro Social Services (MSS) is the primary access point; families may walk in or call the dedicated Family CES phone line. Families are prioritized for rapid rehousing services by vulnerability (i.e., physical and mental health disabilities and DV situations) and length of homelessness, through Family Care Coordination Meetings (CCMs). At the CCMs, organizations – including a provider of services for those fleeing domestic violence – work to prioritize families for housing crisis resolution based on other factors that may not be reflected on the F-VI-SPDAT. Landlord liaisons at the Homeless Impact Division (HID), MSS, and Safe Haven Family Shelter (SHFS) collaborate to identify housing to move prioritized households from the street to housing units as quickly as possible. The Nashville Rescue Mission and SHFS offer emergency shelter beds. SHFS and Catholic Charities link families to their RRH programs, and Salvation Army offers transitional housing with a focus on RRH. For families of veterans, SSVF RRH services are offered by Centerstone and Operation Stand Down TN.

(2) RRH providers develop housing stabilization plans with families receiving RRH assistance. The SPDAT is used to monitor ongoing improvement and needs of the families. Once families meet their goals and have stabilized, they are rolled off of assistance, with the ability to re-connect to services through CES should any issues later arise that affect their housing stability.

(3) As Collaborative Applicant, MDHA oversees this strategy.

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

| | |
|---|-------------------------------------|
| CoC conducts mandatory training for all CoC and ESG funded service providers on these topics. | <input type="checkbox"/> |
| CoC conducts optional training for all CoC and ESG funded service providers on these topics. | <input checked="" type="checkbox"/> |
| CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients. | <input type="checkbox"/> |

| | |
|---|--------------------------|
| CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance. | <input type="checkbox"/> |
| CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers. | <input type="checkbox"/> |

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

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

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

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

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

(1) In 2017, 22 organizations created the Key Action Plan to prevent and end youth homelessness in Nashville. The four strategic areas in the Key Plan include immediate response, prevention, coordinated entry, and long-term solutions. Focus areas include winter sheltering from November-March, a community meal to engage Youth and Young Adults (YYA) new to homelessness/Nashville, specific YYA CES entry points introducing the TAY-VI-SPDAT, and a Youth Rapid Re-Housing program. Twenty goals align with the USICH “Home, Together” framework for ending youth homelessness, including

LGBTQ training for all homeless providers, middle/high schools, foster care, and juvenile justice systems; expansion of the Extension of Foster Care Act in TN; a coordinated youth shelter system; and long-term housing options. As a result of these efforts, in 2018, HUD awarded Nashville's CoC \$3.5 million as part of the Youth Homelessness Demonstration Program (YHDP) to develop projects to end youth homelessness. The CoC is currently in the process of solidifying these plans, which will be implemented over the next two years, as well as reviewing the USICH's new "Home, Together" plan to gauge alignment of the local YHDP projects with current federal strategies.

(2) Nashville raised over \$200,000 from private funders to implement Key Plan goals and launched a partnership with a youth service provider (Oasis Center) and an affordable housing organization (Urban Housing Solutions) to convert Fisk Courts Apartments into 19 units of youth-specific housing. Located directly adjacent to Fisk Courts, Oasis Center has dedicated a full-time staff member to providing optional case management services for Fisk Courts youth, who can also take advantage of other wraparound services including free counseling, workforce development, and college access support. Additionally, the coordination of the youth-specific winter shelter led to increased partnerships with alternative resources for homeless youth. For instance, Room in the Inn, though not a youth-specific agency, created a dedicated space specifically for youth, ages 18-24, two nights per week from Nov-March. In 2018, Crossroads Campus secured \$1 million from Metro Nashville's Barnes Housing Trust Fund to be used toward constructing a 20-unit permanent housing residence for youth experiencing homelessness. Members of the Youth and Young Adult Committee of the CoC is diving deep into data, building CES for youth, & developing its Coordinated Community Plan for utilizing new YHDP funding, taking full advantage of the grant's array of technical assistance offered via site visits and weekly calls with CSH & the True Colors Fund.

3B-2.6a. Applicants must:

(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;

(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and

(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.

(limit 3,000 characters)

(1) The CoC uses a scorecard created by agencies participating in the Key Plan, which outlines objectives and results for four strategic focus areas identified below, that are directly tied to preventing youth homelessness and/or increasing housing & services for youth experiencing homelessness. Outcomes from the past year include:

Prevention--

- Developed a "micro-accreditation" program, in partnership with the TN Department of Education, for school-based counselors on supporting LGBTQ+ youth and their families.

- Residential crisis intervention through the Oasis Emergency Shelter resulted in 97% (159 of 164) of unaccompanied youth under 18 avoiding homelessness by re-uniting with families.

Immediate Response--

- Implemented a partnership among 3 service providers to expand youth-specific warming shelters from 5 to 7 nights a week during the winter months. From Nov 2017 to March 2018, 334 youth ages 18-24 accessed these services.

Coordinated Entry--

- Strengthened youth-oriented CES processes, including establishing a physical point of access for youth, adopting youth-focused assessment (TAY-VISPDAT), and formalizing CES processes through the adoption of a CES Policies & Procedures Manual.

Long-Term Housing Solutions--

- Expanded Fisk Courts partnership led to 15 YYA accessing permanent supportive housing; 73% retained this housing or exited to other permanent living situations.

(2) Key metrics used to evaluate effectiveness of CoC youth strategies include:
Prevention--

- # of adult service providers trained in LGBTQ cultural competency and issues of family rejection that contribute to rise of youth homelessness

- # of unaccompanied youth under age 18 prevented from experiencing homelessness through family re-unification

- # of youth experiencing homelessness for the first time

Immediate Response--

- # of youth accessing shelter, housing services, and/or supportive services through the CoC

Coordinated Entry--

- # of youth entered into CES

Long-Term Housing Solutions--

- # of youth accessing permanent housing

- Permanent housing retention rate

- Participation in coinciding supportive services (e.g., case management, mental/physical health services, and workforce development) for youth in PSH

- Employment & income growth for youth in PSH

For the Fisk Courts pilot, key staff is measuring indicators on the TAY VI-SPDAT at program entry and at subsequent 3-, 6- and 9-month intervals, as well as at program exit. Length of stay in the program, status at point of exit, acceptance/refusal of case management, mental & physical health outcomes, and workforce development status are also being measured.

(3) These measures are rooted in HUD system performance as well as local action planning and the USICH "Home, Together" plan. They encompass a broad range of objectives, from direct service to systems-level change, and paint a comprehensive picture with which to evaluate a multifaceted strategic approach.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

(1) youth education providers;

(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);

(3) school districts; and

(4) the formal partnerships with (1) through (3) above.

(limit 2,000 characters)

(1) The primary youth education provider is Metro Nashville Public Schools, which dedicates staff to participate in CoC governance and the annual evaluation of applications seeking HUD ESG funding.

(2) Metro Public Schools is the CoC's LEA and houses the McKinney-Vento HERO Program for Families in Transition, which helps students and their families access resources such as housing and services. HERO staff spoke at the CoC's July General meeting, and a week later, the CoC Collaborative Applicant emailed the program's McKinney-Vento eligibility forms to more than 450 stakeholders in Nashville. The Tennessee Department of Education (SEA) and the CoC Lead actively participate on the Tennessee Interagency Council on Homelessness, which regularly convenes state-level departments and CoC Lead reps.

(3) A Residency Questionnaire for all new students in the district identifies children appropriate for the HERO program. Services provided 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. In June 2018, the school district and the city's Homeless Impact Division were tasked by Metro Council resolution to craft a plan to reduce homelessness among children in the school district, submitted to Council in late August.

(4) School Policy 6.100 (updated July 2017, 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. The Program Coordinator sits on the new CoC Planning Council & the ESG Review Committee, and trains shelter staff and community service providers yearly. A Documentation of Collaboration, outlining key commitments, was signed by 19 shelter/community agency CEOs in May 2017.

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

The director of the Metropolitan Nashville Public Schools' (MNPS) HERO program works closely with school social workers, administrators, teachers and counselors to identify needs and provide additional support to students who meet the US Department of Education's definition of homeless, and their families. Posters detailing McKinney-Vento rights for parents and unaccompanied youth were displayed at more than 60 community agencies serving families experiencing/at-risk of homelessness during the months of June and July 2018. At the July 2018 CoC General meeting, the Metro Schools' staff presented information on the HERO Program for Families in Transition.

The information collected on the MNPS McKinney-Vento Eligibility Assessment is required to meet the McKinney-Vento Homeless Assistance Act, Subtitle VII-B Title IX, Part A of the Every Student Succeeds Act. Under federal law, a student may qualify for services under the McKinney-Vento Act if he/she is living in certain situations. The answers given on the form help local schools determine the services the student may be eligible to receive. The students are not discriminated against based upon the information provided, and the information provided is confidential.

The standard McKinney-Vento Needs Assessment form collects key data from families, and assures referrals to resources within the school system that address concerns including academic performance, food, school supplies &

attendance, as well as assistance outside the system including health insurance or getting a medical appointment, offered by the National Health Care for the Homeless Council.

Collaborative Agreements are signed between Metro Public Schools and 19 local agencies, which include all area family and domestic violence shelters, The Bridge Ministry, Catholic Charities, Second Harvest Food Bank, the YMCA and the National Health Care for the Homeless Council.

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

| | MOU/MOA | Other Formal Agreement |
|---------------------------------|---------|------------------------|
| Early Childhood Providers | No | No |
| Head Start | No | No |
| Early Head Start | No | No |
| Child Care and Development Fund | No | No |
| Federal Home Visiting Program | No | No |
| Healthy Start | No | No |
| Public Pre-K | No | No |
| Birth to 3 years | No | No |
| Tribal Home Visting Program | No | No |
| Other: (limit 50 characters) | | |
| | No | No |
| | No | No |

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

The COC and TVHS VA Homeless Veterans program take a “no wrong door” approach. CoC agencies including the VA conduct outreach at shelters, homeless day centers and throughout the CoC area, coordinated by regular outreach and Housing Navigator meetings. TVHS VA Homeless Program provides a walk-in clinic 5 days a week to which Veterans can be referred for assessment and referral to SSVF, HUD VASH and GPD Programs. VA Homeless Program, GPD and SSVF staff is contacted to meet with and assess other Veterans unable to come to the walk-in clinic. In addition, each of the five community agencies providing GPD, Contract Transitional Housing for Veterans, and SSVF programs conduct independent outreach and collaborate as needed with VA Homeless program staff in assessing and connecting Veterans to services. All CoC agencies’ outreach workers - including VA, SSVF, GPD and transitional housing, shelter, day center and street outreach

programs - enter homeless Veterans in the Coordinated Entry System, and Veteran CES meetings are held twice a month to review homeless Veterans identified on the By-Name List and coordinate appropriate housing services. A Stand Down veterans event planned for October 20 will focus on four primary needs – housing, health, money & recreation. The event will highlight an initiative starting October 1 to house 90 homeless veterans in 90 days. To enhance the initiative, MDHA (the city’s housing agency and CoC Collaborative Applicant) publicized the opportunity for landlords to dedicate vacant units, in its July issue of Rental Assistance News & Announcements, emailed to nearly 1,100 property owners/managers, and posted on the agency’s website. This newsletter also reminded readers of the incentive to house eligible homeless veterans under VASH, including a leasing bonus of \$1,000 as well as up to 2 month’s rent to pay owners for unpaid rent or damages left owed by a VASH participant at move-out, funded by HUD CDBG dollars leveraged by the city.

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

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

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? No

3B-5. Racial Disparity. Applicants must: No
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

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

Instructions:

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

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

| Type of Health Care | Assist with Enrollment | Assist with Utilization of Benefits? |
|--|------------------------|--------------------------------------|
| Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services) | 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. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

(1) Supplemental leverage includes over \$800,000 in planning & services at the city’s Homeless Impact Division (HID). Over \$3.5 million in medical, dental & pharmacy services, via TennCare, assists residents living in MDHA’s Shelter Plus Care units.

Access to Social Security benefits is maximized through the SOAR program, & Vanderbilt’s Homeless Health Services’ disability coordinator pursues fast track disability claims for individuals who are homeless with severe and persistent mental illness. Safe Haven Family Shelter, in partnership with the local United Way, will soon embark on a pilot project that will utilize TANF dollars to assist homeless and at-risk families. MDHA was just awarded 55 new housing vouchers through HUD’s Mainstream Voucher Program, which will expand

access to affordable housing for homeless people exiting institutional care.
 (2) Via How's Nashville, the HID 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. The Director of Homeless Outreach Services at Park Center assures that providers are updated on accessing Social Security benefits via SOAR training sessions online, the method preferred by SOAR Technical Assistance. The Nashville Coalition for the Homeless convenes each month, and enhances networking and education of front-line staff; topics covered over the past year include legal services from Legal Aid & the Public Defender, Adult Protective Services, & Department of Children's Services.
 (3) As Collaborative Applicant, MDHA oversees this strategy.

4A-2.Housing First: Applicants must report:

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

| | |
|--|-----|
| Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition. | 11 |
| Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements. | 7 |
| Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First. | 64% |

4A-3. Street Outreach. Applicants must:

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

(1)The Metro Homeless Impact Division (HID) employs a 3-member outreach staff to coordinate with all outreach providers & ensure full geographic coverage of Davidson County. Called Nashville Outreach Team for Encampments (NOTE), this team collaborates with outreach efforts listed in 4, below, & with other Metro departments in the city's response to homelessness. "Engagement items," such as clothing, hygiene items, bus passes and food, are used to help begin a conversation with homeless individuals.

(2) Open Table Nashville leads city-wide outreach efforts, which cover the entire CoC. In addition, outreach coordination engages on an annual basis around the PIT count to divide the county into geographic outreach maps.

(3) Street outreach workers comb areas throughout Nashville-Davidson County daily.

(4) Integrating with outreach at Park Center, the VA, Vanderbilt Medical Center’s Psychiatric Street Outreach, the Downtown Partnership and other efforts, the HID outreach team engages people each day who are sleeping in camps & on the streets who may not actively seek assistance. Nashville’s Community Extreme Weather Plan activates during periods of severe cold, heat or other weather events to assertively engage homeless persons who might otherwise shun typical shelter offerings.

One street outreach worker speaks Spanish; outreach workers refer those with hearing loss to Bridges for the Deaf and Hard of Hearing. Connector cards (year-long bus passes for those working with housing navigators), & Cold weather cards (used during Nov 1- thru Mar 31 & activated on days 32 degrees and below) assist with transportation. Outreach workers meet people at their camps instead of making them come into an agency which also helps with transportation and reaches people who don’t have access to phone or internet. Outreach efforts refer people to the libraries for internet and can help people apply for subsidized cell phone service.

4A-4. Affirmative Outreach. Applicants must describe:

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

(1) MDHA completed a Joint Assessment of Fair Housing (AFH) for Nashville. Submitted in September 2017, the AFH deeply analyzed barriers to securing & retaining housing encountered by persons with protected characteristics. Throughout spring and summer 2017, 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.

(2) MDHA, city officials & fair housing groups worked to identify all potential stakeholders to ensure maximum participation/representation for all protected groups. 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-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

| | 2017 | 2018 | Difference |
|------------------------|---------|------|------------|
| FY2018 CoC Application | | | |
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| | | | |
|--|-----|-----|----|
| RRH beds available to serve all populations in the HIC | 100 | 148 | 48 |
|--|-----|-----|----|

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

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

4B. Attachments

Instructions:

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

| Document Type | Required? | Document Description | Date Attached |
|--|-----------|----------------------|---------------|
| 1C-5. PHA Administration Plan–Homeless Preference | No | CoC 2018 1C-5. PH... | 09/12/2018 |
| 1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference | No | | |
| 1C-8. Centralized or Coordinated Assessment Tool | Yes | CoC 2018\CoC 2018... | 09/12/2018 |
| 1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix) | Yes | CoC 2018 Scoring ... | 09/11/2018 |
| 1E-3. Public Posting CoC-Approved Consolidated Application | Yes | CoC 2018 Public P... | 09/18/2018 |
| 1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP) | Yes | CoC 2018 1E-3. Pu... | 09/18/2018 |
| 1E-4. CoC's Reallocation Process | Yes | CoC 2018 Realloca... | 09/18/2018 |
| 1E-5. Notifications Outside e-snaps–Projects Accepted | Yes | CoC 2018 1E-5 Not... | 09/12/2018 |
| 1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced | Yes | CoC 2018 1E-5 Not... | 09/12/2018 |
| 1E-5. Public Posting–Local Competition Deadline | Yes | Public Posting-Lo... | 09/14/2018 |
| 2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA) | Yes | CoC Governance Ch... | 08/01/2018 |
| 2A-2. HMIS–Policies and Procedures Manual | Yes | HMIS Policies and... | 08/01/2018 |
| 3A-6. HDX–2018 Competition Report | Yes | CoC 2018 Program ... | 09/12/2018 |
| 3B-2. Order of Priority–Written Standards | No | | |

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

Attachment Details

Document Description: CoC 2018 1C-5. PHA Limited Preference TN-504
Nashville

Attachment Details

Document Description:

Attachment Details

Document Description: CoC 2018\CoC 2018 1C-8 Standard Assessment
Tool

Attachment Details

Document Description: CoC 2018 Scoring Matrix for Projects TN-504

Attachment Details

Document Description: CoC 2018 Public Posting CoC Application

Attachment Details

Document Description: CoC 2018 1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)

Attachment Details

Document Description: CoC 2018 Reallocation Process TN-504 Nashville-Davidson County

Attachment Details

Document Description: CoC 2018 1E-5 Notification Outside e-snaps Projects Accepted

Attachment Details

Document Description: CoC 2018 1E-5 Notification Outside e-snaps Projects Rejected or Reduced.

Attachment Details

Document Description: Public Posting-Local Competition Deadline

Attachment Details

Document Description: CoC Governance Charter: Nashville-Davidson County, TN CoC

Attachment Details

Document Description: HMIS Policies and Procedures Manual: Nashville-Davidson County CoC

Attachment Details

Document Description: CoC 2018 Program Competition Report

Attachment Details

Document Description:

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Document Description:

Submission Summary

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

| Page | Last Updated |
|---|--------------|
| 1A. Identification | 09/17/2018 |
| 1B. Engagement | 09/18/2018 |
| 1C. Coordination | 09/18/2018 |
| 1D. Discharge Planning | 09/17/2018 |
| 1E. Project Review | 09/18/2018 |
| 2A. HMIS Implementation | 09/18/2018 |
| 2B. PIT Count | 09/17/2018 |
| 2C. Sheltered Data - Methods | 09/18/2018 |
| 3A. System Performance | 09/18/2018 |
| 3B. Performance and Strategic Planning | 09/18/2018 |
| 4A. Mainstream Benefits and Additional Policies | 09/18/2018 |
| 4B. Attachments | 09/18/2018 |

| | | |
|------------------------|---------|------------|
| FY2018 CoC Application | Page 51 | 09/18/2018 |
|------------------------|---------|------------|

Submission Summary

No Input Required

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

This Extension One ("Extension One") is hereby made and entered into this 31st day of May, 2018, by and between the Metropolitan Homelessness Commission ("MHC") and the Metropolitan Development and Housing Agency ("MDHA").

WITNESSETH

WHEREAS, MDHA and MHC ("the Parties") entered into a Memorandum of Understanding ("MOU") dated June 16, 2017, in which MDHA collaborated 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 through the national effort to effectively end and prevent literal homelessness initiated originally by the 100,000 Homes Campaign (known locally as "How's Nashville"); and

WHEREAS, said MOU expires on June 30, 2018, and Section 4 of the MOU provides that it may be extended yearly for up to three (3) additional terms of twelve (12) months each term; and

WHEREAS, the Parties desire to extend the MOU for an additional term, effective July 1, 2018, through June 30, 2019; and

THEREFORE, the Parties agree as follows:

1. Extension of Agreement: The term of Extension One shall be from the 1st day of July, 2018, to the 30th day of June, 2019.
2. Entire Agreement: This Extension One, together with the Agreement, constitutes the final, complete and exclusive statement of the agreement between the parties.
3. Agreement Continuance: All other terms and conditions of the Agreement shall remain unchanged and continue during the term of Extension One as set forth herein.

IN WITNESS WHEREOF, the undersigned have executed this Agreement.

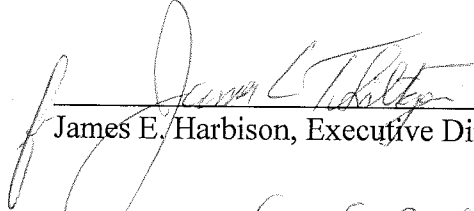
METROPOLITAN HOMELESSNESS
COMMISSION

METROPOLITAN DEVELOPMENT
AND HOUSING AGENCY



Renee Pratt, Executive Director
Metro Social Services

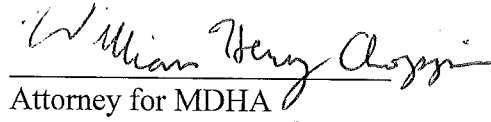
Date: 5/31/18



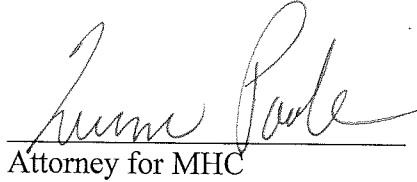
James E. Harbison, Executive Director

Date: 6-5-2018

APPROVED AS TO LEGALITY AND
FORM:



Attorney for MDHA



Attorney for MHC

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.

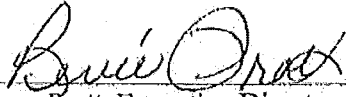
Section 7. Modification of Agreement

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.

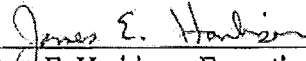
IN WITNESS WHEREOF, the undersigned have executed this Agreement.

METROPOLITAN HOMELESSNESS
COMMISSION

METROPOLITAN DEVELOPMENT
AND HOUSING AGENCY



Renee Pratt, Executive Director
Metro Social Services



James E. Harbison, Executive Director
MDHA

Date: 4/16/17

Date: 6/29/17

APPROVED AS TO LEGALITY AND
FORM:



Attorney for MDHA

Attorney for MHC

CES-2018-Preliminary Assessment

CLIENT INFORMATION

Name: First _____ Middle _____ Last _____

Date of Birth: ____/____/____ **Social Security Number:** ____ - ____ - ____ **Gender:** _____

Veteran: Yes ___ No ___ **Primary Race:** _____ **Ethnicity:** _____

Relationship to household: Self (head of household) ___ Head of household's child ___ Data not collected ___

Head of household's spouse or partner ___ Head of household's other relation member ___ Other ___

If a veteran, do they qualify for health services through TVHS? Yes ___ No ___

Does client have a disabling condition? Yes ___ No ___

If yes to Disability Type, please describe:

Disability Type: Alcohol Abuse (HUD) ___ Drug Abuse (HUD) ___ Mental Health Problem (HUD) ___ Vision Impaired ___ Both Alcohol and Drug abuse (HUD) ___ Dual Diagnosis ___ Other ___ Chronic Health Condition (HUD) ___ Hearing Impaired ___ Physical (HUD) ___ Developmental (HUD) ___ HIV/AIDS (HUD) ___ Physical/Medical

Disability Determination: _____

If yes, Expected to be of long-continued indefinite duration and substantially _____ impairs ability to live independently?

If yes, Documentation of the disability and severity on file? Yes ___ No ___

Note on Disability _____

Covered by Health Insurance? Yes (HUD) ___ No (HUD) ___ Client doesn't know (HUD) ___ Client Refused (HUD) ___

Not asked ___ Data not Collected ___ **Covered?** _____

Health Insurance Type _____

CASE NOTES

Date of Case Notes: ____/____/____

Client Assigned to Navigator: Yes ___ No ___ **Navigator Assigned:** _____

Navigator Email _____ **Navigator Phone Number** _____ - _____ - _____

Does the household want to work towards permanent housing? Yes ___ No ___

Do you want assistance and/or resources finding permanent housing? Yes ___ No ___

Date Client was offered services: ____/____/____

Case Notes:

HOUSING SITUATION

Where did you stay last night? _____

Where do you plan to stay tonight? _____

- If it was family or friends, how long have you been there?

| | | |
|--|---|--|
| One night or less | Two to six nights | 1 week or more but less than one month |
| One month or more, but less than 90 days | 90 days or more, but less than one year | One year or longer |
| Client Refused | Client doesn't know | Data Not Collected |

- How much longer can you stay?

| | | |
|--|---|--|
| One night or less | Two to six nights | 1 week or more but less than one month |
| One month or more, but less than 90 days | 90 days or more, but less than one year | One year or longer |
| Client Refused | Client doesn't know | Data Not Collected |

EVICTION STATUS

If a client is in housing, but being evicted answer the following questions

Has a (3)-day notice been issued? Yes ___ No ___ Date of Eviction: ___/___/___ Have you been to court? Yes ___ No ___

Upcoming court date: ___/___/___

Do you have any past evictions? Client doesn't know ___ Client Refused ___ Data not collected ___ No ___ Yes ___

If yes, how many? _____ Do you owe any money? If yes indicate amount _____

HOTEL OR MOTEL SITUATION

If client is staying in hotel/motel, answer the following questions-

Who is paying for hotel/motel?

Charitable Organization ___ Child ___ Church ___ Client ___ Friend ___ Other ___ Parent ___ Sibling ___ Other Relative ___

How much longer can you/they pay? One night or less ___ Two to six nights ___ Client doesn't know ___ Client Refused ___
1 week or more but less than one month ___ One month or more, but less than 90 days ___ Data not collected ___
90 days or more, but less than one year ___ One year or longer ___

HOUSING STATUS

Client Location: TN-504

Residence Prior to Project Entry _____

Length of stay in previous place _____

Approximate date homelessness started: ___/___/___

Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today: One time (HUD) ___ Two times (HUD) ___ Three times (HUD) ___ Client Refused ___
Four or more times (HUD) ___ Client doesn't know (HUD) ___ Data not Collected (HUD) ___

Total number of months homeless on the street, in ES or SH in the past three years _____

Is Client a Survivor of Domestic Violence? _____

INCOME INFORMATION

Total Monthly Income: **HUD Question: Put child's income ONLY on Head of Household. Each adult in family should have income recorded on their individual file _____

Income from any source: Yes (HUD) ___ No (HUD) ___ Client doesn't know (HUD) ___ Client Refused (HUD) ___
Not asked ___ Data not Collected ___

If yes to cash income, please describe:

Monthly Amount _____ Source of Income _____ End date ___/___/___

Start date ___/___/___ Receiving income source? Yes ___ No ___

Non-Cash Information

Non-Cash Benefit from any source? Yes ___ No ___

If yes to non-cash benefit, please describe

Amount of Non-Cash Benefit _____ Receiving Benefit? Yes ___ No ___ Data not collected ___

Source of Non-Cash Benefit:

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)___TennCare___Special Supplemental Nutrition Program for WIC (HUD)___TANF Child Care Services (HUD)___TANF Transportation Services___Other TANF-Funded Services (HUD)___Section 8, Public housing, or other ongoing rental assistance (HUD)___Temporary Rental Assistance___

Other (Please Specify)_____

If yes for Domestic Violence Victim/Survivor, when did experience occur? _____

If Yes for Domestic Violence Victim/Survivor, are you currently fleeing? _____

If client is currently fleeing domestic violence, please provide description for safety plan if household in danger!

CLIENT CONTACT INFORMATION

Address Type: Emergency Shelter__ Mailing __ Physical (Rents or owns) __ Physical (Staying with friends or family)___

Address _____ City _____ State _____ Zip Code _____

Client Phone Number _____ - _____ - _____ Email _____ Twitter _____

Facebook _____

EMERGENCY CONTACT INFORMATION

Contact's Name _____ Phone Number _____ - _____ - _____

Contact's Address _____

Relationship to Client: _____

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

Administration

| | | |
|---|-------------------------------------|---|
| Interviewer's Name _____ | Agency _____ | <input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer |
| Survey Date DD/MM/YYYY ___/___/____ | Survey Time ___:___ AM/PM | Survey Location _____ |

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

| | | |
|--|--------------------------|---|
| First Name _____ | Nickname _____ | Last Name _____ |
| In what language do you feel best able to express yourself? _____ | | |
| Date of Birth DD/MM/YYYY ___/___/____ | Age _____ | Social Security Number _____ |
| | | Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No |

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last three years, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? **Y** N Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? **Y** N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? **Y** N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y **N** Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y **N** Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y **N** Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? **Y** N Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

D. Wellness

- 15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
- 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
- 17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
- 18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
- 19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
- 20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**. **SCORE:**

- 21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
- 22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**. **SCORE:**

- 23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
 - a) A mental health issue or concern? Y N Refused
 - b) A past head injury? Y N Refused
 - c) A learning disability, developmental disability, or other impairment? Y N Refused
- 24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**. **SCORE:**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

Scoring Summary

| DOMAIN | SUBTOTAL | RESULTS |
|--------------------------------------|------------|--|
| PRE-SURVEY | /1 | Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First |
| A. HISTORY OF HOUSING & HOMELESSNESS | /2 | |
| B. RISKS | /4 | |
| C. SOCIALIZATION & DAILY FUNCTIONS | /4 | |
| D. WELLNESS | /6 | |
| GRAND TOTAL: | /17 | |

Follow-Up Questions

| | |
|---|---|
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night |
| Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? | phone: (____) _____ - _____ email: _____ |
| Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

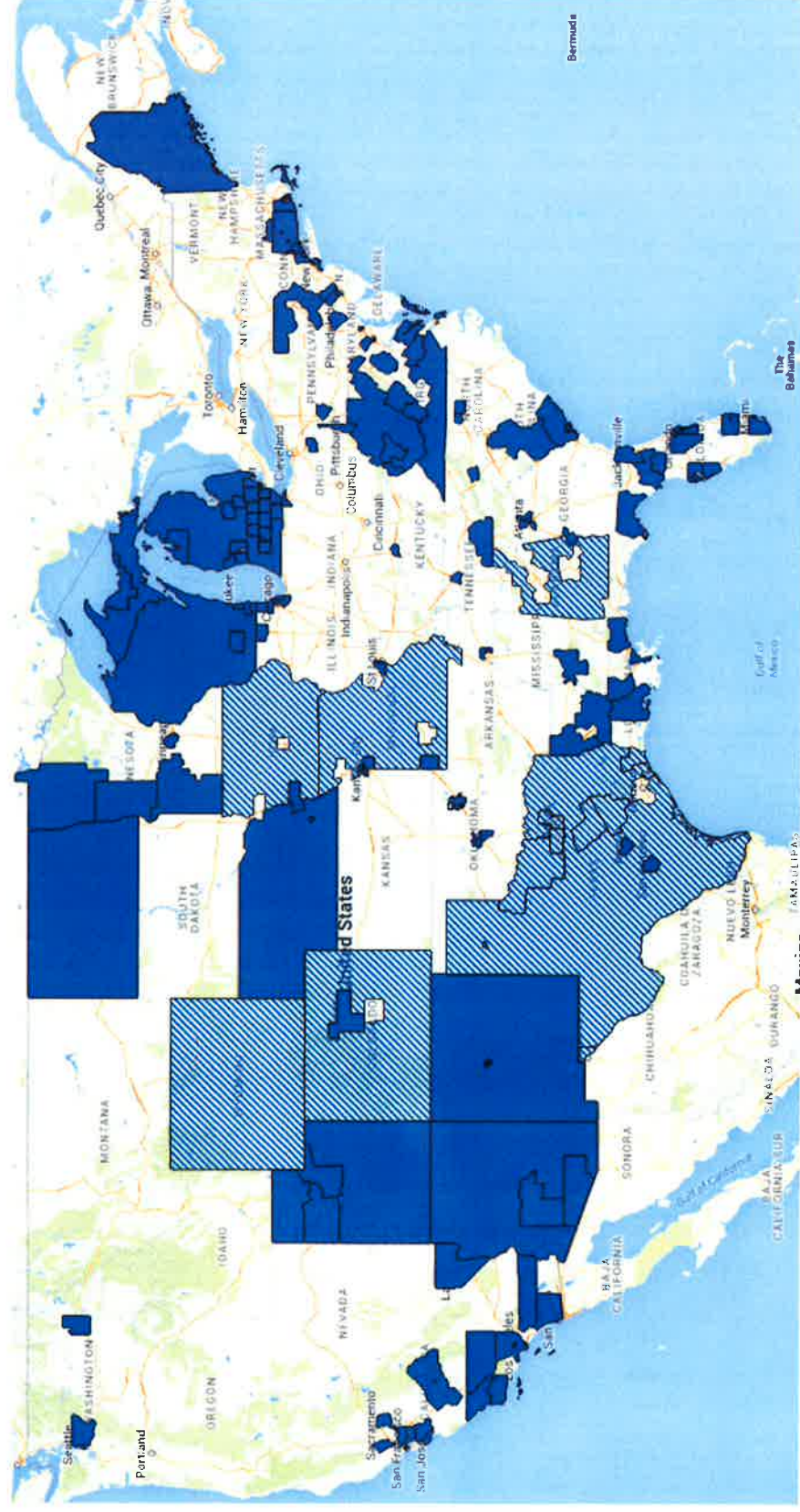
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

A partial list of continua of care (COCs) in the US where we know the VI-SPDAT is being used includes:

- Alabama**
 - Parts of Alabama Balance of State
- Arizona**
 - Statewide
- California**
 - San Jose/Santa Clara City & County
 - San Francisco
 - Oakland/Alameda County
 - Sacramento City & County
 - Richmond/Contra Costa County
 - Watsonville/Santa Cruz City & County
 - Fresno/Madera County
 - Napa City & County
 - Los Angeles City & County
 - San Diego
 - Santa Maria/Santa Barbara County
 - Bakersfield/Kern County
 - Pasadena
 - Riverside City & County
 - Glendale
 - San Luis Obispo County
- Colorado**
 - Metropolitan Denver Homeless Initiative
 - Parts of Colorado Balance of State
- Connecticut**
 - Hartford
 - Bridgeport/Stratford/Fairfield
 - Connecticut Balance of State
 - Norwalk/Fairfield County
 - Stamford/Greenwich
 - City of Waterbury

- District of Columbia**
 - District of Columbia
- Florida**
 - Sarasota/Bradenton/Manatee, Sarasota Counties
 - Tampa/Hillsborough County
 - St. Petersburg/Clearwater/Largo/Pinellas County
 - Tallahassee/Leon County
 - Orlando/Orange, Osceola, Seminole Counties
 - Gainesville/Alachua, Putnam Counties
 - Jacksonville-Duval, Clay Counties
 - Palm Bay/Melbourne/Brevard County
 - Ocala/Marion County
 - Miami/Dade County
 - West Palm Beach/Palm Beach County
- Georgia**
 - Atlanta County
 - Fulton County
 - Columbus-Muscogee/Russell County
 - Marietta/Cobb County
 - DeKalb County
- Hawaii**
 - Honolulu
- Illinois**
 - Rockford/Winnebago, Boone Counties
 - Waukegan/North Chicago/Lake County
 - Chicago
 - Cook County
- Iowa**
 - Parts of Iowa Balance of State
- Kansas**
 - Kansas City/Wyandotte County
- Kentucky**
 - Louisville/Jefferson County

- Louisiana**
 - Lafayette/Acadiana
 - Shreveport/Bossier/Northwest
 - New Orleans/Jefferson Parish
 - Baton Rouge
 - Alexandria/Central Louisiana CoC
- Massachusetts**
 - Cape Cod Islands
 - Springfield/Holyoke/Chicopee/Westfield/Hampden County
- Maryland**
 - Baltimore City
 - Montgomery County
- Maine**
 - Statewide
- Michigan**
 - Statewide
- Minnesota**
 - Minneapolis/Hennepin County
 - Northwest Minnesota
 - Moorhead/West Central Minnesota
 - Southwest Minnesota
- Missouri**
 - St. Louis County
 - St. Louis City
 - Joplin/Jasper, Newton Counties
 - Kansas City/Independence/ Lee's Summit/Jackson County
 - Parts of Missouri Balance of State
- Mississippi**
 - Jackson/Rankin, Madison Counties
- North Carolina**
 - Gulf Port/Gulf Coast Regional
 - Winston Salem/Forsyth County
 - Asheville/Buncombe County
 - Greensboro/High Point

- North Dakota**
 - Statewide
- Nebraska**
 - Statewide
- New Mexico**
 - Statewide
- Nevada**
 - Las Vegas/Clark County
- New York**
 - New York City
 - Yonkers/Mount Vernon/New Rochelle/Westchester County
- Ohio**
 - Toledo/Lucas County
 - Canton/Massillon/Alliance/Stark County
- Oklahoma**
 - Tulsa City & County/Broken Arrow
 - Oklahoma City
 - Norman/Cleveland County
- Pennsylvania**
 - Philadelphia
 - Lower Merion/Norristown/Abington/Montgomery County
 - Allentown/Northeast Pennsylvania
 - Lancaster City & County
 - Bristol/Bensalem/Bucks County
 - Pittsburgh/McKeesport/Penn Hills/Allegheny County
- Rhode Island**
 - Statewide
- South Carolina**
 - Charleston/Low Country
 - Columbia/Midlands
 - Chattanooga/Southeast Tennessee
 - Memphis/Shelby County
 - Nashville/Davidson County
- Tennessee**
 - Chattanooga/Southeast Tennessee
 - Memphis/Shelby County
 - Nashville/Davidson County

- Texas**
 - San Antonio/Bexar County
 - Austin/Travis County
 - Dallas City & County/Irving
 - Fort Worth/Arlington/Tarrant County
 - El Paso City and County
 - Waco/McLennan County
 - Texas Balance of State
 - Amarillo
 - Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
 - Bryan/College Station/Brazos Valley
 - Beaumont/Port Arthur/South East Texas
- Utah**
 - Statewide
- Virginia**
 - Richmond/Henrico, Chesterfield, Hanover Counties
 - Roanoke City & County/Salem
 - Virginia Beach
 - Portsmouth
 - Virginia Balance of State
 - Arlington County
- Washington**
 - Seattle/King County
 - Spokane City & County
- Wisconsin**
 - Statewide
- West Virginia**
 - Statewide
- Wyoming**
 - Wyoming Statewide is in the process of implementing

**Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)**

“Next Step Tool for Homeless Youth”

AMERICAN VERSION 1.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Eric Rice, PhD

USC
SCHOOL OF
SOCIAL WORK



Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

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

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

Administration

| | | |
|---|-------------------------------------|---|
| Interviewer's Name _____ | Agency _____ | <input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer |
| Survey Date DD/MM/YYYY ___/___/____ | Survey Time ___:___ AM/PM | Survey Location _____ |

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

| | | | |
|--|--------------------------|--|---|
| First Name _____ | Nickname _____ | Last Name _____ | |
| In what language do you feel best able to express yourself? _____ | | | |
| Date of Birth DD/MM/YYYY ___/___/____ | Age _____ | Social Security Number _____ | Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No |

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters Couch surfing Other (specify): _____
 Transitional Housing Outdoors
 Safe Haven Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ Refused

3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

8. Were you ever incarcerated when younger than age 18? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

9. Does anybody force or trick you to do things that you do not want to do? Y N Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? Y N Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? Y N Refused
- c) Because your family or friends caused you to become homeless? Y N Refused
- d) Because of conflicts around gender identity or sexual orientation? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

- e) Because of violence at home between family members? Y N Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

SCORE:

D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help? Y N Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

Scoring Summary

| DOMAIN | SUBTOTAL | RESULTS |
|--------------------------------------|------------|--|
| PRE-SURVEY | /1 | Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity |
| A. HISTORY OF HOUSING & HOMELESSNESS | /2 | |
| B. RISKS | /4 | |
| C. SOCIALIZATION & DAILY FUNCTIONS | /4 | |
| D. WELLNESS | /6 | |
| GRAND TOTAL: | /17 | |

Follow-Up Questions

| | |
|---|---|
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night |
| Is there a phone number and/or email where someone can get in touch with you or leave you a message? | phone: (____) _____ - _____ email: _____ |
| Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

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The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

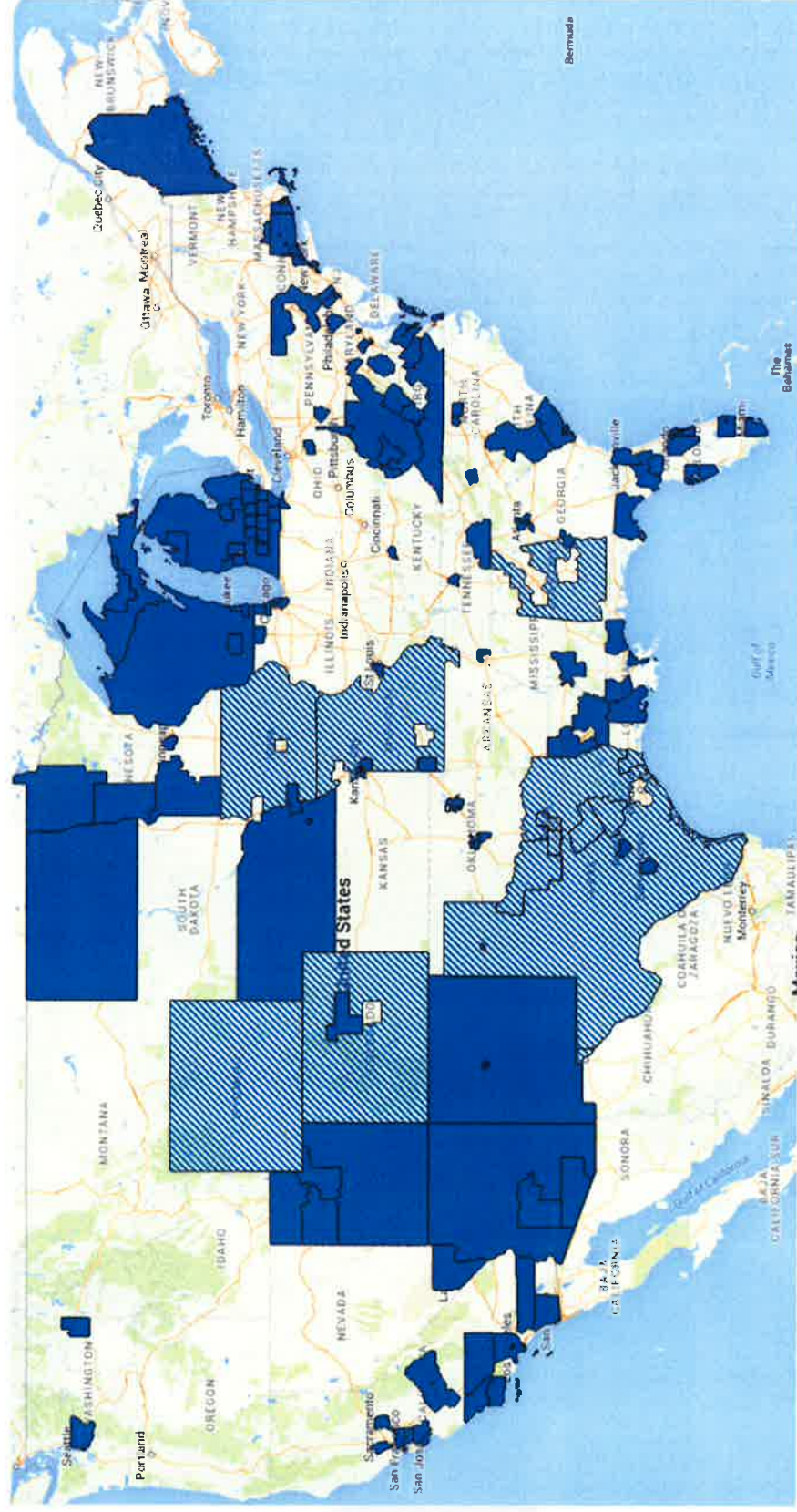
One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

- | | | | | |
|---|---|--|---|--|
| <p>Alabama</p> <ul style="list-style-type: none"> • Parts of Alabama Balance of State <p>Arizona</p> <ul style="list-style-type: none"> • Statewide <p>California</p> <ul style="list-style-type: none"> • San Jose/Santa Clara City & County • San Francisco • Oakland/Alameda County • Sacramento City & County • Richmond/Contra Costa County • Watsonville/Santa Cruz City & County • Fresno/Madera County • Napa City & County • Los Angeles City & County • San Diego • Santa Maria/Santa Barbara County • Bakersfield/Kern County • Pasadena • Riverside City & County • Glendale • San Luis Obispo County <p>Colorado</p> <ul style="list-style-type: none"> • Metropolitan Denver Homeless Initiative • Parts of Colorado Balance of State <p>Connecticut</p> <ul style="list-style-type: none"> • Hartford • Bridgeport/Stratford/Fairfield • Connecticut Balance of State • Norwalk/Fairfield County • Stamford/Greenwich • City of Waterbury | <p>District of Columbia</p> <ul style="list-style-type: none"> • District of Columbia <p>Florida</p> <ul style="list-style-type: none"> • Sarasota/Bradenton/Manatee, Sarasota Counties • Tampa/Hillsborough County • St. Petersburg/Clearwater/Largo/Pinellas County • Tallahassee/Leon County • Orlando/Orange, Osceola, Seminole Counties • Gainesville/Alachua, Putnam Counties • Jacksonville-Duval, Clay Counties • Palm Bay/Meibourne/Brevard County • Ocala/Marion County • Miami/Dade County • West Palm Beach/Palm Beach County <p>Georgia</p> <ul style="list-style-type: none"> • Atlanta County • Fulton County • Columbus-Muscogee/Russell County • Marietta/Cobb County • DeKalb County <p>Hawaii</p> <ul style="list-style-type: none"> • Honolulu <p>Illinois</p> <ul style="list-style-type: none"> • Rockford/Winnebago, Boone Counties • Waukegan/North Chicago/Lake County • Chicago • Cook County <p>Iowa</p> <ul style="list-style-type: none"> • Parts of Iowa Balance of State <p>Kansas</p> <ul style="list-style-type: none"> • Kansas City/Wyandotte County <p>Kentucky</p> <ul style="list-style-type: none"> • Louisville/Jefferson County | <p>Louisiana</p> <ul style="list-style-type: none"> • Lafayette/Acadiana • Shreveport/Bossier/Northwest • New Orleans/Jefferson Parish • Baton Rouge • Alexandria/Central Louisiana CoC <p>Massachusetts</p> <ul style="list-style-type: none"> • Cape Cod Islands • Springfield/Holyoke/Chicopee/Westfield/Hampden County <p>Maryland</p> <ul style="list-style-type: none"> • Baltimore City • Montgomery County <p>Maine</p> <ul style="list-style-type: none"> • Statewide <p>Michigan</p> <ul style="list-style-type: none"> • Statewide <p>Minnesota</p> <ul style="list-style-type: none"> • Minneapolis/Hennepin County • Northwest Minnesota • Moorhead/West Central Minnesota • Southwest Minnesota <p>Missouri</p> <ul style="list-style-type: none"> • St. Louis County • St. Louis City • Joplin/Jasper, Newton Counties • Kansas City/Independence/Lee's Summit/Jackson County • Parts of Missouri Balance of State <p>Mississippi</p> <ul style="list-style-type: none"> • Jackson/Rankin, Madison Counties • Gulf Port/Gulf Coast Regional <p>North Carolina</p> <ul style="list-style-type: none"> • Winston Salem/Forsyth County • Asheville/Buncombe County • Greensboro/High Point | <p>North Dakota</p> <ul style="list-style-type: none"> • Statewide <p>Nebraska</p> <ul style="list-style-type: none"> • Statewide <p>New Mexico</p> <ul style="list-style-type: none"> • Statewide <p>Nevada</p> <ul style="list-style-type: none"> • Las Vegas/Clark County <p>New York</p> <ul style="list-style-type: none"> • New York City • Yonkers/Mount Vernon/New Rochelle/Westchester County <p>Ohio</p> <ul style="list-style-type: none"> • Toledo/Lucas County • Canton/Massillon/Alliance/Stark County <p>Oklahoma</p> <ul style="list-style-type: none"> • Tulsa City & County/Broken Arrow • Oklahoma City • Norman/Cleveland County <p>Pennsylvania</p> <ul style="list-style-type: none"> • Philadelphia • Lower Marion/Norristown/Abington/Montgomery County • Allentown/Northeast Pennsylvania • Lancaster City & County • Bristol/Bensalem/Bucks County • Pittsburgh/McKeesport/Penn Hills/Allegheny County <p>Rhode Island</p> <ul style="list-style-type: none"> • Statewide <p>South Carolina</p> <ul style="list-style-type: none"> • Charleston/Low Country • Columbia/Midlands <p>Tennessee</p> <ul style="list-style-type: none"> • Chattanooga/Southeast Tennessee • Memphis/Shelby County • Nashville/Davidson County | <p>Texas</p> <ul style="list-style-type: none"> • San Antonio/Bexar County • Austin/Travis County • Dallas City & County/Irving • Fort Worth/Arlington/Tarrant County • El Paso City and County • Waco/McLennan County • Texas Balance of State • Amarillo • Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties • Bryan/College Station/Brazos Valley • Beaumont/Port Arthur/South East Texas <p>Utah</p> <ul style="list-style-type: none"> • Statewide <p>Virginia</p> <ul style="list-style-type: none"> • Richmond/Henrico, Chesterfield, Hanover Counties • Roanoke City & County/Salem • Virginia Beach • Portsmouth • Virginia Balance of State • Arlington County <p>Washington</p> <ul style="list-style-type: none"> • Seattle/King County • Spokane City & County <p>Wisconsin</p> <ul style="list-style-type: none"> • Statewide <p>West Virginia</p> <ul style="list-style-type: none"> • Statewide <p>Wyoming</p> <ul style="list-style-type: none"> • Wyoming Statewide is in the process of implementing |
|---|---|--|---|--|

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

Administration

| | | |
|---|-------------------------------------|---|
| Interviewer's Name _____ | Agency _____ | <input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer |
| Survey Date DD/MM/YYYY ___/___/____ | Survey Time ___:___ AM/PM | Survey Location _____ |

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

| | | | |
|---|---|--------------------------|--|
| PARENT 1 | First Name _____ | Nickname _____ | Last Name _____ |
| | In what language do you feel best able to express yourself? _____ | | |
| | Date of Birth DD/MM/YYYY ___/___/____ | Age _____ | Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PARENT 2 | <input type="checkbox"/> No second parent currently part of the household | | |
| | First Name _____ | Nickname _____ | Last Name _____ |
| | In what language do you feel best able to express yourself? _____ | | |
| | Date of Birth DD/MM/YYYY ___/___/____ | Age _____ | Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. | | | SCORE: <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> |

Children

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children's names and ages:

| First Name | Last Name | Age | Date of Birth |
|------------|-----------|-------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? Refused
- b) Taken an ambulance to the hospital? Refused
- c) Been hospitalized as an inpatient? Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.** **SCORE:**

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Y N Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.** **SCORE:**

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Y N Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? Y N Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**. SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**. SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**. SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**. SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? Y N Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? Y N Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**. SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Y N Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? Y N Refused

b) A past head injury? Y N Refused

c) A learning disability, developmental disability, or other impairment? Y N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? Y N N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Y N Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. **YES OR NO:** Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Y N Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? Y N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? Y N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? Y N Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? Y N N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? Y N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y N Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? Y N Refused

b) 2 or more hours per day for children aged 12 or younger? Y N Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? Y N N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

Scoring Summary

| DOMAIN | SUBTOTAL | RESULTS |
|--------------------------------------|------------|---|
| PRE-SURVEY | /2 | Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First |
| A. HISTORY OF HOUSING & HOMELESSNESS | /2 | |
| B. RISKS | /4 | |
| C. SOCIALIZATION & DAILY FUNCTIONS | /4 | |
| D. WELLNESS | /6 | |
| E. FAMILY UNIT | /4 | |
| GRAND TOTAL: | /22 | |

Follow-Up Questions

| | |
|---|---|
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | place: _____ time: __ : __ or Morning/Afternoon/Evening/Night |
| Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? | phone: (____) _____ - _____ email: _____ |
| Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

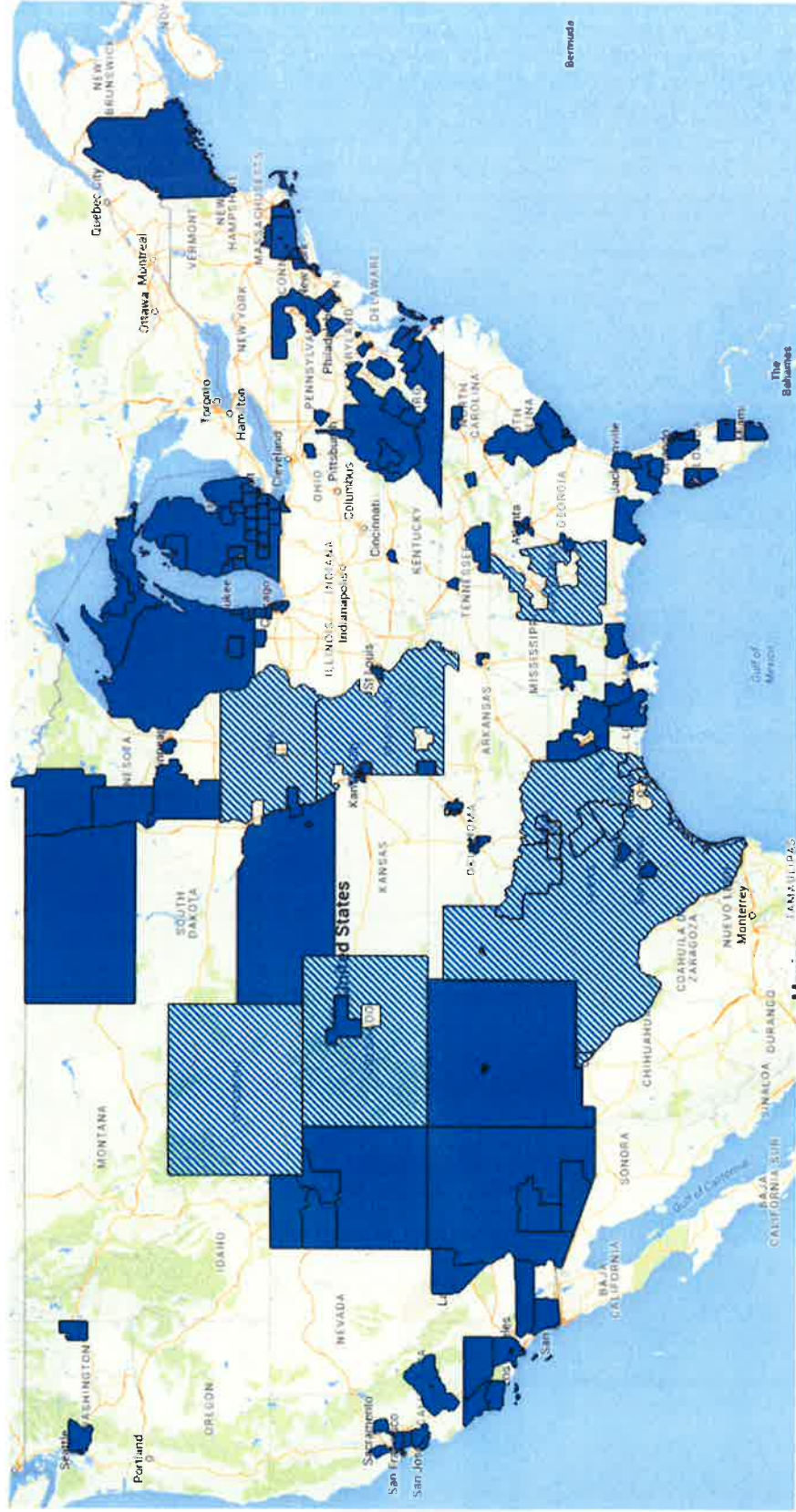
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

- Alabama**
 - Parts of Alabama Balance of State
- Arizona**
 - Statewide
- California**
 - San Jose/Santa Clara City & County
 - San Francisco
 - Oakland/Alameda County
 - Sacramento City & County
 - Richmond/Contra Costa County
 - Watsonville/Santa Cruz City & County
 - Fresno/Madera County
 - Napa City & County
 - Los Angeles City & County
 - San Diego
 - Santa Maria/Santa Barbara County
 - Bakersfield/Kern County
 - Pasadena
 - Riverside City & County
 - Glendale
 - San Luis Obispo County
- Colorado**
 - Metropolitan Denver Homeless Initiative
 - Parts of Colorado Balance of State
- Connecticut**
 - Hartford
 - Bridgeport/Stratford/Fairfield
- Connecticut Balance of State**
 - Norwalk/Fairfield County
 - Stamford/Greenwich
 - City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

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

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

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

Ohio

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

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

MAX PTS

| | |
|------------------------------|-----|
| Permanent Supportive Housing | PSH |
| Rapid Re-housing | RRH |
| Transitional Housing | TH |
| Permanent Housing | PH |

<https://www.hudexchange.info/news/hud-releases-optional-rating-and-ranking-tool-for-contin>

Continuum of Care (CoC) Scoring For Feedback from Agencies

SECTION 3 PROJECT PERFORMANCE

Length of Stay

Days from project entry to residential move-in

RRH

Average stay in project (days)

TH

Exits to Permanent Housing

RRH & TH - move to PH; PSH - Remain in, or move to, PH
Use total people as denominator

Returns to Homelessness

Max % within 12 mo of exit to PH

| | | |
|----|---|---|
| 20 | ↑ | LOW IS GOOD! < 120 days OPTIMAL 15 DAYS |
| 20 | ↑ | LOW IS GOOD! < 365 days OPTIMAL 180 DAYS OR LESS |
| 25 | ↓ | HIGH IS GOOD! < 50% OPTIMAL 90% OR MORE |
| 15 | ↑ | LOW IS GOOD! < 50% OPTIMAL 15% |

New or Increased Income, Earned Income

HIGH IS GOOD!



5

Leave as is in HUD Tool (numbers below, fyI)

Minimum % w new or increased earned income - stayers or leavers

8% or higher
2.5 Pts

Minimum % w new or increased non-employment income - stayers or leavers

10% or higher
2.5 Pts

SECTION 4 Serve High Need Populations

HIGH IS GOOD!



30

Max Pts

| | | | |
|------------|--|------------------------------|----|
| RRH | Zero Income at entry | OPTIMAL 50% OR HIGHER | 10 |
| | > 1 disability | OPTIMAL 20% OR HIGHER | 10 |
| | Entering from place not meant for human habitation | OPTIMAL 50% OR HIGHER | 10 |
| PSH | Zero Income at entry | OPTIMAL 25% OR HIGHER | 10 |
| | > 1 disability | OPTIMAL 50% OR HIGHER | 10 |
| | Entering from place not meant for human habitation | OPTIMAL 50% OR HIGHER | 10 |
| TH | Zero Income at entry | OPTIMAL 50% OR HIGHER | 10 |
| | > 1 disability | OPTIMAL 50% OR HIGHER | 10 |
| | Entering from place not meant for human habitation | OPTIMAL 50% OR HIGHER | 10 |

SECTION 5 PROJECT EFFECTIVENESS

| | | | | |
|-----|---|---|--|-----|
| 15 | ↑ | LOW IS GOOD! < 150% VARIANCE FROM AVE COST OPTIMAL 10% OR LOWER | Reasonable Costs per permanent housing exit | 15 |
| 15 | ↓ | HIGH IS GOOD! OPTIMAL 90% OR HIGHER | CES Participation - Percent of Entries from CES Referral | 15 |
| 10 | ↓ | HIGH IS GOOD! Not screened out based on: Too little/no income Active/hx substance abuse Criminal record Hx domestic violence <i>If yes to all 4 above, project is considered LOW BARRIER</i> Participants not terminated for following reasons: Failure to participate in services Failure to make progress on svc plans Loss of income/no rise in income Victim of domestic violence Any other activity not covered in lease agmt <i>If yes to all 9 above, project is considered HOUSING FIRST</i> | Housing First/Low Barrier | 10 |
| 10 | ↓ | HIGH IS GOOD! >60% OPTIMAL 90% OR HIGHER | Utilization Rate (Ave) | 10 |
| 165 | ↓ | HIGH IS GOOD! | TOTAL | 165 |

CoC: Competition Materials: FY2018

| | |
|---|---|
| <p>HUD Continuum of Care FY2018 Funding Available</p> <p>to expand housing and services for persons experiencing homelessness</p> <p>The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness. Questions about the funding may be submitted to Suzie Tolmie, Homeless Coordinator, MDHA at stolmie@nashville-mdha.org.</p> <p>Basic details about the funding are outlined below, but you must consult HUD's Notice of Funding Availability (NOFA) for complete details:</p> <p>https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf</p> <p>Electronic versions of both the local renewal and local new project applications are posted on this webpage. Renewal applications are due July 30 by 4 p.m., and the new project applications are due August 10 by 4 p.m. – via email to stolmie@nashville-mdha.org along with 2 hard copies to: Suzie Tolmie, Homeless Coordinator, MDHA 712 South Sixth Street, Nashville, TN 37206.</p> <p>*****</p> <p>In addition to funding to renew local projects, Nashville agencies can possibly access two bonus opportunities this year– a 6% Bonus for projects listed below</p> | <p>INFORMATION</p> <p>FY2018 CoC Notice of Funding Availability (NOFA)</p> <hr/> <p>Local Applications</p> <p>FY2018: Local CoC Renewal Project Application</p> <p>FY2018: Local CoC New Project Application</p> <hr/> <p>NOTICES: Final Postings</p> <p>FY2018: CoC Competition: Priority List</p> <p>FY18: CoC Competition: Collaborative Application</p> |
|---|---|

Suzie Tolmie

From: Suzie Tolmie
Sent: Tuesday, August 28, 2018 11:01 AM
To: jreason@safehaven.org; Abigail Dowell; Amanda Dunlap; Amanda Edgerton (aedgerton@cctenn.org); Amanda Wood; amy.shurden@parkcenternashville.org; April Calvin (April.Calvin@uss.salvationarmy.org); bill.friskics-warren@parkcenternashville.org; cmeans@agapenashville.org; Collen Mayer (cmayer@safehaven.org); erica@maryparrish.org; Ethan.Frizzell@uss.salvationarmy.org; Gena Hull; Ginger Gaines; Jessica Ivey (Jessica.ivey@nashville.gov); Jon Mowry (jon.mowry@roomintheinn.org); Joyce Lavery (jlavery@safehaven.org); Judy Tackett (judith.tackett@nashville.gov); kdemetrio@cctenn.org; Kristy Pomeroy (kristy.pomeroy@thenextdoor.org); Lamorris@urbanhousingsolutions.org; Laura Ward (laura@urbanhousingsolutions.org); Laurel Reeves - Oasis Center (lreeves@oasiscenter.org); linda@thenextdoor.org; Lisa Stetar (lisa@crossroadscampus.org); Maggie Jones (maggie.sananikone@roomintheinn.org); Mark Dunkerley (mdunkerley@oasiscenter.org); martina.condron@roomintheinn.org; Mary Katherine Rand (marykatherine@maryparrish.org); Matthew Gray; mhall@oasiscenter.org; Michael Centi (mcenti@oasiscenter.org); Pam Russo (prusso@cctenn.org); Paul Spivey; Priya Patel (priyapatelnutrition@gmail.com); Rachael Wilkins (rwilkins@safehaven.org); Rachel Hester (rachel.hester@roomintheinn.org); 'Rachel Morris (Rachel.Morris@thenextdoor.org)' (Rachel.Morris@thenextdoor.org); Ray Mirzai (ray@urbanhousingsolutions.org); Rusty Lawrence (rusty@urbanhousingsolutions.org); Samantha.Forcum@uss.salvationarmy.org; Sharon Vanderpool (Sharon.Vanderpool@thenextdoor.org); Suzie Tolmie; TJ Swanson; (Elizabeth.Coleman@nashville.gov); Andy Contreras (me@123icu.net); Beth Groves (beth.groves@redcross.org); Kerry Dietz; Matt Deeb - Baptist Healing Trust (matt.deeb@trustcore.com); Matt Deeb (m.e.deeb9@gmail.com)
Cc: Treva Gilligan; bob@freemanapplegate.com; charlesstobel@chd-nashville.org; John Krenson; Liz Allen Fey (liz@leadthinkdo.com); 'mina.johnson@nashville.gov' (mina.johnson@nashville.gov); Norman Humber (nhumber@nashvillerescuemission.org); O'Connell, Freddie (Council Member); Paula Foster - TCSW (pfoster@tcsw.org); Renee Pratt (Renee.pratt@nashville.gov); 'tanaka.vercher@nashville.gov' (tanaka.vercher@nashville.gov); theresaskiles363@gmail.com; Tim Leeth (halfhearted@protonmail.com); tturner@nashvilledowntown.com; 'wendellsegroves@gmail.com'; Beth Shinn (beth.shinn@vanderbilt.edu); Catherine Knowles (catherine.knowles@mnps.org); Floyd Shechter; Haley, Cassandra K.; ingrid@opentablenashville.org; Jalyon Cole (jalyon.cole@educatingwomen.org); Katrina Frierson (trina@mendingheartsinc.org); marc.overlock@nashvilleha.org; Ryan Ellis (Ryan.J.Ellis@tn.gov); Sean Muldoon (Sean.Muldoon@osdtm.org); zoswald@las.org
Subject: CoC 2018 Ranking & Funding Scenarios, Appeals Process
Attachments: CoC 2018 Appeals Application.docx; CoC 2018 APPEALS PROCESS.docx; CoC PEC 2018 Scoring Funding Scenarios W DV Bonus Projects FINAL DRAFT for Email Notice.pdf

This is being sent to all agencies/staff expressing interest in the CoC FY2018 funding and the CoC Performance Evaluation Committee (PEC), as well as copied to members of Nashville's CoC Homelessness Planning Council.

In its 2018 Continuum of Care Notice of Funding Availability (NOFA), HUD requires the CoC to notify, in writing and outside of e-snaps (HUD's online application vehicle), all project applicants who submitted their local project applications to the CoC by the CoC-established deadline a notification whether their project application(s) will be accepted and ranked. Attached is

the final draft of the list of proposed CoC projects and their priority ranking. Please note that HUD encourages reallocation as a strategy, and the Oasis project may be reallocated to form a new project; however, any reallocation will not change the ranking of other projects. Performance Evaluation Committee (PEC) chair Matt Deeb and the PEC team worked tirelessly over the spring and summer to develop a scoring tool, and review projects and rank them.

There is a new 10% Domestic Violence bonus available to fund new housing and Coordinated Entry for projects that serve affected individuals and families. In the attached "Funding Scenario" document, you'll see 4 scenarios posed that display various combinations of that potential bonus funding with the annual renewal demand we are used to seeing. We have no guarantee which will turn out to be secured for Nashville; the outcome will depend on a number of factors, including how HUD scores Nashville's CoC Consolidated Application.

As it has for years now, the ranking for HUD designates two levels- Tier 1 and Tier 2. If you have questions about the distinction, you can reference section II.B.10. a and b (see page 11) of this year's NOFA (Notice of Funding Availability) @ <https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf> .

Briefly: All project applications approved by the CoC must be listed on the CoC Priority Listing in rank order, to establish the projects in Tier 1 and Tier 2. The purpose of this two-tiered approach is for CoC's to indicate to HUD which projects are prioritized for funding. The tiers are financial thresholds. The national total of the Annual Renewal Demand (ARD) amounts submitted by CoC's often exceeds the actual funding available. In order to provide communities with the opportunity to make choices that would be most strategic, HUD includes a ranking process that requires CoC's to prioritize projects into two tiers—one that is seen as relatively safe (Tier 1) and one that is potentially at risk (Tier 2).

Additionally, I want to pass on some simple process reminders, covered at the August 16th CoC General meeting:

1. The process of ranking includes work that began in early 2018, done by MDHA's HMIS & CoC staff and the Performance Evaluation Committee of the CoC. Matt Deeb, PEC Chair and PEC member Kerry Dietz described the work of the committee, and presented the attached scenarios to the CoC membership, at the August 16 General meeting.
2. If an applicant organization feels that a decision made by the CoC Performance Evaluation Committee regarding the ranking, rejection, or funding level of their project was prejudicial, or unsubstantiated by project performance, the applying agency may file an appeal to be considered by a 3-member CoC Appeals Panel. The description of the process to appeal, and an Application to Appeal is attached. If your agency believes an appeal is warranted, the agency must notify the CoC Homelessness Planning Council in writing, using the CoC 2018 Appeals Application signed by the director of the agency or agency Board Chair, and scanned/emailed to me at stolmie@nashville-mdha.org by no later than noon on Wednesday, September 5. ***Although it is not required, I would greatly appreciate a courtesy heads-up if your agency is considering an appeal.***
3. The final ranking will be presented for approval at the next CoC Homelessness Planning Council meeting on Wednesday, 9/12/18, at Randee Rogers Training Center, 1419 Rosa Parks Blvd. NOTE- these meetings will now be starting at 8:30 versus the 9 a.m. start-time of the past.

Thanks to all of you for the work you and your staff are doing each day on behalf of individuals and families who are at-risk of or experiencing homelessness.

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

Suzie Tolmie

From: Suzie Tolmie
Sent: Thursday, August 30, 2018 2:54 PM
To: mhall@oasiscenter.org; Tom Ward (tward@oasiscenter.org); Mark Dunkerley (mdunkerley@oasiscenter.org); Michael Centi (mcenti@oasiscenter.org)
Cc: Treva Gilligan; Matt Deeb - Baptist Healing Trust (matt.deeb@trustcore.com)
Subject: CoC rankings notification to Oasis Center

In its 2018 Continuum of Care Notice of Funding Availability (NOFA), HUD requires the CoC to notify, in writing and outside of e-snaps (HUD's online application vehicle), all project applicants that submitted their local project applications to the CoC by the CoC-established deadline a notification whether their project application(s) will be accepted and ranked on the CoC Priority Listing, rejected, or reduced by the CoC no later than 15 days of the FY 2018 application deadline. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

Oasis Center submitted a renewal proposal for its Rapid Rehousing program. In its rating and ranking process for existing projects, members of the CoC Performance Evaluation Committee (PEC) relied heavily on actual performance metrics for the period March 1, 2017-Feb 28, 2018. It was a time frame during which the Oasis project fared very poorly, and the project was ranked last by the PEC.

Please note that HUD encourages reallocation as a strategy to address poor performing projects, and the Oasis project amount is expected to be reallocated by the PEC to form a new proposal. I realize that you have had conversations with The Salvation Army about their interest in assuming the grant funds HUD awarded to Oasis Center for the project's second year. Details are not yet ironed out about the reallocation, but among the options the PEC may consider is asking that agency to create a new housing project proposal with the reallocated funds.

Attached to an email I sent Tuesday, you'll find the draft funding scenarios and ranking done by the PEC, as well as a description of the appeals process, and an application to appeal, should you be interested.

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](#)

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stolmie@nashville-mdha.org

Suzie Tolmie

From: Suzie Tolmie
Sent: Thursday, August 30, 2018 1:53 PM
To: 'ryan.fleischman@ywcanashville.com'; 'Sharonkroberson@ywcanashville.com'
Cc: Matt Deeb - Baptist Healing Trust (matt.deeb@trustcore.com); Treva Gilligan
Subject: CoC project rankings notification

In its 2018 Continuum of Care Notice of Funding Availability (NOFA), HUD requires the CoC to notify, in writing and outside of e-snaps (HUD's online application vehicle), all project applicants that submitted their local project applications to the CoC by the CoC-established deadline a notification whether their project application(s) will be accepted and ranked on the CoC Priority Listing, rejected, or reduced by the CoC no later than 15 days of the FY 2018 application deadline. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

The YWCA submitted two applications by the local deadline for funding via this year's 10% DV bonus amount. One was for a new Coordinated Entry project and one was for a new Rapid Rehousing project. Mary Parrish Center also submitted a proposal under the Coordinated Entry component, and HUD allows only one proposal from the CoC per component.

The PEC elected not to fund your Coordinated Entry project, and to reduce your Rapid Re-housing project request to \$67,818. In its deliberations as they reviewed proposals and ranking for the DV bonus funding, the CoC Performance Evaluation Committee (PEC) considered a number of factors, including the number of persons to be served, match and additional leverage committed, cost per person to be served, and past performance with HUD CoC funding. In a separate email sent Tuesday, you'll find the draft funding scenarios and ranking done by the PEC, as well as a description of the appeals process, and an application to appeal, should you be interested.

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

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[Continuum of Care: General Membership Meetings](#)

[Continuum of Care: Governance Board Materials](#)

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Approved on 05/17/2018 by the membership of the Nashville- Davidson County Homelessness Continuum of Care. It supersedes any and all previously adopted Charters.

**NASHVILLE-DAVIDSON COUNTY HOMELESSNESS
CONTINUUM OF CARE CHARTER**

This Nashville-Davidson County Homelessness Continuum of Care Charter will, in consultation with the collaborative applicant and the HMIS Lead, develop, follow and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board in accordance with the Interim Rule 578.7 (a)(5). Revision dates will be posted on the last page.

Section I. Mission & Purpose

A. Mission

The mission of the Nashville-Davidson County Homelessness Continuum of Care (also referred to as CoC in this document) is to create a collaborative, inclusive, community-based/inspired process and approach to planning and managing effective homeless assistance resources and programs (by which Federal, State and local funding resources will be actualized to adequately fund all homeless assistance needs) to end homelessness in our community, consistent with 24 C.F.R. Part 578.

As a system we are housing focused, person centered, data driven, and committed to the effective use of resources.

B. Purpose

The Nashville-Davidson County Homelessness Continuum of Care consists of community partners (membership, CoC Planning Council, a Collaborative Applicant and the Homelessness Management Information System (HMIS) Lead) dedicated to ending homelessness in Nashville. This Charter sets out the composition, roles, responsibilities, and committee structure of the Nashville-Davidson County Continuum of Care (CoC), whose jurisdiction includes Nashville and Davidson County.

Section II. Membership

A. Composition

The membership of Nashville-Davidson County's Homelessness Continuum of Care, which was then comprised of 32 agencies and three (3) individuals, signed the Charter on May 18, 2017. Since then other individuals and organizations have been added to the CoC's membership.

Other interested parties may qualify for membership in the CoC by submitting an application for membership to the CoC Membership Committee. The CoC Membership Committee will establish a membership certification process and the Collaborative Applicant will maintain all membership records.

The CoC strives to have a broad array of membership which includes, but is not limited to, the following:

- Persons with current and past lived experience of homelessness and/or at-risk of homelessness
- Interested and concerned members of the community
- Providers of the full array of services to persons who are /at risk of homelessness
- Representative (Lived / Providers) of Homelessness High Risk Populations (Youth, Family, Veterans)
- Housing Developers
- Public Housing Authority (Local and State)
- Mainstream Benefit /Social Services Providers
- Healthcare Providers
- Behavioral Healthcare Providers
- Educators / Metropolitan Public Schools
- Faith Community
- Funders/Foundations/Development Specialists
- Business Community / Financial Institutions
- Employment Agencies and Potential Employers
- Public Policy Experts / Advocates
- Researchers
- Judicial System

B. Roles and Responsibilities

The membership is responsible for adopting, maintaining, and updating this Charter and any additional by-laws that will govern the operations of the CoC. Additionally, Membership will elect CoC representative to the CoC Planning Council in accordance with the procedures and provisions established in Section II.C. and Section III., Collaborative Applicant in accordance with the procedures and provisions established in Section V, and HMIS Lead in accordance with procedures and provisions established in Section VI.

The Membership will meet at least semiannually and publish their agenda and minutes on a website accessible to the public. All meetings of the Nashville-Davidson County Continuum of Care shall be open to the public, in compliance with state and federal regulation/laws.

C. Representation and Voting

1. Organizations: Each organization shall have at least one representative who attends meetings. Each agency/organization/unit of government shall have one vote, to be cast by the authorized representative of that agency. In the absence of the authorized representative, one designee may be appointed in writing. To maintain voting privileges, organizational members must attend 50% of the membership meetings throughout the course of the year. Each organization is encouraged to have at least one representative participate on at least one CoC committee.

2. Individuals: Any person not formally associated with an organization. Persons who are homeless or have experienced homelessness are essential to ensure the effectiveness of CoC efforts to end homelessness. Each individual shall have one vote. To maintain voting privileges, individual members must attend 50% of the membership meetings. In order to fairly distribute the work of the Nashville CoC, all individual members are encouraged to actively participate on one working committee.

3. Absentee Voting: Votes may occur through a proxy with written, electronic, or pre-selected representation.

Section III. CoC Planning Council

A. Background and Introduction:

Homelessness has long been recognized as an issue of significant community concern in Metro Nashville-Davidson County. Throughout the years efforts have been made by individual citizens, the community, homeless social services agencies, and the government to address these concerns. The **Nashville-Davidson County Continuum of Care**, adhering to evolving national guidance of the U.S. Department of Housing and Urban Development, has operated as a homelessness planning body since 1994, establishing an official Governance Board in 2011. In 2005, Metro Government advanced their previous efforts to address homelessness through the creation, by ordinance, of the **Metropolitan Homelessness Commission**. In 2009, Congress enacted the HEARTH Act which codified into law the CoC planning process to assist homeless persons by providing greater coordination in responding to their needs.

Over the past 13 years these two entities have been operating independently and in many ways redundantly to address and end homelessness in our community. In July 2017, in order to create a high functioning Continuum of Care, the members of the Metropolitan Homelessness Commission and the Governance Board formed a joint workgroup to unify the homeless governance structure in Nashville-Davidson County, to reduce duplication, strengthen Nashville's community based planning efforts and most effectively garner and manage resources to end homelessness. Their work is reflected in parts of this Charter revision, as well as in a City Ordinance to create a single governance structure within the CoC to be called the Nashville-Davidson County Homelessness Continuum of Care Planning Council.

To maintain the relationship with Metropolitan Government of Nashville and Davidson County for optimal Planning Council functioning, the Metro Homeless Impact Division will provide staff and resources to assist the CoC/ Planning Council carry out the CoC's mission.

B. Composition of Planning Council

With the enactment of the Charter Revision on 05/17/2018, the CoC Governance Board will become the **Nashville Davidson County Homelessness CoC Planning Council**, referred to as Planning Council for the remainder of this document.

The newly created Planning Council will be seated for its first meeting after the enactment of the Charter Revision. It will be comprised of the current members of the CoC Planning Council (formerly CoC "Governance Board") and Metro-Davidson County Homelessness Commission. It will create a transition plan of staggered terms and normal attrition to achieve the optimal composition by the end of year two of its operational year (July 1 to June 30).

The Planning Council will be comprised of 25 members:

- 14 elected by the CoC Membership,
- 8 appointed by the mayor, and
- 3 Metro Council members.

The Planning Council will have no less than 5 members (elected or appointed) who will have current/past lived experience of being “At-Risk of Homelessness” and/or “Homeless”. Composition of the Planning Council will reflect constituencies that mirror the Nashville Community and reflect the guidance provided in the Hearth Act.

C. Selection of Planning Council Members

The COC will adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process will be reviewed, updated, and approved by the Continuum of Care at least once every five (5) years in accordance with the Interim Rule 578.7(a)(3). Based on the composition of the Metro-Davidson County Homelessness Continuum of Care Planning Council’s, this process will detail the mechanisms for selection of the Planning Council members from the CoC, Mayoral Appointment, and Metro Council.

- 1. CoC Representatives:** The CoC Nomination Committee is charged to develop and implement an on-going process of identification, recruitment, and vetting of potential governance candidates in an effort to maintain a current pool of candidates for anticipated/unanticipated vacancies. CoC Planning Council members will be elected from a slate of candidates prepared by the Nomination Committee and nominations made from the floor by a voting member of the CoC in good standing. Normal Planning Council terms will coincide with the CoC’s operational year, so the election will occur in the month prior. Terms will be staggered so that at no point will all seats be up for re-election.

Vacancies occurring as a result of normal term, resignation, death, or removal for cause will be filled by a similar process. Such elected members shall serve the remainder of the original term and be eligible for re-election to a full term.

- 2. Mayoral Appointments:** Mayoral appointments to the Planning Council will be made by the Metro Mayor who has the discretion to make an independent informed choice and/or access candidates identified through the CoC’s Nomination Committee process. Normal Planning Council terms for Mayoral Appointments will coincide with the CoC’s operational year, so the appointment will occur in the month prior.

Vacancies occurring as a result of normal term, resignation, death, or removal for cause will be filled by a similar process. Such elected members shall serve the remainder of the original term and be eligible for re-appointment to a full term.

- 3. Metro Council Representatives:** Metro Council Representative appointments to the Planning Council will be made by the city’s Vice Mayor from the pool of the following Metro Council positions: Vice Mayor, At-Large, 1st Term, and 2nd Term. Normal Planning Council terms for Council Appointments will coincide with the CoC’s operational year, so the appointment will occur in the month prior.

Vacancies occurring as a result of expiration of normal term, council term, resignation, death, or removal for cause will be filled by a similar process. Such elected members shall serve the remainder of the original term.

D. Roles and Responsibilities

The purpose of the Planning Council is to ensure orderly operations of the CoC. The Planning Council shall have the power to act on behalf of, and in the best interest of, the CoC. The Planning Council shall conduct the business of the CoC. It shall guide the affairs of the CoC as well as set meeting agendas and timelines for regularly occurring activities of the CoC, including but not limited to funding processes, needs assessments, and the annual point-in-time homeless count.

The Planning Council is responsible for regular and systematic data-driven evaluation and monitoring of current grantees as well as overall CoC performance. A majority of voting members must participate in the decision-making process for the transaction of business and for the acts of the Board to be considered valid.

Conference calls or the use of other telecommunications equipment are acceptable means for communication regarding the business of the Planning Council. The Planning Council shall keep regular minutes of its proceedings and report such proceedings at the next regularly scheduled meeting of the CoC.

The Planning Council will have the power and authority to act on behalf of the CoC and will meet a minimum of 6 times per year or as called by the Chair or membership at-large as provided for in this Charter.

E. Terms

Planning Council Members shall serve terms of three years beginning with the first meeting of the CoC / Planning Council's operating year in July. All members shall hold office until their successors have been duly elected and seated. An individual may serve up to two consecutive terms on the Planning Council. After serving two (2) consecutive terms, he or she must allow at least one year to elapse before becoming eligible for nomination to the Planning Council. If a Planning Council member must resign for good cause prior to serving the full three (3)-year term, he/she may become eligible for nomination again in the following year, if interested.

F. Resignation

Any Planning Council member, except the Chair, may resign by tendering a written notice to the Chair. The Chair may resign by tendering written notice to the Planning Council.

G. Removal:

Any officer may be removed by the Planning Council from the officer position whenever, in the judgment of the Council, the best interest of the organization will be served thereby. A vote to remove an officer must occur during a regularly scheduled Planning Council meeting and requires a two-thirds (2/3) vote of the Planning Council to remove an officer from her/his position.

An elected Planning Council Member may only be removed from the Planning Council by a two-thirds majority vote of the voting members of the CoC during a regularly scheduled meeting. The request for consideration for removal may originate from the Planning Council and/or membership.

An appointed Planning Council Member may be only recommended for removal by the mayor or vice mayor (as indicated by appointment) from the Planning Council by a two-thirds majority vote

of the voting members of the CoC during a regularly scheduled meeting. The request for consideration for recommendation of removal may originate from the Planning Council and/or membership.

H. Meetings, Quorum and Voting

It is expected that a regular and publicized schedule of Planning Council meetings be kept.

- 1. Attendance:** All Planning Council members are required to attend no less than 75% of regular Planning Council Meetings.
- 2. Quorum:** The presence of 51% of the seated Planning Council members shall constitute a quorum at any regularly scheduled meeting. The act of a quorum of the qualified members present, or of those who have voted by timely written or electronic submission, shall be the act of the full committee membership except as may be otherwise specifically provided by statute or this Charter.
- 3. Special meetings:** Special meetings not on the regular schedule require a 67% member attendance for the purpose of voting or handling any official business of the Planning Council. Special meetings may be called by the Planning Council chair with a minimum of one week prior notice in writing, fax, mail, or e-mail. Special meeting notices must detail the issue requiring an exceptional gathering of the Planning Council as well as any potential vote that may occur at the meeting.

I. Officers of Planning Council

The Planning Council shall have three officers to conduct business, comprised of a Chairperson, a Vice Chairperson, and a Secretary. Officers shall be elected by the full membership of the Planning Council and serve up to three one-year terms. To avoid the appearance of any conflict when issues are voted upon, the officers of the Planning Council (Chair, Vice-Chair and Secretary) should not represent the same type of constituencies.

1. Planning Council Chairperson

Duties include, but are not limited to:

- a) Call meetings and preside at Planning Council meetings;
- b) Make, with the advice and consent of the Planning Council, appointments of all committee chairs deemed necessary for the operation of the CoC;
- c) Serve as a member ex-officio of all committees;
- d) Provide reports to the CoC as needed;
- e) Execute all papers, documents, and instruments ordered to be executed by the CoC;
- f) This office has a one year term, and has voting privileges restricted to tiebreaking.

2. Planning Council Vice Chairperson:

Duties include but are not limited to:

- a) Preside at CoC Planning Council scheduled meetings in the absence of the Chair;
- b) Perform all other such duties usually pertaining to the office of the Chair as determined by the Planning Council;
- c) Serve as primary liaison to CoC committee chairs.

3. Planning Council Secretary

Duties include but are not limited to:

- a) Record minutes and attendance at all meetings of the CoC membership and the Planning Council and ensure that the original is archived;
- b) Maintain membership rolls and provide regular reports of members' status to the Planning Council and the Nashville-Davidson County CoC.

J. Planning Council Advisors

The Planning Council will identify and employ the use of key community advisors for its decision making process as indicated by issue and/or need. The invitation for participation will come from the Planning Council Chair at the request / recommendation of the Planning Council. The mayor will make available two designated employees of departments of metropolitan government that frequently interact with individuals at risk of and/or experiencing homelessness for such requests.

I. Planning Council Supports

Administrative support will be provided to the Planning Council and the CoC Standing and Ad Hoc committees by the staff of the Collaborative Applicant and HMIS Lead as required by the US Department of Housing and Urban Development, as well as by staff of the Homeless Impact Division of Metro Social Services.

J. Conflicts of Interest

1. **Financial Benefit to Members:** No financial benefit (earnings) of the CoC may inure to any members, founders, or contributors. Members receive no compensation as a condition of their membership in the CoC.

A conflict of interest is a breach of an obligation that has the effect or intention of advancing one's own interest in a way detrimental to the organization. Potential conflicts of interest must be disclosed.

2. **Code of Conduct, Conflicts of Interest, and Recusal Process:** CoC Planning Council members must exercise care when acting on behalf of the CoC. These individuals must complete the work they have agreed to undertake in a timely manner. In addition, they must attend Planning Council meetings and be prepared to discuss matters presented for their deliberation. Absence without notice or explanation for 20% of Planning Council meetings within a calendar year or repeated failure to complete work assignments will be grounds for removal from the Planning Council. Repeated failure to participate thoughtfully and respectfully in discussions or persistent disruptive or obstructive conduct during meetings will be grounds for removal.

CoC Planning Council members must abide by the following rules in order to avoid conflicts of interest and promote public confidence in the integrity of the CoC and its processes. Failure to honor these rules will be grounds for removal from the Planning Council and any of its committees.

1. Members may not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefit to:

- a. Any organization that they or a member of their immediate family represents;
or
- b. Any organization from which they or a member of their immediate family
derives income or anything of value.

2. Whenever CoC Planning Council members or any of their immediate family members have a financial interest or any other personal interest in a matter coming before the Board or one of its committees, they must:

- a. Fully disclose the nature of the interest; and
- b. Withdraw from discussing, lobbying, and voting on the matter.

At the beginning of every Planning Council meeting, the Chair must ask if there are any conflicts of interest or potential conflicts of interest that need to be disclosed before the business included in the meeting's agenda is discussed. The Chair will ask committee members to disclose any potential or actual conflicts of interest.

Any matter in which CoC Planning Council members have an actual or potential conflict of interest will be decided only by a vote of disinterested individuals. The minutes of any meeting at which such a vote is conducted must reflect the disclosure of interested directors' actual or potential conflicts of interest and their recusal from participation in the decision.

CoC Board members must sign a conflict of interest form annually, affirming that they have reviewed the conflict of interest policy and disclosing any conflicts of interest they face or are likely to face in fulfilling their duties as Board members.

Section IV. Committees

The Planning Council may establish standing and ad hoc committees as needed. Unless otherwise specified, all Standing Committee members shall be appointed for a term of one year. Committee members do not have to be members of the Planning Council. The Planning Council shall specify the duties of the specific committees. Active service on at least one committee is an expectation of membership in the Nashville CoC. Members may volunteer for specific committees or be appointed by the Chair.

1. Standing Committees

The Standing Committees of the CoC are:

- A. Nominating Committee:** To recruit and select qualified, willing members of the CoC to serve as Planning Council members and present the slate to the membership as requested, filling the gaps in the Executive Committee as needed through the process described above.
- B. Executive Committee:** Made up of the Officers of the CoC Planning Council.
- C. HMIS Oversight Committee:** Shall approve policy guidance for the Nashville CoC on issues related to the implementation and use of the Homeless Management Information System (HMIS). The Committee also ensures that HMIS users adhere to the established policies or requirements.

- D. Performance Evaluation Committee:** Conducts local Performance Evaluation obligations, which include reviewing funding proposals and making prioritized funding recommendations to the Nashville CoC. These recommendations should be based on community homeless service needs. Recommendations for potential committee members may be solicited from the CoC general membership, Planning Council members, and other related bodies in the city. However, the final determination of appointments must assure that members are best suited to fairly, thoroughly and strategically review and rank community projects to garner sufficient funding. The activities of the Performance Evaluation Committee are supervised and directed by the Planning Council Executive Committee. The Performance Evaluation Committee members are nominated based on the following guidelines:
- May not be currently employed by or affiliated with agencies that currently receive Continuum of Care funding or intend to apply for CoC funding,
 - Ability to use unbiased approach to review and rank local projects, and use a scoring tool that is customized to carry out this scoring activity,
 - Experience reviewing proposals competing for federal funding.
- E. Membership Committee:** Accept membership applications for the CoC and oversee membership policies and practices. Also lead efforts to recruit, retain, and motivate diverse membership participation in the CoC.
- F. Data Committee:** Improve agency and community-wide data quality, analyze data to inform CoC system design, and measure progress on community goals and plans to end homelessness.
- G. Coordinated Entry Committee:** Ensures community-wide CES policies and procedures are in place and are aligned with HUD requirements.
- H. Appeals Committee:** If an applicant organization feels that a decision made by the CoC Planning Council regarding the ranking, rejection, or funding level of their project was prejudicial, or unsubstantiated by project performance, the applying agency may file an appeal to be considered by a 3-member Appeals Committee. The appeal must be based on one of the following:
- Agency did not receive information made available to other agencies;
 - Allegation of bias, fraud, or misuse of federal funds on the part of the CoC Planning Council and/or the CoC Project Evaluation Committee;
 - Allegation that CoC Planning Council and/or the CoC Project Evaluation Committee did not receive accurate information for proper scoring; and/or
 - Violation of federal guidelines.
- I. Governance Charter Committee:** Review this Governance Charter and makes any recommendations for change at least annually.
2. **Ad Hoc Committees:** The Planning Council may create Ad Hoc Committees as needed for the operation of the CoC. Members will be appointed by the CoC Governance Chair in consultation with Planning Council members. Each Ad Hoc committee is expected to be time-limited and focused on the accomplishment of the task for which it is appointed. Each

committee shall have no power to act except such as is specifically conferred by the Planning Council. Upon completion of the task, the committee shall stand discharged.

3. **Committee Activities:** Business conducted within established committees will follow the same rules established herein for the overall CoC activities.
4. **Committee Authority:** The Planning Council must approve all recommendations of the Standing and Ad Hoc Committees before action may be taken. No standing committee has the authority to act on behalf of the CoC beyond duties described in this Charter.

Section V. Collaborative Applicant

The CoC will designate a Collaborative Applicant annually. This will be done by a full membership vote of the CoC. The Collaborative Applicant is responsible for facilitating the community response to the annual Continuum of Care (CoC) Notice of Funding Availability (NOFA) issued by the U.S. Department of Housing and Urban Development (HUD) and providing all other operational, staffing, and administrative support for the CoC. This includes developing written standards for the CoC; managing communications, general oversight, and monitoring of CoC programs; and coordinating planning activities, including identifying gaps and needs and ensuring plans are created to meet those identified needs. Finally, the Collaborative Applicant is responsible for communicating agreed performance metrics to homeless provider agencies and tracking progress.

Section VI. HMIS Lead

The CoC will designate a lead agency to manage the Homeless Management Information System (HMIS). This will be done by a full membership vote of the CoC. The HMIS Lead will manage operations and provide HMIS project administration functions, including staffing and managing budget and grant requirements. The HMIS Lead will work with the HMIS Oversight Committee, which will include representation from the CoC, to update and maintain policies and procedures for the designated HMIS database. The HMIS Oversight Committee will also act as an approval/advisory body that supports and enhances the overall mission of the Nashville-Davidson County, Tennessee HMIS Project by advising HMIS project staff on policies, procedures, and HMIS related items.

Section VII. General Provisions

1. **Operating Year:** The operating year of the Nashville-Davidson County CoC shall be from July 1 through June 30.
2. **Parliamentary Authority:** The rules contained in the current edition of *Robert's Rules of Order* shall be the parliamentary authority for all matters of procedure not specifically covered by this Charter.
3. **Dissolution of the Nashville-Davidson County Continuum of Care:** In the event the Nashville-Davidson County CoC is dissolved and the group owns any assets in excess of those needed to discharge fully its obligations, such assets shall be distributed exclusively to independent non-

profit human service organizations devoted to the health, welfare, and well-being of citizens of Nashville.

Section VII. Adoption and Amendment of By-Laws & Governance Charter

This Governance Charter may be amended at a regular or special meeting of the CoC membership by a majority affirmative vote of the total membership. Members must be present to vote. Proposals for amendments must be in written form stating the specific provision to be amended, rationale for the amendment, and proposed composition of the amendment. Such proposals must be submitted to the Governance Charter Committee for consideration and approval at least four weeks prior to the regular meeting of the CoC. The Committee must distribute the proposal to the members of the Nashville-Davidson County CoC at least two (2) weeks prior to presentation and vote.

CoC full membership voted unanimously to approve the Governance Charter as amended – May 18, 2017

CoC full membership voted to approve Version 2 of this Governance Charter as amended -



Nashville's Homeless Management Information System (HMIS)

NOTICE: This document is currently under review by the Nashville HMIS Advisory Committee. It is subject to change and updates.

Metropolitan Development and Housing Agency

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Purpose

This document provides the policies, procedures, guidelines, and standards that govern the Homeless Management Information System. HMIS staff will provide each HMIS Member Agency providers 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 Membership of Understanding (MOU).

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:

- unique circumstances/programs not encountered before by HMIS staff,
- public policy decisions needing some considerations,
- or in need of quick time lines for implementation.

Not other instances will be considered.

Acknowledgments

HMIS would like to thank its many statewide and national colleagues who have shared their policies with us as we were in development of this document. We would also like to the HMIS Member Agencies and local community planners for their thoughts, ideas, and work to help draft and revise this document.

Glossary

This glossary includes a list of terms that will be used throughout this document and by the HMIS staff.

Agency Administrator (AA) – A person designated by a HMIS Member Agency Executive Director/Chief Executive Officer who acts as a liaison and contact person to the HMIS staff.

End User (EU) – Any user who has an active license to HMIS. This can include Agency Administrators.

HUD - Acronym used to refer to the Department of Housing and Urban Development.

HPRP - Acronym used to refer to Homeless Prevention and Rapid Re-housing Program.

Member Agency – An agency who has signed all HMIS agreements and who is actively entering data into the system.

Prospective Member Agency – An agency who has inquired about joining HMIS.

ROI - Acronym used to refer to a Release of Information.

HMIS - Acronym used to refer to the Homeless Management Information System

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 programs 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 programs 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 Program 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 program 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 in-take centers where agencies can store assessments, refer to other programs, 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

Role

(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 coordinate and participate in numerous projects

annually regarding data collection and performance measurement.

Responsibilities

HMIS 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

HMIS coordinates and/or participates in numerous projects annually that include 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 Homeless Management Information Systems (HMIS) in the United States.
- **Emergency Food and Shelter Program (EFSP)** - These funds originate from the Federal Emergency Management Agency (FEMA), but are overseen by a National EFSP Board. The Emergency Food and Shelter Program (EFSP) is a national program that provides additional funds to existing

shelters, food pantries, soup kitchens and financial assistance providers.

- **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 bed 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 coordinate data collection and reporting for the event as well as logistical technical support.

Section 3: HMIS Member Agency Role & 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.

Document: The HMIS Member Agency Agreement is an agreement (not official 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 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 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 2 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.

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 2 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 training assignments within 5 days of training and login to the system at least once every 45 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 program changes with at least 5 business days prior to the change.

Policy 3.4.1: For Member Agency with less than 5 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 and is responsible for the following items:

- Adhere to and enforce the HMIS Policies and Procedures.
- Enforce HMIS End 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 programmatic changes with at least 5 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 and sign a HMIS End User Agreement. This should be completed within 5 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 Visit

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.

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 is necessary to 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 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, program 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 Program Coordinator immediately reports the violation to the HMIS Lead Agency.
- HMIS Program 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 resolved and 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 Risks (For example: Grievance has been filed against HMIS Member Agency or general complaints that threaten or endanger clients.)

- HMIS Program Coordinator immediately contacts and reports to the HMIS Lead Agency to discuss the course of action and plan.
- HMIS Program 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 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 Program Coordinator immediately contacts and reports to the HMIS Lead Agency to discuss the course of action and plan.
- HMIS Program 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 Program 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 Program Coordinator will coordinate further follow up with the End Users in question. The Member Agency will be 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 End 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 End 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 End 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 end user will be given a license for HMIS if she or he has entered a plea of nolocontendere (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 End 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 End 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 end user who was a previous client of the same program he or she now intends to work or volunteer must not have resided at the facility or been a program participant in the last 6 months prior to gaining access to HMIS.

Procedure: The end user for most residential/homeless service programs must not have been a previous client of the same program he/she now intends in which work or volunteer for last 6 months prior to gaining access to HMIS. An end user should never have access to detailed information on program/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 staff will immediately inactivate the end user in question and notify the agency administrator and end user of the inactivation in writing.

Policy 4.5: All End 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 end user must be assigned a software license to access the system and their initial training must come from the HMIS staff. In order to receive a license, a potential end 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 End User Agreement. This document outlines the role and responsibility of having and maintaining their access in HMIS. An End User who violates the End 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 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 staff to ensure proper license access is given to qualified HMIS End Users. However, issuance, maintenance, and revocation of software license within the HMIS Lead Agency is the sole responsibility of HMIS staff.

Assignment of End User security settings. The HMIS 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 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 End 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 End User.

Inactivity. An End 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 End User who is in violation of these rules will have their access inactivated by HMIS 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 Staff removing a user license for cause. HMIS 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 Administer 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 End User license can only be deactivated by the HMIS 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 end 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 End User of HMIS.

Procedure: To protect current clients who may be accessing health and human service programs 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 program with direct involvement in an active homeless jail diversion and/or prison release program. 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 program 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.

Procedure: No client shall be entered into HMIS without written consent for their information to be entered or accessed in HMIS. 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 program/service they are receiving.

Informed Consent. The HMIS Client Informed Consent form is 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. Member Agencies are required to use the HMIS Client Informed Consent form provided. Informed Consent explains to clients their rights and gets consent for data to be retained. HMIS End Users should strive to communicate informed consent 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. The head of the household may sign for any children or members of the household under the age of 18 on the same form. Once the written informed consent is obtained, it must be recorded in HMIS. After it expires, all clients still receiving services will need to sign another HMIS Informed Consent Form and the data will need to be updated in HMIS. It is important to understand 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 End 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 who does 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. Once a written release of information is obtained, it must be recorded in HMIS.]If the client is still receiving services when the ROI expires and the client chooses not to sign the 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 program.

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 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 sharing the currently collected set of client data being entered into HMIS with other Member Agency providers. The previously viewable data will still be seen and shared with other Member Agency providers. The new Release of Information should be kept on file by the Member Agency. In the case that after a Release of Information is signed and a client is accepted into a HMIS participating financial assistance program, the client must sign a client consent form and HMIS staff must be notified to re-open the client record for sharing.

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 programs.

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 programs 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: <http://www.hmis.info/Default.aspx?classicAsp=resources.aspQStringcvid=234^ccid=1>

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/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 March, 2010 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 providing 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.

Policy 6.7: HMIS staff, in conjunction with the HMIS Member Agency Administrator, ensures that all End 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 End 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 oversight, investigate privacy, or 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 its default visibility and deny security exceptions preset by HMIS staff based on the work flow of the Member Agency.

Procedure: Pursuant 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 program. If client is enrolled in a 42 or 45 CFR covered entity program, program 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 programs 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 End User. As a default, End 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 End Users are required to have a basic computer competency prior to attending any HMIS training.

Procedure: Prior to being sent to HMIS training, all End Users should have a basic computer competency. End 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. End Users who cannot complete these tasks should be sent to a basic computer competency class prior to be 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

- System users *must* attend Beginning Training before accessing the system. Beginning Training is designed to give users an introduction to the system.
- 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.
- 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 End Users to request technical assistance, general HMIS related inquiries, training and work flow questions, and data quality assistance.

Procedure: All requests for technical assistance must be submitted through the HMIS help desk tracking system or email. All tickets or emails will be answered during normal HMIS business hours, Monday through Friday, 8:30am to 5:00pm.

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 issue type of the request.

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 issue type of the request.

Normal Business Hours. Requests for routine system technical support will be honored on a first come-first served basis categorized in the following manner:

| Issue Type | Type Definition | Tool to Report | HMIS Staff Response Time |
|-----------------------|---|--|-----------------------------------|
| Rapid Response | Users are unable to use system. For example: the system is down or the site is unreachable. | Submit a service request or contact staff by phone. | Immediate. No less than 12 hours. |

| | | | |
|-----------------------------------|--|---|----------------------------|
| <p>Priority Response</p> | <p>Users can use the system, but one or more functions important to day-to-day operational use is severely affected. For example: password issues, permission issues, security issues, not accepting data, or screens have changed.</p> | <p>Submit a service request via email or helpdesk.</p> | <p>Less than 24 hours.</p> |
| <p>Regular Response</p> | <p>A problem is noted, but users are able to use all functions in the systems without major difficulty. For example: reporting issues, general questions, work flow issues, data entry problems, change to a report, or change to screens.</p> | <p>Submit a service request via email or helpdesk.</p> | <p>Less than 48 hours.</p> |
| <p>Feature Enhancement</p> | <p>Users are able to use all functions in the system as normal, but are requesting an enhancement to the system that is currently not available.</p> | <p>Submit a service request via email or helpdesk.</p> | <p>Less than 48 hours.</p> |

After Hours. 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 End 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 a technician.
- 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 program 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 program 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 program entering into HMIS must adhere to the requirements set by HUD and the local Continuum of Care. Every program 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 Programs. Every HMIS Member Agency is required to enter the following Universal Data Elements in order to meet minimum standards. The elements required for every person who is entered in the system are: Full Name (First, Last), Social Security Number (full or partial), Social Security Data Quality, Date of Birth, Date of Birth Data Quality, Primary Race, Secondary Race, Ethnicity, Gender, Current Housing Status, Veterans Status, Disabling Condition, Prior Living Situation, Zip Code of Last Permanent Address (90 days or longer at a permanent residence), Zip Code Data Quality, Housing Status, Income Received in the past 30 days, if Yes, Amount and Source, Total Monthly Income, Non-Cash Benefits Received in the past 30 days, if Yes, Source.

Procedure for McKinney-Vento Funded Programs.

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.

- Emergency Solutions Grant (ESG);
- Housing Prevention and Rapid Re-Housing Program (HPRP);
- 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).

The additional elements to be collected include: Physical Disability, Developmental Disability, Chronic Health Condition, HIV/AIDS, Mental Health, Substance Abuse, Domestic Violence, Destination, Date of Contact (Street Outreach Only), Date of Engagement (Street Outreach Only), Financial Services Provided (HPRP only) and Housing Relocation and Stabilization Services Provided (HPRP only).

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). Every client must have a program entry and program exit and the UDE of income and sources and housing status must be recorded at program entry and program exit and at least one time during a year if in the program over a year.

[Optional Requirements](#)

[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 program 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 program (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 program. 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.

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, users are encouraged to complete these elements for each client, especially if the client is in a housing or financial assistance program. 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 program.

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 programs.

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 vitally important to the success of the Homeless Management Information System. HMIS Member Agency providers and HMIS staff will 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. 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 indicators.

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 2010 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, program 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 program 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 program; you should only have entry/exit types of HUD-40118.

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 client situations 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 don't know, refused, or unknown value. 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.

- Social Security Data Quality
- Date of Birth Data Quality
- Name 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 cAseLEtters
- 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 and projects the HMIS staff is asked to provide, HMIS Member Agency's' response to HMIS staff inquires 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.

Procedures: 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.

Procedures: 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.

2018 HDX Competition Report

PIT Count Data for TN-504 - Nashville-Davidson County CoC

Total Population PIT Count Data

| | 2016 PIT | 2017 PIT | 2018 PIT |
|---------------------------------------|----------|----------|----------|
| Total Sheltered and Unsheltered Count | 2365 | 2337 | 2298 |
| Emergency Shelter Total | 1230 | 1,390 | 1,300 |
| Safe Haven Total | 0 | 0 | 5 |
| Transitional Housing Total | 462 | 308 | 377 |
| Total Sheltered Count | 1692 | 1698 | 1682 |
| Total Unsheltered Count | 673 | 639 | 616 |

Chronically Homeless PIT Counts

| | 2016 PIT | 2017 PIT | 2018 PIT |
|---|----------|----------|----------|
| Total Sheltered and Unsheltered Count of Chronically Homeless Persons | 978 | 617 | 637 |
| Sheltered Count of Chronically Homeless Persons | 406 | 219 | 200 |
| Unsheltered Count of Chronically Homeless Persons | 572 | 398 | 437 |

2018 HDX Competition Report

PIT Count Data for TN-504 - Nashville-Davidson County CoC

Homeless Households with Children PIT Counts

| | 2016 PIT | 2017 PIT | 2018 PIT |
|--|----------|----------|----------|
| Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children | 113 | 82 | 61 |
| Sheltered Count of Homeless Households with Children | 113 | 80 | 61 |
| Unsheltered Count of Homeless Households with Children | 0 | 2 | 0 |

Homeless Veteran PIT Counts

| | 2011 | 2016 | 2017 | 2018 |
|--|------|------|------|------|
| Total Sheltered and Unsheltered Count of the Number of Homeless Veterans | 372 | 230 | 223 | 259 |
| Sheltered Count of Homeless Veterans | 264 | 169 | 184 | 172 |
| Unsheltered Count of Homeless Veterans | 108 | 61 | 39 | 87 |

2018 HDX Competition Report
HIC Data for TN-504 - Nashville-Davidson County CoC

HMIS Bed Coverage Rate

| Project Type | Total Beds in 2018 HIC | Total Beds in 2018 HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|------------------------|---|--------------------|------------------------|
| Emergency Shelter (ES) Beds | 1611 | 67 | 371 | 24.03% |
| Safe Haven (SH) Beds | 5 | 0 | 5 | 100.00% |
| Transitional Housing (TH) Beds | 334 | 20 | 275 | 87.58% |
| Rapid Re-Housing (RRH) Beds | 3 | 0 | 3 | 100.00% |
| Permanent Supportive Housing (PSH) Beds | 1163 | 0 | 1163 | 100.00% |
| Other Permanent Housing (OPH) Beds | 117 | 0 | 0 | 0.00% |
| Total Beds | 3,233 | 87 | 1817 | 57.76% |

2018 HDX Competition Report
HIC Data for TN-504 - Nashville-Davidson County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

| Chronically Homeless Bed Counts | 2016 HIC | 2017 HIC | 2018 HIC |
|---|----------|----------|----------|
| Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC | 38 | 199 | 199 |

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

| Households with Children | 2016 HIC | 2017 HIC | 2018 HIC |
|--|----------|----------|----------|
| RRH units available to serve families on the HIC | 24 | 20 | 1 |

Rapid Rehousing Beds Dedicated to All Persons

| All Household Types | 2016 HIC | 2017 HIC | 2018 HIC |
|--|----------|----------|----------|
| RRH beds available to serve all populations on the HIC | 74 | 100 | 3 |

2018 HDX Competition Report

FY2017 - 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) | | |
|-------------------------------|--------------------|---------|-----------------------------------|---------|------------|----------------------------------|---------|------------|
| | Submitted FY 2016 | FY 2017 | Submitted FY 2016 | FY 2017 | Difference | Submitted FY 2016 | FY 2017 | Difference |
| 1.1 Persons in ES and SH | 669 | 556 | 109 | 32 | -77 | 44 | 9 | -35 |
| 1.2 Persons in ES, SH, and TH | 1527 | 1490 | 162 | 154 | -8 | 82 | 88 | 6 |

b. This measure is based on data element 3.17.

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

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

| | Universe (Persons) | | Average LOT Homeless (bed nights) | | | Median LOT Homeless (bed nights) | | |
|--|--------------------|---------|-----------------------------------|---------|------------|----------------------------------|---------|------------|
| | Submitted FY 2016 | FY 2017 | Submitted FY 2016 | FY 2017 | Difference | Submitted FY 2016 | FY 2017 | Difference |
| 1.1 Persons in ES, SH, and PH (prior to "housing move in") | 665 | 509 | 130 | 136 | 6 | 46 | 14 | -32 |
| 1.2 Persons in ES, SH, TH, and PH (prior to "housing move in") | 1474 | 1515 | 204 | 265 | 61 | 103 | 136 | 33 |

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

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

| | Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior) | Returns to Homelessness in Less than 6 Months | | Returns to Homelessness from 6 to 12 Months | | Returns to Homelessness from 13 to 24 Months | | Number of Returns in 2 Years | |
|-------------------------------|--|---|--------------|---|--------------|--|--------------|------------------------------|--------------|
| | | FY 2017 | % of Returns | FY 2017 | % of Returns | FY 2017 | % of Returns | FY 2017 | % of Returns |
| Exit was from SO | 31 | 3 | 10% | 2 | 6% | 1 | 3% | 6 | 19% |
| Exit was from ES | 195 | 16 | 8% | 2 | 1% | 2 | 1% | 20 | 10% |
| Exit was from TH | 382 | 20 | 5% | 14 | 4% | 5 | 1% | 39 | 10% |
| Exit was from SH | 0 | 0 | | 0 | | 0 | | 0 | |
| Exit was from PH | 918 | 20 | 2% | 18 | 2% | 18 | 2% | 56 | 6% |
| TOTAL Returns to Homelessness | 1526 | 59 | 4% | 36 | 2% | 26 | 2% | 121 | 8% |

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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FY2017 - Performance Measurement Module (Sys PM)

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

| | January 2016 PIT Count | January 2017 PIT Count | Difference |
|--|---------------------------|---------------------------|------------|
| Universe: Total PIT Count of sheltered and unsheltered persons | 2365 | 2337 | -28 |
| Emergency Shelter Total | 1230 | 1390 | 160 |
| Safe Haven Total | 0 | 0 | 0 |
| Transitional Housing Total | 462 | 308 | -154 |
| Total Sheltered Count | 1692 | 1698 | 6 |
| Unsheltered Count | 673 | 639 | -34 |

Metric 3.2 – Change in Annual Counts

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|----------------------|---------|------------|
| Universe: Unduplicated Total sheltered homeless persons | 1617 | 1534 | -83 |
| Emergency Shelter Total | 690 | 523 | -167 |
| Safe Haven Total | 0 | 0 | 0 |
| Transitional Housing Total | 1075 | 1206 | 131 |

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FY2017 - Performance Measurement Module (Sys PM)

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

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

| | Submitted FY 2016 | FY 2017 | Difference |
|--|----------------------|---------|------------|
| Universe: Number of adults (system stayers) | 361 | 402 | 41 |
| Number of adults with increased earned income | 44 | 53 | 9 |
| Percentage of adults who increased earned income | 12% | 13% | 1% |

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|----------------------|---------|------------|
| Universe: Number of adults (system stayers) | 361 | 402 | 41 |
| Number of adults with increased non-employment cash income | 121 | 151 | 30 |
| Percentage of adults who increased non-employment cash income | 34% | 38% | 4% |

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|----------------------|---------|------------|
| Universe: Number of adults (system stayers) | 361 | 402 | 41 |
| Number of adults with increased total income | 161 | 190 | 29 |
| Percentage of adults who increased total income | 45% | 47% | 2% |

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

| | Submitted FY 2016 | FY 2017 | Difference |
|--|----------------------|---------|------------|
| Universe: Number of adults who exited (system leavers) | 136 | 274 | 138 |
| Number of adults who exited with increased earned income | 21 | 93 | 72 |
| Percentage of adults who increased earned income | 15% | 34% | 19% |

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|----------------------|---------|------------|
| Universe: Number of adults who exited (system leavers) | 136 | 274 | 138 |
| Number of adults who exited with increased non-employment cash income | 45 | 74 | 29 |
| Percentage of adults who increased non-employment cash income | 33% | 27% | -6% |

Metric 4.6 – Change in total income for adult system leavers

| | Submitted FY 2016 | FY 2017 | Difference |
|---|----------------------|---------|------------|
| Universe: Number of adults who exited (system leavers) | 136 | 274 | 138 |
| Number of adults who exited with increased total income | 65 | 150 | 85 |
| Percentage of adults who increased total income | 48% | 55% | 7% |

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FY2017 - Performance Measurement Module (Sys PM)

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

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|----------------------|---------|------------|
| Universe: Person with entries into ES, SH or TH during the reporting period. | 1217 | 1158 | -59 |
| 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. | 155 | 148 | -7 |
| 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) | 1062 | 1010 | -52 |

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

| | Submitted FY 2016 | FY 2017 | Difference |
|--|----------------------|---------|------------|
| Universe: Person with entries into ES, SH, TH or PH during the reporting period. | 2341 | 2067 | -274 |
| 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. | 350 | 323 | -27 |
| 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.) | 1991 | 1744 | -247 |

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FY2017 - Performance Measurement Module (Sys PM)

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

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

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

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|-------------------|---------|------------|
| Universe: Persons who exit Street Outreach | 221 | 298 | 77 |
| Of persons above, those who exited to temporary & some institutional destinations | 21 | 101 | 80 |
| Of the persons above, those who exited to permanent housing destinations | 16 | 47 | 31 |
| % Successful exits | 17% | 50% | 33% |

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

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FY2017 - Performance Measurement Module (Sys PM)

| | Submitted FY 2016 | FY 2017 | Difference |
|---|----------------------|---------|------------|
| Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing | 1784 | 1745 | -39 |
| Of the persons above, those who exited to permanent housing destinations | 1194 | 1255 | 61 |
| % Successful exits | 67% | 72% | 5% |

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|----------------------|---------|------------|
| Universe: Persons in all PH projects except PH-RRH | 1702 | 1637 | -65 |
| Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations | 1468 | 1402 | -66 |
| % Successful exits/retention | 86% | 86% | 0% |

2018 HDX Competition Report FY2017 - SysPM Data Quality

TN-504 - Nashville-Davidson County CoC

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

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

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

2018 HDX Competition Report FY2017 - SysPM Data Quality

| | All ES, SH | | | | All TH | | | | All PSH, OPH | | | | All RRH | | | | All Street Outreach | | | |
|--|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------------|-----------|-----------|-----------|
| | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 |
| 1. Number of non-DV Beds on HIC | 1118 | 1566 | 1521 | 1155 | 736 | 562 | 548 | 543 | 1336 | 1350 | 1304 | 1318 | 36 | 108 | 54 | 100 | | | | |
| 2. Number of HMIS Beds | 107 | 24 | 94 | 1135 | 412 | 345 | 417 | 536 | 861 | 875 | 806 | 1318 | 35 | 77 | 52 | 100 | | | | |
| 3. HMIS Participation Rate from HIC (%) | 9.57 | 1.53 | 6.18 | 98.27 | 55.98 | 61.39 | 76.09 | 98.71 | 64.45 | 64.81 | 61.81 | 100.00 | 97.22 | 71.30 | 96.30 | 100.00 | | | | |
| 4. Unduplicated Persons Served (HMIS) | 265 | 238 | 325 | 511 | 513 | 631 | 680 | 911 | 1026 | 1255 | 1426 | 2185 | 551 | 1227 | 1298 | 1112 | 0 | 0 | 10 | 159 |
| 5. Total Leavers (HMIS) | 213 | 176 | 255 | 461 | 333 | 387 | 400 | 664 | 181 | 176 | 291 | 419 | 294 | 643 | 942 | 860 | 0 | 0 | 0 | 57 |
| 6. Destination of Don't Know, Refused, or Missing (HMIS) | 18 | 14 | 22 | 1 | 65 | 41 | 47 | 59 | 86 | 42 | 26 | 97 | 0 | 50 | 41 | 43 | 0 | 0 | 0 | 8 |
| 7. Destination Error Rate (%) | 8.45 | 7.95 | 8.63 | 0.22 | 19.52 | 10.59 | 11.75 | 8.89 | 47.51 | 23.86 | 8.93 | 23.15 | 0.00 | 7.78 | 4.35 | 5.00 | | | | 14.04 |

2018 HDX Competition Report

Submission and Count Dates for TN-504 - Nashville-Davidson County CoC

Date of PIT Count

| | Date | Received HUD Waiver |
|-----------------------------------|-----------|---------------------|
| Date CoC Conducted 2018 PIT Count | 1/26/2018 | |

Report Submission Date in HDX

| | Submitted On | Met Deadline |
|-------------------------------|--------------|--------------|
| 2018 PIT Count Submittal Date | 4/30/2018 | Yes |
| 2018 HIC Count Submittal Date | 4/30/2018 | Yes |
| 2017 System PM Submittal Date | 5/29/2018 | Yes |