

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: TN-502 - Knoxville/Knox County CoC

1A-2. Collaborative Applicant Name: City of Knoxville, Tennessee

1A-3. CoC Designation: CA

1A-4. HMIS Lead: UT College of Social Work Office of Research and Public Service (SWORPS)

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	No	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Public Defender's Office	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

Our CoC/CoC Board and Homeless Coalition are one and the same. The organization meets monthly, with committees meeting in addition. Helen Ross McNabb Center is a community mental health provider and also a CoC-funded PSH provider. McNabb serves on the plenary board as well as the executive and outreach committees. The CoC worked with McNabb this year to advocate to the Tenn. Governor's office for the restoration of TennCare funding for Mental Health Case Management services that were on the chopping block. The funding was restored, preventing the likely homelessness of recipients of that service. CAC Homeward Bound operates the CoC-funded REACH program which provides critical street outreach services in Knoxville. CAC is represented on the plenary board, the Exec. and Advocacy Committees, and an ad-hoc committee creating a 'landlord summit' to generate more affordable housing options in Knoxville. This CoC actively recruits representation from any and all community stakeholders.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Helen Ross McNabb Center	Yes	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Helen Ross McNabb Center	Yes	Yes
YWCA	Yes	Yes
Legal Aid of East Tennessee	Yes	Yes
The Salvation Army	Yes	Yes
Knox Area Rescue Ministries	Yes	Yes
Sexual Assault Crisis Center	No	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

Knoxville's "Mayor's Roundtable on Homelessness" is actively implementing Knoxville's homelessness plan, which significantly mirrors "Opening Doors." Our CoC/Homeless Coalition's President is a member of the Mayor's Roundtable. The Roundtable is staffed by the City's Office on Homelessness (OOH) which also prepares and coordinates this CoC application on behalf of the CoC. Mayor Rogero has signed onto the Mayor's Challenge to End Veteran Homelessness. The CoC and OOH are collaborating with another CoC, the Tenn. Valley CoC, to implement a regional effort to end veteran homelessness by the end of the year. Similarly, the CoC and OOH are collaborating on efforts to pursue the future goals for Chronic, Family and Youth Homelessness. More importantly, efforts under our local homelessness plan are geared not just toward the date-specific goals, but toward sustainable community systems to address each category and set a path to end all homelessness in the long run, even beyond 2020.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

This CoC is open to proposals from entities that have not previously received CoC funding. The CoC application process is periodically explained in plenary meetings. To the extent that is possible prior to the NOFA, CoC "bonus" funding is explained as anticipated. Once the NOFA is released, the opportunity to apply for new funding is described and announced in the plenary meeting of the CoC. The opportunity was also announced at the last meeting of the Mayor's Roundtable on Homelessness, which convenes the executive leadership of Knoxville's homeless service providers and other stakeholders. New projects are considered for inclusion based on the eligibility criteria listed in the NOFA, and the proposing organization's capacity to carry out the proposed project.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Bi-Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	100.00 %
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

Two Consolidated Plan jurisdictions overlap within this CoC: Knoxville and Knox County. Multiple CoC representatives participate in each of the formal steps of the annual ConPlan process for both jurisdictions: ConPlan Development, ConPlan Annual Update, and annual reporting through the CAPER. CoC participation in both Conplan jurisdictions formal processes is 3 hrs quarterly. The CoC and HMIS provide data and narrative information for each of those ConPlan documents. CoC Chair/Office on Homelessness Coordinator meets with Knoxville Conplan staff for an hour each week. CoC membership participates in ConPlan public processes, through public input surveys and public meetings. The quarterly Mayor's Roundtable on Homelessness brings CoC and Conplan coordinators to the table with other stakeholders for two hours each time. Other informal meetings phone calls emails and workshops bring together CoC, Conplan, and Office on Homelessness reps an estimated average of 8 hours a week.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

Recently, Knoxville fell below the statistical thresholds for formula ESG funding, but the State of Tennessee sets aside ESG funds to be directed to Knoxville (also serving Knox County), and allows the City of Knoxville, with direct CoC participation, to set priorities and select ESG subrecipients. The CoC works directly with the City's ESG coordinator to provide information (including jurisdiction-level PIT and HMIS data and ESG subrecipient info for development of performance standards) and input that goes back to the State, in order to set priorities and collaboratively select the ESG subrecipients to carry out those priorities. The CoC also participates in the evaluation of ESG outcomes, as part of the overall effort to reach the goals set out in the community's homelessness plan.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Scenario A: If a household presents to a homeless assistance provider and is in need of victim services, the provider will refer them to the Family Justice Center (FJC) for intake. The FJC serves as a one-stop shop for DV victims and will provide intake and counseling and help the household create a safety plan. If housing is needed, CAC Homeward Bound is the primary provider that takes DV referrals for housing placement. Throughout this process, safety, security and personal choice are paramount. Inclusion in HMIS is voluntary, and an anonymous identifier can be used if needed or preferred.

Scenario B: If a household presents at the FJC but does not require DV services, that household is provided with information and referrals to the most appropriate provider to meet their needs. As is the case more broadly, HMIS is used at the referred provider as a no-wrong-door intake and assessment system.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Knoxville's Community Development Corp.	60.70%	Yes-Both

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-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Sufficient capacity of affordable housing for very low income and homeless households is a challenge, but there are resources available. With support from HUD HOME funding and other sources, McNabb Center opened 21 units of PSH for veterans this year.

Homeless provider agencies maintain relationships with affordable housing landlords in order to place homeless households that cannot access standard rent subsidy programs.

The City of Knoxville’s Sustainability Office has developed an extensive affordable housing weatherization program in order to bring utility rates in line with otherwise affordable housing. The Tennessee Valley Authority has granted \$14 million for this two-year blitz, and the local utility provider has created a sustainable funding stream to maintain the effort. This program was specifically developed in part to prevent homelessness and to increase the affordability and availability of housing needed by homeless and very-low-income households.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
The Knoxville Public Service and Police Departments have implemented a special protocol for circumstances when removing camps from public or private property is unavoidable. Camp removals are not automatic, nor are they the first choice, but they are occasionally unavoidable. The protocol is designed to recognize human dignity, prevent the loss of personal property, and maximize social service outreach and access to services with a path to permanent housing. CAC REACH provides outreach services, and ample advance notice is provided to campers by the police department prior to the removal of a camp under this protocol.	<input checked="" type="checkbox"/>
The local courts, District Attorney, Public Defender and Legal Aid Society have established a quarterly legal assistance session for indigent homeless individuals, who are requesting relief from legal issues such as court costs and fines that have been identified as barriers to housing or employment and who are working with a case manager to end their homelessness. At the session, a homeless individual, with the help of their case manager and legal professionals, presents their case plan to the court. The case plan outlines the individual's overall strategy to address and end their homelessness, and asks the court for relief from specific legal barriers, like fines and court costs, to successfully implementing that plan. With agreement from the Public Defender and the DA, the judge can remove those barriers and enable the individual to successfully implement their case plan.	<input checked="" type="checkbox"/>

	<input data-bbox="1312 216 1414 268" type="text"/>
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1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

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"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

TN-502 utilizes a "no wrong door" coordinated entry. Our HMIS serves as the designated tool for coordinated entry, for outreach and walk-in services. The assessment of persons experiencing homelessness is documented in the Knoxville HMIS (i.e. intake, case notes, services, referrals, and community prioritization). Further, our jurisdictional plan encourages "mainstream service providers (e.g. local hospitals, schools, community behavioral healthcare, housing authority, re-entry programs, and career centers) whose primary work is not focused on the homeless, but who interface regularly with those who are homeless or at risk of homelessness, must find practical means to interface with KnoxHMIS." As a result of the Plan, additional partnerships have begun with the Knox County Health Department, a clearinghouse service for church walk-ins, and the Veterans Administration. In 2015, the VI-SPDAT tool was used prioritization of veterans identified during Zero:2016 outreach efforts.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Veterans Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knox County Health Department: Indigent Care and Hospital Discharge Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith Based Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	10
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	10
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The review process is, by its very nature, is an exercise in comparing categories of distinct programs that each benefit our community. Our process was designed to consider both quantitative and qualitative measurements. The quantitative included goals set forth in APRs such as housing stability, increases in client income, program capacity, and data quality. The qualitative included agency notations of challenges of serving different populations, cost per stay and data timeliness. Each renewal applicant completed a point-scored review form which examined quantitative measurements. The ranking panel, comprised of persons both knowledgeable about services and client populations, used that as a starting point for evaluation. The panel specifically considered the relative challenges in serving various sub-populations, vulnerabilities, and service gaps in this community. Through discussion and consensus, the panel then rank-ordered the applications based on all these considerations.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

Long prior to the 2015 CoC NOFA, this CoC's renewal applicants gave feedback on and completed renewal review forms that were used during the ranking process. All renewal applicants met on 8-11-15 to discuss and finalize the review forms, and the ranking process described in 1F-2a was agreed upon by all stakeholders. Once the NOFA was released, the CoC chair created an initial internal timeline and (on 9-18-15, attached) notified by email all stakeholders of the timeline and included a reminder about the ranking process. The NOFA, ranking process, and opportunity for "bonus" funding were also announced at the CoC plenary on 9-22-15 and the Mayor's Roundtable on Homelessness on 9-24-15.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 11/03/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC reviews the performance of all renewing CoC-funded applicants as a part of the ranking and review process. In preparation for the review process, each renewing applicant fills out a review form that collects information from APRs and other sources that correlate with performance goals and indicators identified in the Collaborative Application, 24 CFR part 578, and local CoC priorities. With input and cooperation from each renewing applicant, KnoxHMIS also prepares a CoC Outcomes Report that compiles data on serving eligible participants, cost efficiency comparisons, HMIS data quality, bed utilization, housing stability, length of time homeless, increased participant income and access to mainstream benefits. Data on regular drawdown and complete use of funds is also reviewed. All of this information is reviewed and becomes a part of the application ranking process.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. page 12, Section 9.3 Bylaws of Knoxville/Knox County Homeless Coalition

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name (e.g., ABC Software).

Bowman ServicePoint

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?
Applicant will enter the name of the vendor (e.g., ABC Systems).

Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation Single CoC coverage area:

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$0
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$0

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$4,924
Other Federal	\$0
Other Federal - Total Amount	\$4,924

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$15,000
County	\$10,000
State	\$77,485
State and Local - Total Amount	\$102,485

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$6,068
Private - Total Amount	\$6,068

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$113,477
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 04/30/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	463	20	439	99.10%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	315	15	290	96.67%
Rapid Re-Housing (RRH) beds	219	0	219	100.00%
Permanent Supportive Housing (PSH) beds	389	0	337	86.63%
Other Permanent Housing (OPH) beds	13	13	0	0.00%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

"Other Permanent Housing" beds (13 beds) are not participating in HMIS because beds in this category are dedicated to domestic violence victims and prohibited from participation in HMIS.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	1%
3.3 Date of birth	0%	0%
3.4 Race	1%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	1%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	3%	1%
3.15 Relationship to Head of Household	4%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	5%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

Housing Inventory Count and Point in Time Count	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

Our HMIS is HIPAA compliant and has worked with partner agencies to expedite participation. PATH programs will begin utilization of our lead HMIS in December 2015. RHY partner programs will begin utilization in January 2016. Delays were on the end of the partner agencies and review process through partner agency HIPAA compliance officers.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):** 01/29/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):** 04/30/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Non-HMIS provider surveys	<input checked="" type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

Our CoC relied primarily on HMIS data with supplemental information from non-HMIS providers. HMIS data was reviewed for completeness and data quality. Non-HMIS providers received training and guidance to assure their survey data was also complete and accurate. This methodology was chosen because the vast majority of sheltered data is already captured in HMIS, so it is logical to rely on that information, which is already regularly monitored for data quality each month. By logical extension, rounding out the count required surveying the small number of non-HMIS providers.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

This CoC used the same methodology in 2014 and 2015.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

This question is not applicable.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
Compared counts to previous counts and explained changes	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Methodology for sheltered counts were similar to previous PIT counts, thus data quality was not significantly impacted.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/29/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 04/30/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
HUD Homeless Point In Time Observation Tool	<input checked="" type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

Unsheltered methodology improved. Street Outreach workers utilized the HUD observation tool on the night of the PIT to report clients that could not be engaged. The observation tool was then used to cross-check HMIS programs entry/engagement in street outreach programs. Additionally, HMIS checked to see if those listed in the observation tool were later listed in shelter programs on the night of the PIT. This method was selected to gather the best available information on unsheltered persons while also assuring data quality and de-duplication.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

This question is not applicable.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Use of the HUD observation tool contributed to improved data quality and accuracy of the unsheltered PIT count.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	861	783	-78
Emergency Shelter Total	521	411	-110
Safe Haven Total	0	0	0
Transitional Housing Total	259	276	17
Total Sheltered Count	780	687	-93
Total Unsheltered Count	81	96	15

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	4,443
Emergency Shelter Total	4,011
Safe Haven Total	0
Transitional Housing Total	693

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

This CoC works to identify risk factors for becoming homeless, and develops key interventions to address them and prevent homelessness. Two examples: First, City and community partners have identified energy inefficiency in otherwise affordable housing as an expensive risk factor for homelessness. Community stakeholders developed an aggressive plan for weatherizing affordable units and educating residents on energy efficiency. The Tennessee Valley Authority has awarded \$15 million for a two-year blitz to implement the program, and the local utility has created a funding stream to sustain the program into the future. Second, eviction from public housing is a key risk factor. Our PHA identified 4 apt. locations with the highest eviction rate, and with local City funding have placed case managers on site. Apartment managers refer residents who are at risk for eviction to the case managers, who then work with the resident to resolve the causative issue in order to avert the eviction.

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

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

With the introduction of the 2014 HUD Data Standards, our CoC is measuring time to housing of RRH programs, with the average for CoC-funded RRH at 75 days. For TH programs, in 2013-14, length-of-stay was measured at 168 days; in 2014-15, it was reduced to 131 days. We have noted, however, that TH program leavers with positive exit destinations was slightly longer than for those with negative exit destinations, suggesting value to the TH programming.

Our planning process for reducing the length of time homeless is twofold. First, we are anticipating useful system-wide performance measures that HUD and HMIS software vendors are currently developing. Additionally, under our jurisdictional plan, we are using local funds to create a new “community dashboard” HMIS report that will include length-of-time-homeless as an ongoing measure. This will be used for community-wide assessments and subsequent development or modification of resources in order to improve that measure.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	399
Of the persons in the Universe above, how many of those exited to permanent destinations?	167
% Successful Exits	41.85%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	189
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	156
% Successful Retentions/Exits	82.54%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

CoC funded agencies use HMIS to track outcomes for individuals and families following housing placement. By monitoring and recording individuals and families who subsequently return to homelessness after a housing placement, feedback on programs that have served these individuals is used to look for systematic issues that could be modified to improve the long-term success for those who have been placed into permanent housing. TN-502 is looking forward to the HUD system performance measures that will also be incorporated into our community outcomes dashboard to report to stakeholders on this measure.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

APR summary data for CoC programs indicates improved income outcomes for those served. Comparing FY13-14 to FY14-15, those maintaining income improved from 34% to 44%. Those increasing income increased from 8% to 15%, and those who gained income increased from 6% to 9%. Case management and related social services are critical to helping clients navigate both employment and mainstream benefits. For instance, in TH, The Salvation Army's Operation Bootstrap provides help on resumes, job searches, interview prep and even support for employers who have taken a chance on hiring a client. CAC's two RRH programs help families navigate the complex application processes for mainstream benefits, including using the SOAR program to expedite SSI and SSDI access, opens up many other resources. In PSH, Flenniken Landing has developed a partnership with a nearby disability resources agency, which offers jobs for many of Flenniken's residents. These examples reflect system-wide efforts.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

The primary mainstream employment resource uses CoC-wide is the Tennessee Career Center, which is a service of the Tennessee Dept. of Labor and Workforce Development. Through case management, homeless service providers help clients access the appropriate career center resources in searching for jobs and preparing for employment. The Career Center also provides a Disability resources Coordinator to assist those with special needs to access employment resources. Excluding HMIS, 100% of CoC-funded programs have an active working relationship with the Tennessee Career center in order to help their clients and residents grow their incomes.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

CAC's CoC-funded REACH program is a critical component of this CoC's street outreach efforts. This program, along with SSVF and PATH programs provides most of our outreach and initial contacts into camps and other unsheltered locations. REACH finds and connects with our most difficult to serve and vulnerable populations, which is why we continue to maintain this SSO program in our CoC portfolio. REACH workers regularly visit known camps and search out new locations, building trust with the unsheltered and offering services to help them get off the streets. REACH uses HMIS for intake and referral to identify and track unsheltered clients. For some, the initial contact is enough to bring them in. For many others, it is the regular contacts and the REACH workers' solid reputation on the streets that helps engage even reluctant individuals to get them to take advantage of resources to connect them with permanent housing and support services.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

This question is not applicable.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	149	108	-41
Sheltered Count of chronically homeless persons	117	44	-73
Unsheltered Count of chronically homeless persons	32	64	32

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The total number of sheltered and unsheltered chronically homeless persons decreased by over 27% in 2015, as compared to 2014. This is driven by a 62% decrease of chronically homeless persons counted in shelter. Our CoC is focused on identifying chronically homeless individuals and families in order to engage them in the "housing first" model of permanent supportive housing, because of the clear evidence that this is the most effective approach to ending chronic homelessness.

Our unsheltered count increased from 32 to 64 people mainly due to improved methodology. Street Outreach workers utilized the HUD observation tool on the night of the PIT count to report clients that could not be engaged. The observation tool was then used to cross-check HMIS programs entry/engagement in street outreach programs. Additionally, HMIS checked to see if those listed in the observation tool were later listed in shelter programs on the night of the PIT.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

In 2014, this CoC will begin implementation of a new jurisdictional homelessness plan that seeks alignment with the Opening Doors plan, within the bounds of available resources. (Note: 48 CoC-funded PSH beds were incorrectly not identified as McKinney-Vento funded beds in the most recent HIC; that will be corrected this year and will shift those beds into the count for the data above.) Two SSO programs are using reallocation to redefine themselves as PSH/Rapid Rehousing, and will dedicate an additional 30 beds for persons in families meeting the definition of chronically homeless. Additional beds in those new RRH programs will also prioritize the chronically homeless. Finally, through the new jurisdictional plan, we will seek to encourage that additional beds be dedicated or at least prioritized for the chronically homeless.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

All of the strategies listed in 3B-1.2 have been accomplished or are continuing to be implemented. On July 1, 2014, Knoxville began implementation of its new jurisdictional homelessness plan, which is aligned with and structured similarly to "Opening Doors," and adapted to reflect local realities and priorities. In January of 2014, two new RRH programs were begun after reallocation of funds from two SSO programs, and include a prioritization of beds for the chronically homeless. The new jurisdictional plan established in July of 2014 does call for additional beds to be created and prioritized for the chronically homeless. Two 'bonus' applications included in this CoC application package are aligned with those priorities.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	171	105	-66

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The beds for several programs were incorrectly identified in 2014 as dedicated for use by chronically homeless persons. The 2015 figure represents more accurate data. A significant percentage of those beds are nonetheless occupied by formerly chronically homeless persons.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

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3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
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Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	12
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	2
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	0
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	0.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

This CoC continues to make significant progress toward reducing chronic homelessness. Existing PSH efforts such as Minvilla Manor, Flenniken Landing, Positively Living as well as HUD-VASH and other programs have made great strides. We are also submitting two new 'bonus' PSH projects with this application. Knoxville is also a newly designated location implementing SAMHSA’s Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States) grant, providing comprehensive resources for homeless and CH veterans and CH non-veterans. CABHI is expected to help house an additional 240 CH persons in Knoxville. Local tax dollars are also supporting PSH. Additionally, other beds that may not be dedicated to serving CH will be used for that purpose anyway. That being said, achieving federal objectives for ending CH by 2017 will require additional readily-available federal funding and support.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

This CoC is currently operating two CoC-funded RRH programs, CAC's Families in Need and Succeed programs. Both operate on a Housing First model, and combined, plan to serve and house 300 households. These programs also use re-housing funds from Emergency Solutions Grant Funds and local General Assistance funds to provide security and utility deposits and short-term rental assistance. These programs coordinate with area churches, local shelter programs, the school homeless liaison and others to quickly bring homeless families into the program. KnoxHMIS serves as a no-wrong-door coordinated intake and assessment tool to expedite this process.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	85	208	123

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	37	32	-5
Sheltered Count of homeless households with children:	34	30	-4
Unsheltered Count of homeless households with children:	3	2	-1

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

This CoC saw a slight decrease in both the sheltered and unsheltered PIT count for homeless households with children. This reflects the reality that, while RRH programming is now in place and is effective, available affordable housing stock remains scarce. Work is underway to increase that availability, but this issue continues to challenge RRH efforts for families

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ 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
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>

Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	129	229	100

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

This question is not applicable.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$200,000.00	\$200,000.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$200,000.00	\$200,000.00	\$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	2
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

CoC- and ESG-funded providers coordinate directly with the Knox County Schools McKinney-Vento homeless liaison in order to assure that needed resources are available to families with school-age children who are experiencing homelessness. This coordination includes bi-directional identification and referrals of families with children to assure access to both school- and community-based resources, and to assure that homeless children receive needed resources with as little disruption to their educational experience as possible. In addition, state DCS representatives are currently working with CoC members to develop strategies to better coordinate housing and other resources for youth aging out of foster care who are enrolling in college, in order to improve outcomes, reduce risks and prevent homelessness in this population.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Using this CoC's HMIS as our no-wrong-door coordinated intake and assessment system, CoC- and ESG-funded providers quickly identify families with children at intake, inform them of their eligibility for educational services, and refer them directly to the school homeless liaison for services. Social workers in the schools will also identify and refer homeless families internally for McKinney-Vento-related resources, and also to CoC providers for assistance with housing and other resources. These referral policies are commonly known, well established, and consistently implemented by Knox County Schools and CoC providers.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	135	102	-33
Sheltered count of homeless veterans:	125	95	-30
Unsheltered count of homeless veterans:	10	7	-3

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The total number of homeless veterans decreased in the 2015 PIT count as compared to 2014. This is likely the result of increased resources made available to assist and house homeless veterans, including HUD-VASH vouchers, SSVF services, and additional units of permanent supportive housing for veterans that have been brought online by Helen Ross McNabb Center.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

In 2015, this CoC has been collaborating with the Tennessee Valley CoC on an Operation: HOME initiative, in response to the national priority on ending veteran homelessness. Outreach teams have been specifically tasked to find and identify homeless veterans, include them on a 'master list' for the initiative, and connect them to subsequent services and housing. Outreach teams are using the VI-SPDAT tool in order to assess and prioritize veterans for services. This effort is also a collaboration with the Veterans Administration, which has agreed to begin read/write participation in HMIS, in order to streamline coordination and access to services. Outreach efforts also include identifying veterans whose discharge status precludes some or all VA services, in order to connect them to other appropriate housing and resources that will end their homelessness.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

Outreach for the veterans initiative begins with simple self-identification as a veteran. For those whose discharge status later precludes VA services, our CoC still recognizes their veteran status and quickly refers them to non-VA services and housing. Because of the intentionality of finding and housing these veterans as well as the use of the VI-SPDAT assessment tool, these outreach efforts will lead to the most vulnerable persons gaining a priority for assistance and placement in non-VA services and housing programs.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	166	95	-42.77%
Unsheltered count of homeless veterans:	0	7	0.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. No

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

In 2015, TN-502 has reduced veteran homelessness by 28% through local Zero:2016 efforts in collaboration with TN-512 CoC. TN-502 is partnering with our neighboring CoC to develop a regional effort to end veteran homelessness. Efforts have included joint master-list committee, outreach initiatives, and recruitment of Veterans Administration participation. Local SSVF funded program have been instrumental in coordinating our efforts and rapidly housing veterans. TN-502 is pushing hard to further reduce veteran homelessness by 2016 and will be re-evaluating persons on the master-list to prioritize services. Technical assistance is being arranged to further our efforts, specifically on coordination of SSVF resources in our area which is served by two SSVF providers with overlapping territories. While we may not reach that ‘functional zero’ status by Dec. 31, we have made great strides, and will have a better system in place for veterans on Jan. 1.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	11
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	11
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

Tennessee is not currently a Medicaid expansion state, which severely limits homeless clients' eligibility under the ACA. Cherokee Health Systems is a CoC partner and provides assistance in enrolling those who are eligible for insurance through the ACA Exchange. While most homeless individuals and families fall below the ACA exchange income threshold, there are still circumstances where positive outcomes occur. An example would be individuals who have graduated from Knox Area Rescue Ministries' LaunchPoint program, have found employment, and worked with Cherokee Health Systems to successfully enroll in health insurance through the healthcare exchange. As Open Enrollment is currently underway we will expect to see more positive outcomes like this. If and when the state legislature agrees to a plan for some type of Medicaid expansion or hybrid option, we will actively work to enroll all eligible homeless individuals and families for ACA health coverage.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	11
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	10
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	91%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	11
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	10
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	91%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	6	1,050	1,044

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)**

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

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Notice of no reje...	11/12/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	Coalition By-laws...	10/29/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC's Rating and ...	11/12/2015
05. CoCs Process for Reallocating	Yes	CoCs Process for ...	11/16/2015
06. CoC's Governance Charter	Yes	CoC Governance Ch...	11/12/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	11/12/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Homeless Hous...	11/12/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	11/16/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Notice of no rejections

Attachment Details

Document Description:

Attachment Details

Document Description: Coalition By-laws, including orders of priority

Attachment Details

Document Description: CoC's Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: CoCs Process for Reallocating

Attachment Details

Document Description: CoC Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Homeless Housing preference

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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1A. Identification	11/13/2015
1B. CoC Engagement	11/13/2015
1C. Coordination	11/16/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/13/2015
1F. Project Review	Please Complete
1G. Addressing Project Capacity	11/16/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/13/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/13/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/13/2015
2I. Unsheltered Data - Methods	11/13/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/13/2015
3B. Objective 1	11/13/2015
3B. Objective 2	11/16/2015
3B. Objective 3	11/13/2015
4A. Benefits	11/13/2015
4B. Additional Policies	11/13/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required

Michael Dunthorn

From: Michael Dunthorn
Sent: Tuesday, November 03, 2015 1:57 PM
To: Angela Petty; 'barbara.disney@knoxcac.org'; Bruce Spangler; Chris Cowart (CCowart@klf.org); 'DonnaG_Wright@uss.salvationarmy.org'; Lisa Higginbotham; Jana Morgan; Lisa Hutton (lhutton@vmcinc.org); Tammy Lynn (lyntr@ridgevw.com); Mary Beth Ramey; Michael Waltke; Misty Goodwin (misty.goodwin@knoxcac.org); Steve Jenkins (positivelyliving.steve@gmail.com)
Cc: Michael Dunthorn
Subject: All applications have been accepted for ranking

All,

Checking off another HUD-required box, all CoC applications that we were expecting were indeed initially submitted into esnaps by the October 20th deadline. No applications that were received have been rejected. We are planning to include and rank all of those applications in this year's CoC submission.

Thanks,
Mike Dunthorn
CoC Committee Chair

BYLAWS

OF

KNOXVILLE/KNOX COUNTY HOMELESS

COALITION

BYLAWS
OF
KNOXVILLE/KNOX COUNTY HOMELESS COALITION
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**BYLAWS
OF
KNOXVILLE/KNOX COUNTY HOMELESS COALITION**

**SECTION I
NAME**

The name of the Organization is KNOXVILLE/KNOX COUNTY HOMELESS COALITION, which is herein designated as the "Coalition." These Bylaws shall regulate the affairs of the Coalition, subject to the provisions of the Coalition's Charter and any applicable provisions of the Tennessee Nonprofit Corporation Act, Section 48-51-101 *et seq.*, Tennessee Code Annotated ("T.C.A.").

**SECTION II
OBJECTIVES AND PURPOSES**

Section 2.1 Public Benefit Organization. The Coalition is an organization and shall be operated exclusively for charitable, scientific, literary or educational purposes, within the meaning of Section 501(c) (3) of the Internal Revenue Code of 1986, as from time-to-time amended, and shall not engage in any activities which, in themselves, are not in furtherance of one or more said purposes. Nothing stated herein this Section 2.1 itself shall impose any legal obligation on, or limit or restrict in any manner the powers of the Board of Directors (the "Board").

Section 2.2 No Private Benefit or Lobbying. The Coalition will carry out its activities so as not to violate the private benefit or private inurement doctrines of the rules pertaining to excess benefit transactions for nonprofit Coalitions. The Coalition will not lobby any legislative body or any elected or administrative official of any federal or state government in any fashion that would result in loss of the Coalition's exemption under Section 501(c) (3) of the Internal Revenue Code. Further, the Coalition will not participate or intervene in, including publishing or distributing statements, any political campaign on behalf of, or in opposition to, any candidate for public office. Neither shall the Coalition undertake as a substantial part of its activities any attempt to influence legislation by propaganda or otherwise in a fashion which would result in the loss of the Coalition's tax exemption under Section 501 (c) (3) of the Internal Revenue Code.

Section 2.3 No Members. The Coalition is not a membership corporation and shall have no members. The Board may take any action which is permitted or required to be taken by members of a nonprofit corporation under Tennessee law by the affirmative vote of a majority of the entire Board, without the necessity of any prior action by them which would otherwise have been required by law for such action if there were members entitled to vote on such action.

**SECTION III
OFFICERS AND REGISTERED AGENT**

Section 3.1 Registered Office. The Coalition shall designate and

continuously maintain a registered office in the State of Tennessee.

Section 3.2 Principal Office. The principal office of the Coalition shall be that which is designated as such by the Board. The Coalition's principal office shall be 511 North Broadway, Knoxville, Knox County, Tennessee 37917.

Section 3.3 Other Offices. The Coalition may also have other offices within and without the State of Tennessee at such place(s) as the Board may from time to time determine.

Section 3.4 Registered Agent. The Coalition shall designate and continuously maintain a registered agent in the State of Tennessee at its registered office.

SECTION IV ANNUAL MEETINGS

Section 4.1 Place. All meetings of the Coalition shall be held at such places as may be fixed by resolution of the Board.

Section 4.2 Annual Meeting. The annual meeting of the Coalition shall be held on the first Tuesday in December of each year. The Board may, however, by resolution, fix the date of the annual meeting on any day during the year. At the annual meeting, the Board shall elect the President, the Secretary and any other officers or committee positions, and the Board and such other relevant and interested parties as determined by the Board should receive reports on the activities and financial condition of the Coalition.

SECTION V BOARD OF DIRECTORS

Section 5.1 General Powers and Qualifications. All corporate powers of the Coalition shall be exercised by and under the authority of, and the affairs of the Coalition shall be managed under the direction of the Board. All directors must be natural persons, at least eighteen (18) years of age.

Section 5.2 Number of Directors. The Board shall be composed of no fewer than three (3) Directors. It is contemplated that the membership of the Board will be large in number as it will be composed of persons associated with various community agencies and departments, both public and private, who seek to aid the homeless population of East Tennessee, including, without limitation, Knoxville, Knox County, Tennessee.

Section 5.3 Election and Tenure. The Coalition's Directors shall be elected by the previous Directors at each annual meeting. Each Director shall be elected to serve for a term of one (1) year, or until his/her successor is elected and qualifies: subject, however, to the removal of any Director as provided in these Bylaws. The initial Directors shall be elected and appointed by the Incorporator.

Section 5.4 Composition of the Board. The Board shall be comprised of

individuals who express a committed desire to further the charitable purposes of the Coalition.

Section 5.5 Regular Meetings. Except as otherwise provided herein, regular meetings of the Board may be held with no less than five (5) days notice at such time and place as the Board shall from time to time determine is required, but shall not meet less frequently than once a year in connection and in conjunction with the Coalition's annual meeting.

Section 5.6 Special Meetings. Special meetings of the Board may be called by the President or any two (2) Directors. Such special meeting must be preceded by at least two (2) days written notice to each Director of the date, time and place of said special meeting. Although the purpose of such special meeting should be set forth in such notice, the failure to include the purpose of the special meeting will not invalidate such notice.

Section 5.7 Waiver of Notice; Teleconference Meetings Permitted. If a Director attends or participates in a meeting, he or she waives any required notice to him or her of the meeting unless the Director, at the beginning of the meeting (or promptly upon arrival), objects to holding the meeting or transaction business at the meeting and does not thereafter vote for or assent to action taken at the meeting. Further, provided proper notice has been given, special meetings may take place via teleconference or other appropriate means (videoconference, e-mail, etc.). unless a Director in a writing, hand-delivered or sent via facsimile to the President, objects to the conduct of the meeting by such means and such objection is delivered or sent to the President on the same day notice of the meeting is received by the objecting Director.

Section 5.8 Quorum and Voting. A quorum of the Board consists of a majority of the Directors. If a quorum is present when a vote is taken, the affirmative vote of a majority of the Directors present is the act of the Board, except as otherwise provided in these Bylaws.

Section 5.9 Voting Restrictions. No Director shall be entitled to vote on any action to be taken by the Board when such action may create or has the appearance of creating a conflict of interest between the Coalition and such Director. Each Director who has a potential conflict of interest with the Coalition shall disclose such potential conflict of interest to the Board prior to any vote to be taken regarding such matter. A "conflict of interest" shall include, but not be limited to, those circumstances where a Director has a direct or indirect financial interest that will be impacted by any action or vote taken by the Board.

Section 5.10 Vacancy. Whether occurring by reason of death, disability, removal or resignation, or because such Director has moved his residence, any vacancy occurring on the Board may be filled by the affirmative vote of a majority of all Directors remaining in office.

Section 5.11 Nomination of Directors and Officers. Candidates for open directorships and the officers of the Coalition shall annually be proposed by a nominating

committee of no less than two (2) Directors to be named by the President. The nominating committee must propose its slate of candidates at least one (1) month prior to the scheduled annual meeting so that the slate can be included in the written notification of the meeting.

Section 5.12 Removal of Directors. The Board may remove any one (1) or more of its Directors with or without cause at any special meeting specifically called for such purpose: provided, however, that at least two-thirds (2/3) of the votes cast are for such removal and further provided a quorum is present.

Section 5.13 Action without Meeting. Any action that is required or permitted to be taken at a meeting of the Board may be taken without such a meeting if all Directors consent to voting on a proposed action without a formal meeting. If all Directors so consent, the affirmative vote of the number of Directors that would be necessary to authorize or take such action at a meeting shall be the act of the Board, except as otherwise provided in these Bylaws. Such consent(s) shall describe the action taken, be in writing, be signed by each Director, indicate such signing Director's vote or abstention on the action, and be delivered to the Secretary of the Coalition and included in the minutes filed with the corporate records.

Section 5.14 Indemnification. With respect to claims or liabilities arising out of service as a Director of the Coalition, the Coalition may, upon a vote of the non-interested Directors, indemnify each present and future Director (and his or her estate, heirs, and personal representatives) to the fullest extent allowed by the laws of the State of Tennessee, both as now in effect and as hereafter adopted or amended. Further, to the fullest extent allowed by the laws of the State of Tennessee, the Coalition may, upon a vote of the non-interested Directors, pay for or reimburse the reasonable expenses incurred by a Director who is a party to a proceeding in advance of a final disposition of the matter.

Section 5.15 Immunity. To the fullest extent allowed by the laws of the State of Tennessee, both as now in effect and as hereafter adopted or amended, each present and future Director (and his or her estate, heirs, and personal representatives) shall be immune from suit arising from the conduct of the affairs of the Coalition.

SECTION VI OFFICERS

Section 6.1 Required Officers. The officers of the Coalition shall be a President, Vice President, Treasurer, Secretary and such other officers as may from time to time be elected or appointed by the Board. Except for the offices of President and Secretary, the same individual may simultaneously hold more than one (1) office in the Coalition. All officers must be natural persons, at least eighteen (18) years of age.

Section 6.2 Election. At each annual meeting, the Board shall elect the President, Vice President, Treasurer and the Secretary of the Coalition by a majority vote of those present, provided a quorum exists; whenever requested by any Director, such election

shall be by closed ballot. Prior to a vote, nominations in addition to those from the nominating committee shall be requested from the floor.

Section 6.3 Term of Office. The officers of the Coalition shall hold office for one (1) year or until their successors are chosen and qualify in their stead, subject, however, to the right and authority of the Board to remove any officer at any time. No officer shall serve in the same office for more than three (3) consecutive years.

Section 6.4 Powers and Duties of Officers. The powers and duties of the officers of the Coalition shall be as follows:

(a) **President.** The President shall be the officer of the Coalition who shall have general and specific responsibility for the day-to-day operations and management of the Coalition. The President shall preside at all meetings of the Board. and shall see that all orders and resolutions of the Board are carried into effect. subject,

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however, to the right of the Board to delegate any specific powers, unless exclusively conferred upon the President by law, to any other officer(s) of the Coalition. The President shall also report on the activities and financial condition of the Coalition at all annual meetings and shall annually appoint a nominating committee to propose candidates for officers and open directorships. Finally. it shall be the President who shall execute all contracts, other obligations or other business documents in the name of and on behalf of the Coalition unless unavailable, in which case, such responsibility shall fall to the Vice President and then to the Secretary.

(b) **Vice President.** The Vice President shall have such powers and perform such duties as may be assigned to him or her by the Board of the President.

(c) **Secretary.** The Secretary shall attend all meetings of the Board and shall be responsible for preparing the minutes of such meetings. The Secretary shall be responsible for the care and custody of the minute book of the Coalition and for authenticating records of the Coalition. It shall be his or her duty to give or cause to be given notice of all meetings of the Board. The Secretary shall also perform such other duties as may be assigned to him or her by the Board or by the President, under whose supervision he or she shall act. In the event the Secretary is absent for some reason from any meeting where minutes are to be prepared or is otherwise unable to take such minutes, the presiding officer of such meeting shall appoint another person, subject to the approval of those present and entitled to vote at such meeting, to take the minutes thereof.

(d) **Treasurer.** The Treasurer shall have custody of the Coalition's funds and securities, shall keep full and accurate account of receipts and disbursements in the appropriate books and records of the Coalition, and shall

require the deposit of all monies and other valuable assets in the name of and to the credit of the Coalition in such financial institutions as may be designated by the Board. The Treasurer shall require disbursement of the funds as may be ordered by the Board, and shall render to the President and the Board, at any time they may require, an account of his or her transactions as Treasurer and of the financial condition of the Coalition at all meetings of the Board.

Section 6.5 Removal. The Board may remove any officer at any time.

Section 6.6 Vacancies. Any vacancies occurring in the offices of the President, Vice President, Treasurer, Secretary or any other office shall be filled by a vote of the Board as soon as practicable.

Section 6.7 Delegation of Powers and Duties. In case of the absence of any officer of the Coalition, or for any reason that the Board may deem sufficient, the Board may delegate the powers of such officer to any other officer or to any Director for the time being.

Section 6.8 Indemnification. With respect to claims or liabilities arising out of service as an officer of the Coalition, the Coalition may indemnify, upon a vote of the Directors, each present and future officer (and his or her estate, heirs, and personal representatives) to the fullest extent allowed by the laws of the State of Tennessee, both as now in effect and as hereafter adopted or amended. Further, to the fullest extent allowed by the laws of the State of Tennessee.

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the Coalition may, upon a vote of the Directors, pay for or reimburse the reasonable expenses incurred by an officer who is a part to a proceeding in advance of a final disposition of the matter.

Section 6.9 Immunity. To the fullest extent allowed by the laws of the State of Tennessee, both as now in effect and as hereafter adopted or amended, each present and future member of any committee appointed by the Board shall be immune from suit arising from the conduct of the affairs of the Coalition.

SECTION VII ADMINISTRATIVE COMMITTEES

Section 7.1 Executive Committee.

(a) **Appointment and Number.** The Board of Directors, at its first meeting following the organization of the Coalition, and at annual meetings thereafter, shall appoint an Executive Committee consisting of all of the officers of the Coalition, and each chairperson of each committee organized by the Board of Directors of the Coalition.

(b) **Term.** The term of the Executive Committee shall be until the next

annual meeting of the newly elected Board of Directors.

(c) **Duties and Powers.** The Executive Committee shall be composed of the President, Vice-President, Treasurer, Secretary, Past President and Committee Chairpersons, and it shall have duties and responsibilities as delegated to it by the Board of Directors.

(d) **Vacancies.** A vacancy on the Executive Committee resulting from the death, resignation or inability on the part of a member to act may be filled at any regular or special meeting of the Board of Directors.

(e) **Regular Meetings.** The Executive Committee shall hold regular meetings at such time and place as it may determine to transact its business.

(f) **Notice.** Notice of the day, time and place of any meeting of the Executive Committee shall be given in writing or by telephone at least three (3) days prior to such meeting and the purpose for which such meeting is called shall be stated in the notice. Any Executive Committee member may waive notice of any meeting by written statement executed either before or after the meeting. Attendance at a meeting shall constitute a waiver of notice thereof except where attendance is for the express purpose of objecting to the call or convening of the meeting.

(g) **Quorum and Voting.** A majority of the Executive Committee then in office shall constitute a quorum for the transaction of business at any Executive Committee meeting. Except as otherwise expressly required by law, the Charter of the Coalition or these Bylaws, the affirmative vote of a majority of the members of the Executive Committee present at any meeting at which a quorum is present shall be the act of the Executive Committee.

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(h) **Action Without Meeting.** Action taken by the Executive Committee without a meeting is nevertheless an Executive Committee action if written consent to the action in question is signed by all of the members of the Executive Committee whether done before or after the action so taken.

(i) **Teleconference Meetings Permitted.** Any one or more members of the Executive Committee may participate in a meeting of the Executive Committee by means of a conference telephone or similar telecommunication device that allows all persons participating in the meeting to hear each other and such participation in a meeting shall be deemed presence in person at such meeting.

Section 7.2 Other Committees. The Coalition may also be administered by the Board through other committee structures should the Board, in its discretion, determine such committee(s) to be appropriate.

Section 7.3 Other Committee Appointments. The Board shall appoint the

chairperson of each other committee unless such power is otherwise delegated by the Board to the President, another committee or otherwise.

Section 7.4 Committee Finances. By approving the annual budget, the Board authorized identified officers, committees and personnel to incur expenses on behalf of the Coalition for the activities specifically incorporated in said budget. Any expenditure not included in the annual budget must be approved in advance by the Board. If the Board does not have an annual budget, expenditures under one hundred dollars (\$100) may be approved by the Executive Committee.

SECTION VIII RECORDS AND REPORTS

Section 8.1 Corporate Records. The Coalition shall keep minutes of all meetings of the Board, a record of all actions taken by the Board without a meeting, and appropriate accounting records. All committees will report their actions to the Board and all record of each committee's actions shall be incorporated with the Board's minutes.

Section 8.2 Records at Principal Office. The Coalition shall keep at all times a copy of the following records at its principal office:

- (a) Its Charter and all amendments thereto;
- (b) These Bylaws and all amendments thereto;
- (c) Resolutions and policy statements adopted by the Board;
- (d) The minutes of all meetings of the Board and all committees and the records of all actions taken by the Board of the committees without a meeting for the past three (3) years;
- (e) All written communications to the Directors generally within the past three (3) years, including the past three (3) years' annual financial statements;
- (f) A list of the names and business or home addresses of its current Directors and officers; and
- (g) The most recent annual report delivered to the Tennessee Secretary of State.

Section 8.3 Annual Financial Statements. The Coalition shall prepare annual financial statements that include a balance sheet as of the end of the fiscal year, an income statement for that year, and such other information necessary to comply with the requirements of the applicable provisions of the Tennessee Nonprofit Coalition Act. Further, the Coalition shall file all required tax returns.

SECTION IX CONTINUUM OF CARE

Section 9.1 Designation of the Coalition as the Knoxville-Knox County Continuum of Care (CoC). For the purposes of meeting the requirements of the US Department of Housing and Urban Development's Continuum of Care regulations (24 CFR 578) the Coalition designates itself as the Knoxville-Knox County Continuum of Care, and establishes these bylaws as the document controlling governance of this CoC.

Section 9.2 CoC Collaborative Applicant. This CoC serves as the default Collaborative *Applicant* for the purposes of submitting the annual CoC Consolidated Application for funding on behalf of this CoC. The CoC may, by majority vote, designate another eligible applicant to serve as the Collaborative Applicant on behalf of this CoC. The designation of another entity to serve as Collaborative Applicant shall remain in effect until such time that this organization shall, by majority vote, rescind such designation, or designate a different entity to serve as the *Collaborative Applicant*.

Section 9.3 Homeless Management Information System (HMIS). In accordance with applicable HUD regulations, this CoC shall, by majority vote, designate a single HMIS to operate within its geographic area. This CoC shall also, by majority vote, designate a single eligible applicant to serve as the *HMIS Lead* to manage the HMIS. The designation of a single HMIS and an HMIS Lead shall remain in effect until such time that this CoC, by majority vote, rescinds such designations or designates a different HMIS and/or HMIS Lead. This CoC shall ensure the HMIS is administered in compliance with applicable HUD requirements. This CoC will periodically review, revise and approve HMIS privacy, security, and data quality plans. This CoC will actively work to ensure the consistent participation of CoC recipients and subrecipients in the designated HMIS.

Section 9.4 CoC Planning. In accordance with applicable HUD regulations, this CoC is responsible for coordinating a housing and service system to meet the needs of the homeless population and subpopulation within this CoC's geographic area.

(a) **System Coordination.** This CoC is responsible for coordination and implementation of a comprehensive system to address the needs of the homeless population and persons experiencing a housing crisis within this CoC's geographic area. This CoC will carry out this responsibility in collaboration with similar efforts being carried out under the community's comprehensive plan to address homelessness.

(b) **Point-in-Time Count.** In accordance with applicable HUD regulations and requirements, this CoC will, at least biennially, plan and conduct a point-in-time count of homeless persons within this CoC's geographic area.

(c) **Annual Gaps Analysis.** In accordance with applicable HUD regulations and requirements, this CoC will conduct an annual gaps analysis of the homeless needs and services available within this

CoC's geographic area, including a housing inventory.

- (d) **Consolidated Plan Information.** This CoC will provide the information required to complete the HUD Consolidated Plans for jurisdictions within this CoC's geographic area.
- (e) **ESG Consultation.** This CoC will consult and coordinate with HUD Emergency Solutions Grant (ESG) recipients within this CoC's geographic area, with respect to the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients.
- (f) **CoC Grantee Monitoring.** This CoC will monitor and rank all HUD CoC Funded Projects following 24 CFR 578.7 section (a) (4) and (6) as well as Notice: CPD-14-012 section V- Record keeping Requirements-guidance through the development and use of a Ranking and Steering Committee. A performance improvement plan from a grantee agency may be required if significant concerns are identified during a review. The grantee will have a period of one year or one HUD CoC grant-funding cycle, whichever is shorter but not less than six (6) calendar months, from the date the improvement plan was assigned, to show improvement, as determined by the Ranking and Steering Committee. If the performance improvement is deemed unsuccessful, the Ranking and Steering Committee may recommend to the CoC Board of Directors reallocation of all or part of the grantee's renewal funding for the upcoming CoC grant cycle.
- (g) **CoC Prioritizing.** This CoC will prioritize all new bonus monies and reallocated projects monies for the Chronically Homeless as defined in 24CFR Chapter V- 578.3 and prioritize the subgroups using HUD's yearly prioritized list. Any Permanent Supportive Housing beds not dedicated or prioritized for the chronically homeless will be prioritized following CPD-14-012 Notice section III -B regarding non- chronic homeless household that have a disability and high severity of becoming chronically homeless based upon an approved standardized severity assessment tool.

**SECTION X
MISCELLANEOUS PROVISIONS**

Section 10.1 Fiscal Year. The fiscal year of the Coalition shall be the calendar year. **Section 10.2 No Seal.** The Coalition shall have no seal.

Section 10.3 Notices. Whenever notice is required to be given to Directors or officers, unless otherwise provided by law, the Charter or these Bylaws, such notice may be given in person, teletype or other form of wireless communication, or by telephone, telegraph, facsimile, mail or private carrier. If such notice is given by mail, it shall be sent postage prepaid by first class United States mail or by registered or certified United States mail, return receipt requested, and addressed to the respective address that appears for each such person on the books of the Coalition. Written notice sent to Directors shall be deemed to have been given at the earliest of the following:

- (a) When received (including written notice given by facsimile):
- (b) Three (3) days after its deposit in the United States mail if sent first class, postage prepaid; or
- (c) On the date on the return receipt, if sent by registered or certified United States mail, return receipt requested, postage prepaid and the receipt is signed by or on behalf of the addressee.

Section 10.4 Waiver of Notice. Whenever any notice is required to be given under the provision of any statute, or of the Charter of these Bylaws, a waiver thereof in writing signed by the person entitled to such notice, whether before or after the date stated thereon, and delivered to the Secretary of the Coalition and included in the minutes or corporate records, shall be deemed equivalent thereto.

Section 10.5 Negotiable Instruments. All checks, drafts, notes or other obligations of the Coalition in such bank(s) or financial institution(s) as the Board shall designate from time to time and shall be drawn out by check signed by the officer(s) or person(s) designated by resolution adopted by the Board.

Section 10.6 Deposits. The monies of the Coalition may be deposited in the name of the Coalition in such bank(s) or financial institution(s) as the Board shall designate from time to time and shall be drawn out by check signed by the officer(s) or person(s) designated by resolution adopted by the Board.

SECTION XI
AMENDMENT OF BYLAWS

The Board will adopt, and may subsequently amend or repeal these Bylaws at any annual or special meeting where a quorum is present, provided that the notice of such meeting shall state that the purpose, or one (1) of the purposes, of the meeting is to amend the Bylaws and shall also contain a description of the amendment to be considered. An amendment to these Bylaws must be approved by the Directors by an affirmative vote of two-thirds (2/3) of the sitting Directors. These Bylaws may also be amended by the Directors without a meeting in the same manner as provided therefore herein, except that such action to amend must be affirmed by two-thirds (2/3) of the Directors.

These Bylaws were approved as amended by a vote of the Directors of the Coalition on the 27th day of October, 2015.

Michael Dunthorn

From: Michael Dunthorn
Sent: Friday, September 18, 2015 3:10 PM
To: Angela Petty; 'barbara.disney@knoxcac.org'; Bruce Spangler; Chris Cowart (CCowart@klf.org); 'DonnaG_Wright@uss.salvationarmy.org'; Lisa Higginbotham; Jana Morgan; Lisa Hutton (lhutton@vmcinc.org); Tammy Lynn (lyntr@ridgevw.com); Mary Beth Ramey; Michael Waltke; Misty Goodwin (misty.goodwin@knoxcac.org); Steve Jenkins (positivelyliving.steve@gmail.com)
Cc: Michael Dunthorn; Chris Smith
Subject: FW: The FY 2015 CoC Program Competition is Now Open

Well, they've finally come out with the 2015 CoC funding announcement.

I have taken a first pass through the NOFA and will note a few things. I would strongly encourage you to read through the NOFA yourself as well.

A few notes and important deadlines are below.

Project Application Deadline

All Project Applications will be due in e-snaps no later than October 20, 2015. This is based on a HUD requirement for internal deadlines. For the moment, consider this to be the deadline for your final application, including whatever internal approvals are required by your agency. (In the past, it has been possible to allow applicants access to tweak and re-submit their applications after an initial submission, but until I know that's still possible, we will consider October 20th to be the final deadline for fully complete Project Applications.)

All applicants will receive written notice whether their application will be ranked and included in the final package by November 4, 2015.

New, Permanent Housing "Bonus" Project deadlines

It will be possible again to apply for a single new "permanent housing bonus project" for up to an estimated \$207,000. New projects must either (a) create new permanent supportive housing that will serve 100 percent chronically homeless families and individuals or (b) create new rapid re-housing projects that will serve individuals and families coming directly from the streets or emergency shelter, and includes persons fleeing domestic violence situations and other persons meeting the criteria of paragraph 4 of HUD's definition of homelessness.

Any agency with serious intent to apply for the "permanent housing bonus" project must notify me, in writing, of that serious intent no later than 5 p.m., September 29th, 2015 at mdunthorn@knoxvilletn.gov. That email notification should include a clear description of the proposed project, demonstrating a readiness to prepare and complete a viable application in the short timeline allowed in this HUD funding announcement. *Please note that applications for the bonus project are also subject to the October 20, 2015 deadline for submitting the project application in e-snaps.* Anyone interested in this funding is welcome to contact me informally to discuss the opportunity. Because only a single 'bonus project' application can be included in the Knoxville-Knox County CoC's application to HUD, the September 29th notification deadline is necessary in order to be able to quickly and fairly select a single applicant to move forward in the process, in the event that more than one agency declares intent to seek the bonus funding.

Ranking and Review

The NOFA indicates that HUD again anticipates having sufficient resources to fund all expected renewal applications. That notwithstanding, they are requiring a ranking and review process once again. There will be Tier 1 and Tier 2 categories again, but the formulas and process for how and in what order HUD will score and fund applications in each tier has changed. HUD's revisions for this process will be analyzed carefully before we convene a ranking and review panel, so that we may, if necessary, request additional information beyond what you have already submitted in your ranking and review forms. Additionally, we will consider HUD's new process for funding Tier 1 and 2 categories in order to assure that our ranking process will help position our overall CoC application to receive the highest score possible, while also mitigating risk, should HUD later determine that their funds are more limited than originally anticipated. Within these obstreperous parameters, we will continue to work to conduct as open and fair a process as is possible.

I'll send out more information on this year's process as I am able to figure things out. Don't hesitate to contact me with questions.

Thank you,
Mike Dunthorn
City of Knoxville Office on Homelessness
CoC Coordinator
(865) 215-3103

From: HUD Exchange Mailing List [mailto:news@mail.hudexchange.info]
Sent: Friday, September 18, 2015 12:34 PM
To: Michael Dunthorn
Subject: The FY 2015 CoC Program Competition is Now Open

Is this email not displaying correctly? [View it in your browser.](#)



HUD Exchange Mailing List

The FY 2015 CoC Program Competition is Now Open

The [Notice of Funding Availability \(NOFA\) for the Fiscal Year \(FY\) 2015 Continuum of Care Program Competition](#) has been posted to the [FY 2015 Continuum of Care \(CoC\) Program Competition: Funding Availability](#) page on the HUD Exchange. The FY 2015 CoC Consolidated Application and Project Applications are now available in *e-snaps*.

Submission Deadline: Friday, November 20, 2015 at 7:59:59 PM EST

- The FY 2015 CoC Program Competition is administered under the [CoC Program interim rule](#) (24 CFR part 578) and covers the application and award process for the FY 2015 CoC Program funds.
- All applicants should carefully and thoroughly read the following:
 - FY 2015 CoC Program Competition NOFA . prior to beginning the application process

- FY 2015 General Section NOFA
 - Project Application Detailed Instructions and Instructional Guides
 - CoC Application Detailed Instructions and Instructional Guide
 - CoC Priority Listing Detailed Instructions and Instructional Guide
 - FAQs
- As stated in Section II.B.4.of the FY 2015 CoC Program NOFA . Any changes to the FY 2015 Grant Inventory Worksheet (GIW) after the FY 2015 CoC Program Registration process must be approved by the local HUD CPD Field Office, in consultation with HUD Headquarters, within the 10-day grace period after the publication of the FY 2015 CoC Program Competition NOFA. ***The due date of final HUD-approval for changes to the FY 2015 GIW is September 28, 2015 by 5:00 PM local time.***
 - HUD will post the FY 2015 CoC Program Amounts Available for Funding to the HUD Exchange within 10 days after the deadline for the grace period for changes. As stated in the FY 2015 CoC Program Competition NOFA, HUD will not consider any additional changes to the GIWs or Annual Renewal Demand (ARD) after the 10-day grace period.
 - The *e-snaps* system is not compatible with Chrome and newer versions of Firefox. Users should use Internet Explorer 10 or 11 (in compatibility mode) or older versions of Internet Explorer or Firefox which are available from Microsoft and Mozilla. If you need assistance in accessing *e-snaps* contact the HUD Exchange *e-snaps* Ask A Question (AAQ).

Electronic Application in *e-snaps*

The www.grants.gov application is not applicable to the CoC Program. The FY 2015 CoC Consolidated Application (CoC Application **and** CoC Priority Listing) and the Project Applications are only available via the SNAPS online grants management system, [e-snaps](#). Only those Collaborative Applicants with a HUD-approved FY 2015 CoC Registration will have access to the FY 2015 CoC Consolidated Application. The application submission deadline is Friday, November 20, 2015 at 7:59:59 PM EST.

Listserv Communications

All information related to the FY 2015 CoC Program Competition is communicated via the [HUD Exchange Mailing List](#). Join the mailing list to receive important updates and reminders. HUD will communicate via listserv messages:

- Due date reminders . it is the sole responsibility of Collaborative Applicants and their project applicants to submit the CoC Application and CoC Priority Listing containing all project applications by the due date and time.
- Availability of webcasts.
- Important updates or additional information . the additional information will not change the selection criteria or selection process included in the FY

2015 CoC Program Competition NOFA, but may include items such as updates on the status of *e-snaps* and reminders of impending deadlines.

If you are aware or suspect that the Collaborative Applicant, CoC members, or interested stakeholders are not currently receiving these listserv messages, please forward the following link, <https://www.hudexchange.info/maillinglist/>, to them to register for the listserv messages as this is the **only** form of communication used by HUD to the public.

Resources

[FY 2015 CoC Program Competition NOFA Broadcast](#) . This pre-recorded broadcast highlights key changes in the FY 2015 CoC Program Competition NOFA requirements. This broadcast is also available on the [HUDchannel on YouTube](#). The due date of final HUD-approval for changes to the FY 2015 GIW is September 28, 2015 by 5:00 PM local time.

Application Resources on HUD Exchange

The following Consolidated Application and Project Application resources associated with the FY 2015 CoC Program Competition are, or will be, available on the [CoC Program Competition: e-snaps Resources page](#) on the HUD Exchange website:

- Project Application Detailed Instructions:
 - New Project Application - coming soon
 - Renewal Project Application - coming soon
 - CoC Planning Project Application
 - UFA Costs Project Application

- Project Application Instructional Guides:
 - New Project Applications
 - Renewal Project Applications
 - Performance Measures
 - Budgets . coming soon
 - CoC Planning Project Applications
 - UFA Costs Project Applications
 - Appeal Project Applications

- CoC Application:
 - Detailed Instructions . coming soon
 - Instructional Guide

- CoC Priority Listing:
 - Detailed Instructions
 - Instructional Guide

Questions

If you have questions pertaining to *e-snaps* technical issues, please submit your questions to the *e-snaps* [Ask A Question \(AAQ\)](#) portal on the HUD Exchange website. To submit a question to the *e-snaps* AAQ portal, select “*e-snaps*” from

the %My question is related to+drop down list on Step 2 of the question submission process.

If you have questions related to the CoC Program interim rule or a policy related question, please submit your questions to the CoC Program Ask A Question (AAQ) portal. To submit a question to the CoC Program AAQ portal, select %CoC Program+from the %My question is related to+drop down list on Step 2 of the question submission process.

The AAQ accepts question submissions 24/7. However, responses are usually provided between 8:00 AM and 5:00 PM Eastern Time, Monday through Friday, except for weekends and federal holidays. Additionally, per the FY 2015 CoC Program Competition NOFA, starting 2 days prior to the application deadline for FY 2015 funds, the AAQ will respond only to emergency technical support questions up to the deadline of Friday, November 20, 2015 at 7:59:59 PM EST.



Visit the HUD Exchange at <https://www.hudexchange.info>

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This email was sent to mdunthorn@CITYOFKNOXVILLE.ORG by news@mail.hudexchange.info
[Update Profile/Email Address](#) | [Instant removal with SafeUnsubscribe™](#) | [Privacy Policy](#)
U.S. Department of Housing and Urban Development | 451 7th Street S.W. | Washington | D.C. | 20410

SECTION IX CONTINUUM OF CARE

Section 9.1 Designation of the Coalition as the Knoxville-Knox County Continuum of Care (CoC). For the purposes of meeting the requirements of the US Department of Housing and Urban Development's Continuum of Care regulations (24 CFR 578) the Coalition designates itself as the Knoxville-Knox County Continuum of Care, and establishes these bylaws as the document controlling governance of this CoC.

Section 9.2 CoC Collaborative Applicant. This CoC serves as the default Collaborative *Applicant* for the purposes of submitting the annual CoC Consolidated Application for funding on behalf of this CoC. The CoC may, by majority vote, designate another eligible applicant to serve as the Collaborative Applicant on behalf of this CoC. The designation of another entity to serve as Collaborative Applicant shall remain in effect until such time that this organization shall, by majority vote, rescind such designation, or designate a different entity to serve as the *Collaborative Applicant*.

Section 9.3 Homeless Management Information System (HMIS). In accordance with applicable HUD regulations, this CoC shall, by majority vote, designate a single HMIS to operate within its geographic area. This CoC shall also, by majority vote, designate a single eligible applicant to serve as the *HMIS Lead* to manage the HMIS. The designation of a single HMIS and an HMIS Lead shall remain in effect until such time that this CoC, by majority vote, rescinds such designations or designates a different HMIS and/or HMIS Lead. This CoC shall ensure the HMIS is administered in compliance with applicable HUD requirements. This CoC will periodically review, revise and approve HMIS privacy, security, and data quality plans. This CoC will actively work to ensure the consistent participation of CoC recipients and subrecipients in the designated HMIS.

Section 9.4 CoC Planning. In accordance with applicable HUD regulations, this CoC is responsible for coordinating a housing and service system to meet the needs of the homeless population and subpopulation within this CoC's geographic area.

- (a) System Coordination.** This CoC is responsible for coordination and implementation of a comprehensive system to address the needs of the homeless population and persons experiencing a housing crisis within this CoC's geographic area. This CoC will carry out this responsibility in collaboration with similar efforts being carried out under the community's comprehensive plan to address homelessness.
- (b) Point-in-Time Count.** In accordance with applicable HUD regulations and requirements, this CoC will, at least biennially, plan and conduct a point-in-time count of homeless persons within this CoC's geographic area.
- (c) Annual Gaps Analysis.** In accordance with applicable HUD regulations and requirements, this CoC will conduct an annual gaps analysis of the homeless needs and services available within this

CoC's geographic area, including a housing inventory.

- (d) **Consolidated Plan Information.** This CoC will provide the information required to complete the HUD Consolidated Plans for jurisdictions within this CoC's geographic area.
- (e) **ESG Consultation.** This CoC will consult and coordinate with HUD Emergency Solutions Grant (ESG) recipients within this CoC's geographic area, with respect to the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients.
- (f) **CoC Grantee Monitoring.** This CoC will monitor and rank all HUD CoC Funded Projects following 24 CFR 578.7 section (a) (4) and (6) as well as Notice: CPD-14-012 section V- Record keeping Requirements- guidance through the development and use of a Ranking and Steering Committee. A performance improvement plan from a grantee agency may be required if significant concerns are identified during a review. The grantee will have a period of one year or one HUD CoC grant-funding cycle, whichever is shorter but not less than six (6) calendar months, from the date the improvement plan was assigned, to show improvement, as determined by the Ranking and Steering Committee. If the performance improvement is deemed unsuccessful, the Ranking and Steering Committee may recommend to the CoC Board of Directors reallocation of all or part of the grantee's renewal funding for the upcoming CoC grant cycle.
- (g) **CoC Prioritizing.** This CoC will prioritize all new bonus monies and reallocated projects monies for the Chronically Homeless as defined in 24CFR Chapter V- 578.3 and prioritize the subgroups using HUD's yearly prioritized list. Any Permanent Supportive Housing beds not dedicated or prioritized for the chronically homeless will be prioritized following CPD-14-012 Notice section III -B regarding non- chronic homeless household that have a disability and high severity of becoming chronically homeless based upon an approved standardized severity assessment tool.

BYLAWS

OF

KNOXVILLE/KNOX COUNTY HOMELESS

COALITION

BYLAWS
OF
KNOXVILLE/KNOX COUNTY HOMELESS COALITION
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**BYLAWS
OF
KNOXVILLE/KNOX COUNTY HOMELESS COALITION**

**SECTION I
NAME**

The name of the Organization is KNOXVILLE/KNOX COUNTY HOMELESS COALITION, which is herein designated as the "Coalition." These Bylaws shall regulate the affairs of the Coalition, subject to the provisions of the Coalition's Charter and any applicable provisions of the Tennessee Nonprofit Corporation Act, Section 48-51-101 *et seq.*, Tennessee Code Annotated ("T.C.A.").

**SECTION II
OBJECTIVES AND PURPOSES**

Section 2.1 Public Benefit Organization. The Coalition is an organization and shall be operated exclusively for charitable, scientific, literary or educational purposes, within the meaning of Section 501(c) (3) of the Internal Revenue Code of 1986, as from time-to-time amended, and shall not engage in any activities which, in themselves, are not in furtherance of one or more said purposes. Nothing stated herein this Section 2.1 itself shall impose any legal obligation on, or limit or restrict in any manner the powers of the Board of Directors (the "Board").

Section 2.2 No Private Benefit or Lobbying. The Coalition will carry out its activities so as not to violate the private benefit or private inurement doctrines of the rules pertaining to excess benefit transactions for nonprofit Coalitions. The Coalition will not lobby any legislative body or any elected or administrative official of any federal or state government in any fashion that would result in loss of the Coalition's exemption under Section 501(c) (3) of the Internal Revenue Code. Further, the Coalition will not participate or intervene in, including publishing or distributing statements, any political campaign on behalf of, or in opposition to, any candidate for public office. Neither shall the Coalition undertake as a substantial part of its activities any attempt to influence legislation by propaganda or otherwise in a fashion which would result in the loss of the Coalition's tax exemption under Section 501 (c) (3) of the Internal Revenue Code.

Section 2.3 No Members. The Coalition is not a membership corporation and shall have no members. The Board may take any action which is permitted or required to be taken by members of a nonprofit corporation under Tennessee law by the affirmative vote of a majority of the entire Board, without the necessity of any prior action by them which would otherwise have been required by law for such action if there were members entitled to vote on such action.

**SECTION III
OFFICERS AND REGISTERED AGENT**

Section 3.1 Registered Office. The Coalition shall designate and

continuously maintain a registered office in the State of Tennessee.

Section 3.2 Principal Office. The principal office of the Coalition shall be that which is designated as such by the Board. The Coalition's principal office shall be 511 North Broadway, Knoxville, Knox County, Tennessee 37917.

Section 3.3 Other Offices. The Coalition may also have other offices within and without the State of Tennessee at such place(s) as the Board may from time to time determine.

Section 3.4 Registered Agent. The Coalition shall designate and continuously maintain a registered agent in the State of Tennessee at its registered office.

SECTION IV ANNUAL MEETINGS

Section 4.1 Place. All meetings of the Coalition shall be held at such places as may be fixed by resolution of the Board.

Section 4.2 Annual Meeting. The annual meeting of the Coalition shall be held on the first Tuesday in December of each year. The Board may, however, by resolution, fix the date of the annual meeting on any day during the year. At the annual meeting, the Board shall elect the President, the Secretary and any other officers or committee positions, and the Board and such other relevant and interested parties as determined by the Board should receive reports on the activities and financial condition of the Coalition.

SECTION V BOARD OF DIRECTORS

Section 5.1 General Powers and Qualifications. All corporate powers of the Coalition shall be exercised by and under the authority of, and the affairs of the Coalition shall be managed under the direction of the Board. All directors must be natural persons. at least eighteen (18) years of age.

Section 5.2 Number of Directors. The Board shall be composed of no fewer than three (3) Directors. It is contemplated that the membership of the Board will be large in number as it will be composed of persons associated with various community agencies and departments, both public and private, who seek to aid the homeless population of East Tennessee, including, without limitation, Knoxville, Knox County, Tennessee.

Section 5.3 Election and Tenure. The Coalition's Directors shall be elected by the previous Directors at each annual meeting. Each Director shall be elected to serve for a term of one (1) year. or until his/her successor is elected and qualifies: subject, however, to the removal of any Director as provided in these Bylaws. The initial Directors shall be elected and appointed by the Incorporator.

Section 5.4 Composition of the Board. The Board shall be comprised of

individuals who express a committed desire to further the charitable purposes of the Coalition.

Section 5.5 Regular Meetings. Except as otherwise provided herein, regular meetings of the Board may be held with no less than five (5) days notice at such time and place as the Board shall from time to time determine is required, but shall not meet less frequently than once a year in connection and in conjunction with the Coalition's annual meeting.

Section 5.6 Special Meetings. Special meetings of the Board may be called by the President or any two (2) Directors. Such special meeting must be preceded by at least two (2) days written notice to each Director of the date, time and place of said special meeting. Although the purpose of such special meeting should be set forth in such notice, the failure to include the purpose of the special meeting will not invalidate such notice.

Section 5.7 Waiver of Notice; Teleconference Meetings Permitted. If a Director attends or participates in a meeting, he or she waives any required notice to him or her of the meeting unless the Director, at the beginning of the meeting (or promptly upon arrival), objects to holding the meeting or transaction business at the meeting and does not thereafter vote for or assent to action taken at the meeting. Further, provided proper notice has been given, special meetings may take place via teleconference or other appropriate means (videoconference, e-mail, etc.). unless a Director in a writing, hand-delivered or sent via facsimile to the President, objects to the conduct of the meeting by such means and such objection is delivered or sent to the President on the same day notice of the meeting is received by the objecting Director.

Section 5.8 Quorum and Voting. A quorum of the Board consists of a majority of the Directors. If a quorum is present when a vote is taken, the affirmative vote of a majority of the Directors present is the act of the Board, except as otherwise provided in these Bylaws.

Section 5.9 Voting Restrictions. No Director shall be entitled to vote on any action to be taken by the Board when such action may create or has the appearance of creating a conflict of interest between the Coalition and such Director. Each Director who has a potential conflict of interest with the Coalition shall disclose such potential conflict of interest to the Board prior to any vote to be taken regarding such matter. A "conflict of interest" shall include, but not be limited to, those circumstances where a Director has a direct or indirect financial interest that will be impacted by any action or vote taken by the Board.

Section 5.10 Vacancy. Whether occurring by reason of death, disability, removal or resignation, or because such Director has moved his residence, any vacancy occurring on the Board may be filled by the affirmative vote of a majority of all Directors remaining in office.

Section 5.11 Nomination of Directors and Officers. Candidates for open directorships and the officers of the Coalition shall annually be proposed by a nominating

committee of no less than two (2) Directors to be named by the President. The nominating committee must propose its slate of candidates at least one (1) month prior to the scheduled annual meeting so that the slate can be included in the written notification of the meeting.

Section 5.12 Removal of Directors. The Board may remove any one (1) or more of its Directors with or without cause at any special meeting specifically called for such purpose: provided, however, that at least two-thirds (2/3) of the votes cast are for such removal and further provided a quorum is present.

Section 5.13 Action without Meeting. Any action that is required or permitted to be taken at a meeting of the Board may be taken without such a meeting if all Directors consent to voting on a proposed action without a formal meeting. If all Directors so consent, the affirmative vote of the number of Directors that would be necessary to authorize or take such action at a meeting shall be the act of the Board, except as otherwise provided in these Bylaws. Such consent(s) shall describe the action taken, be in writing, be signed by each Director, indicate such signing Director's vote or abstention on the action, and be delivered to the Secretary of the Coalition and included in the minutes filed with the corporate records.

Section 5.14 Indemnification. With respect to claims or liabilities arising out of service as a Director of the Coalition, the Coalition may, upon a vote of the non-interested Directors, indemnify each present and future Director (and his or her estate, heirs, and personal representatives) to the fullest extent allowed by the laws of the State of Tennessee, both as now in effect and as hereafter adopted or amended. Further, to the fullest extent allowed by the laws of the State of Tennessee, the Coalition may, upon a vote of the non-interested Directors, pay for or reimburse the reasonable expenses incurred by a Director who is a party to a proceeding in advance of a final disposition of the matter.

Section 5.15 Immunity. To the fullest extent allowed by the laws of the State of Tennessee, both as now in effect and as hereafter adopted or amended, each present and future Director (and his or her estate, heirs, and personal representatives) shall be immune from suit arising from the conduct of the affairs of the Coalition.

SECTION VI OFFICERS

Section 6.1 Required Officers. The officers of the Coalition shall be a President, Vice President, Treasurer, Secretary and such other officers as may from time to time be elected or appointed by the Board. Except for the offices of President and Secretary, the same individual may simultaneously hold more than one (1) office in the Coalition. All officers must be natural persons, at least eighteen (18) years of age.

Section 6.2 Election. At each annual meeting, the Board shall elect the President, Vice President, Treasurer and the Secretary of the Coalition by a majority vote of those present, provided a quorum exists; whenever requested by any Director, such election

shall be by closed ballot. Prior to a vote, nominations in addition to those from the nominating committee shall be requested from the floor.

Section 6.3 Term of Office. The officers of the Coalition shall hold office for one (1) year or until their successors are chosen and qualify in their stead, subject, however, to the right and authority of the Board to remove any officer at any time. No officer shall serve in the same office for more than three (3) consecutive years.

Section 6.4 Powers and Duties of Officers. The powers and duties of the officers of the Coalition shall be as follows:

(a) **President.** The President shall be the officer of the Coalition who shall have general and specific responsibility for the day-to-day operations and management of the Coalition. The President shall preside at all meetings of the Board, and shall see that all orders and resolutions of the Board are carried into effect, subject,

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however, to the right of the Board to delegate any specific powers, unless exclusively conferred upon the President by law, to any other officer(s) of the Coalition. The President shall also report on the activities and financial condition of the Coalition at all annual meetings and shall annually appoint a nominating committee to propose candidates for officers and open directorships. Finally, it shall be the President who shall execute all contracts, other obligations or other business documents in the name of and on behalf of the Coalition unless unavailable, in which case, such responsibility shall fall to the Vice President and then to the Secretary.

(b) **Vice President.** The Vice President shall have such powers and perform such duties as may be assigned to him or her by the Board of the President.

(c) **Secretary.** The Secretary shall attend all meetings of the Board and shall be responsible for preparing the minutes of such meetings. The Secretary shall be responsible for the care and custody of the minute book of the Coalition and for authenticating records of the Coalition. It shall be his or her duty to give or cause to be given notice of all meetings of the Board. The Secretary shall also perform such other duties as may be assigned to him or her by the Board or by the President, under whose supervision he or she shall act. In the event the Secretary is absent for some reason from any meeting where minutes are to be prepared or is otherwise unable to take such minutes, the presiding officer of such meeting shall appoint another person, subject to the approval of those present and entitled to vote at such meeting, to take the minutes thereof.

(d) **Treasurer.** The Treasurer shall have custody of the Coalition's funds and securities, shall keep full and accurate account of receipts and disbursements in the appropriate books and records of the Coalition, and shall

require the deposit of all monies and other valuable assets in the name of and to the credit of the Coalition in such financial institutions as may be designated by the Board. The Treasurer shall require disbursement of the funds as may be ordered by the Board, and shall render to the President and the Board, at any time they may require, an account of his or her transactions as Treasurer and of the financial condition of the Coalition at all meetings of the Board.

Section 6.5 Removal. The Board may remove any officer at any time.

Section 6.6 Vacancies. Any vacancies occurring in the offices of the President, Vice President, Treasurer, Secretary or any other office shall be filled by a vote of the Board as soon as practicable.

Section 6.7 Delegation of Powers and Duties. In case of the absence of any officer of the Coalition, or for any reason that the Board may deem sufficient, the Board may delegate the powers of such officer to any other officer or to any Director for the time being.

Section 6.8 Indemnification. With respect to claims or liabilities arising out of service as an officer of the Coalition, the Coalition may indemnify, upon a vote of the Directors, each present and future officer (and his or her estate, heirs, and personal representatives) to the fullest extent allowed by the laws of the State of Tennessee, both as now in effect and as hereafter adopted or amended. Further, to the fullest extent allowed by the laws of the State of Tennessee.

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the Coalition may, upon a vote of the Directors, pay for or reimburse the reasonable expenses incurred by an officer who is a part to a proceeding in advance of a final disposition of the matter.

Section 6.9 Immunity. To the fullest extent allowed by the laws of the State of Tennessee, both as now in effect and as hereafter adopted or amended, each present and future member of any committee appointed by the Board shall be immune from suit arising from the conduct of the affairs of the Coalition.

SECTION VII ADMINISTRATIVE COMMITTEES

Section 7.1 Executive Committee.

(a) **Appointment and Number.** The Board of Directors, at its first meeting following the organization of the Coalition, and at annual meetings thereafter, shall appoint an Executive Committee consisting of all of the officers of the Coalition, and each chairperson of each committee organized by the Board of Directors of the Coalition.

(b) **Term.** The term of the Executive Committee shall be until the next

annual meeting of the newly elected Board of Directors.

(c) **Duties and Powers.** The Executive Committee shall be composed of the President, Vice-President, Treasurer, Secretary, Past President and Committee Chairpersons, and it shall have duties and responsibilities as delegated to it by the Board of Directors.

(d) **Vacancies.** A vacancy on the Executive Committee resulting from the death, resignation or inability on the part of a member to act may be filled at any regular or special meeting of the Board of Directors.

(e) **Regular Meetings.** The Executive Committee shall hold regular meetings at such time and place as it may determine to transact its business.

(f) **Notice.** Notice of the day, time and place of any meeting of the Executive Committee shall be given in writing or by telephone at least three (3) days prior to such meeting and the purpose for which such meeting is called shall be stated in the notice. Any Executive Committee member may waive notice of any meeting by written statement executed either before or after the meeting. Attendance at a meeting shall constitute a waiver of notice thereof except where attendance is for the express purpose of objecting to the call or convening of the meeting.

(g) **Quorum and Voting.** A majority of the Executive Committee then in office shall constitute a quorum for the transaction of business at any Executive Committee meeting. Except as otherwise expressly required by law, the Charter of the Coalition or these Bylaws, the affirmative vote of a majority of the members of the Executive Committee present at any meeting at which a quorum is present shall be the act of the Executive Committee.

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(h) **Action Without Meeting.** Action taken by the Executive Committee without a meeting is nevertheless an Executive Committee action if written consent to the action in question is signed by all of the members of the Executive Committee whether done before or after the action so taken.

(i) **Teleconference Meetings Permitted.** Any one or more members of the Executive Committee may participate in a meeting of the Executive Committee by means of a conference telephone or similar telecommunication device that allows all persons participating in the meeting to hear each other and such participation in a meeting shall be deemed presence in person at such meeting.

Section 7.2 Other Committees. The Coalition may also be administered by the Board through other committee structures should the Board, in its discretion, determine such committee(s) to be appropriate.

Section 7.3 Other Committee Appointments. The Board shall appoint the

chairperson of each other committee unless such power is otherwise delegated by the Board to the President, another committee or otherwise.

Section 7.4 Committee Finances. By approving the annual budget, the Board authorized identified officers, committees and personnel to incur expenses on behalf of the Coalition for the activities specifically incorporated in said budget. Any expenditure not included in the annual budget must be approved in advance by the Board. If the Board does not have an annual budget, expenditures under one hundred dollars (\$100) may be approved by the Executive Committee.

SECTION VIII RECORDS AND REPORTS

Section 8.1 Corporate Records. The Coalition shall keep minutes of all meetings of the Board, a record of all actions taken by the Board without a meeting, and appropriate accounting records. All committees will report their actions to the Board and all record of each committee's actions shall be incorporated with the Board's minutes.

Section 8.2 Records at Principal Office. The Coalition shall keep at all times a copy of the following records at its principal office:

- (a) Its Charter and all amendments thereto;
- (b) These Bylaws and all amendments thereto;
- (c) Resolutions and policy statements adopted by the Board;
- (d) The minutes of all meetings of the Board and all committees and the records of all actions taken by the Board of the committees without a meeting for the past three (3) years;
- (e) All written communications to the Directors generally within the past three (3) years, including the past three (3) years' annual financial statements;
- (f) A list of the names and business or home addresses of its current Directors and officers; and
- (g) The most recent annual report delivered to the Tennessee Secretary of State.

Section 8.3 Annual Financial Statements. The Coalition shall prepare annual financial statements that include a balance sheet as of the end of the fiscal year, an income statement for that year, and such other information necessary to comply with the requirements of the applicable provisions of the Tennessee Nonprofit Coalition Act. Further, the Coalition shall file all required tax returns.

SECTION IX CONTINUUM OF CARE

Section 9.1 Designation of the Coalition as the Knoxville-Knox County Continuum of Care (CoC). For the purposes of meeting the requirements of the US Department of Housing and Urban Development's Continuum of Care regulations (24 CFR 578) the Coalition designates itself as the Knoxville-Knox County Continuum of Care, and establishes these bylaws as the document controlling governance of this CoC.

Section 9.2 CoC Collaborative Applicant. This CoC serves as the default Collaborative Applicant for the purposes of submitting the annual CoC Consolidated Application for funding on behalf of this CoC. The CoC may, by majority vote, designate another eligible applicant to serve as the Collaborative Applicant on behalf of this CoC. The designation of another entity to serve as Collaborative Applicant shall remain in effect until such time that this organization shall, by majority vote, rescind such designation, or designate a different entity to serve as the Collaborative Applicant.

Section 9.3 Homeless Management Information System (HMIS). In accordance with applicable HUD regulations, this CoC shall, by majority vote, designate a single HMIS to operate within its geographic area. This CoC shall also, by majority vote, designate a single eligible applicant to serve as the HMIS Lead to manage the HMIS. The designation of a single HMIS and an HMIS Lead shall remain in effect until such time that this CoC, by majority vote, rescinds such designations or designates a different HMIS and/or HMIS Lead. This CoC shall ensure the HMIS is administered in compliance with applicable HUD requirements. This CoC will periodically review, revise and approve HMIS privacy, security, and data quality plans. This CoC will actively work to ensure the consistent participation of CoC recipients and subrecipients in the designated HMIS.

Section 9.4 CoC Planning. In accordance with applicable HUD regulations, this CoC is responsible for coordinating a housing and service system to meet the needs of the homeless population and subpopulation within this CoC's geographic area.

(a) System Coordination. This CoC is responsible for coordination and implementation of a comprehensive system to address the needs of the homeless population and persons experiencing a housing crisis within this CoC's geographic area. This CoC will carry out this responsibility in collaboration with similar efforts being carried out under the community's comprehensive plan to address homelessness.

(b) Point-in-Time Count. In accordance with applicable HUD regulations and requirements, this CoC will, at least biennially, plan and conduct a point-in-time count of homeless persons within this CoC's geographic area.

(c) Annual Gaps Analysis. In accordance with applicable HUD regulations and requirements, this CoC will conduct an annual gaps analysis of the homeless needs and services available within this

CoC's geographic area, including a housing inventory.

- (d) **Consolidated Plan Information.** This CoC will provide the information required to complete the HUD Consolidated Plans for jurisdictions within this CoC's geographic area.
- (e) **ESG Consultation.** This CoC will consult and coordinate with HUD Emergency Solutions Grant (ESG) recipients within this CoC's geographic area, with respect to the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients.
- (f) **CoC Grantee Monitoring.** This CoC will monitor and rank all HUD CoC Funded Projects following 24 CFR 578.7 section (a) (4) and (6) as well as Notice: CPD-14-012 section V- Record keeping Requirements-guidance through the development and use of a Ranking and Steering Committee. A performance improvement plan from a grantee agency may be required if significant concerns are identified during a review. The grantee will have a period of one year or one HUD CoC grant-funding cycle, whichever is shorter but not less than six (6) calendar months, from the date the improvement plan was assigned, to show improvement, as determined by the Ranking and Steering Committee. If the performance improvement is deemed unsuccessful, the Ranking and Steering Committee may recommend to the CoC Board of Directors reallocation of all or part of the grantee's renewal funding for the upcoming CoC grant cycle.
- (g) **CoC Prioritizing.** This CoC will prioritize all new bonus monies and reallocated projects monies for the Chronically Homeless as defined in 24CFR Chapter V- 578.3 and prioritize the subgroups using HUD's yearly prioritized list. Any Permanent Supportive Housing beds not dedicated or prioritized for the chronically homeless will be prioritized following CPD-14-012 Notice section III -B regarding non- chronic homeless household that have a disability and high severity of becoming chronically homeless based upon an approved standardized severity assessment tool.

**SECTION X
MISCELLANEOUS PROVISIONS**

Section 10.1 Fiscal Year. The fiscal year of the Coalition shall be the calendar year. **Section 10.2 No Seal.** The Coalition shall have no seal.

Section 10.3 Notices. Whenever notice is required to be given to Directors or officers, unless otherwise provided by law, the Charter or these Bylaws, such notice may be given in person, teletype or other form of wireless communication, or by telephone, telegraph, facsimile, mail or private carrier. If such notice is given by mail, it shall be sent postage prepaid by first class United States mail or by registered or certified United States mail, return receipt requested, and addressed to the respective address that appears for each such person on the books of the Coalition. Written notice sent to Directors shall be deemed to have been given at the earliest of the following:

- (a) When received (including written notice given by facsimile):
- (b) Three (3) days after its deposit in the United States mail if sent first class, postage prepaid; or
- (c) On the date on the return receipt, if sent by registered or certified United States mail, return receipt requested, postage prepaid and the receipt is signed by or on behalf of the addressee.

Section 10.4 Waiver of Notice. Whenever any notice is required to be given under the provision of any statute, or of the Charter of these Bylaws, a waiver thereof in writing signed by the person entitled to such notice, whether before or after the date stated thereon, and delivered to the Secretary of the Coalition and included in the minutes or corporate records, shall be deemed equivalent thereto.

Section 10.5 Negotiable Instruments. All checks, drafts, notes or other obligations of the Coalition in such bank(s) or financial institution(s) as the Board shall designate from time to time and shall be drawn out by check signed by the officer(s) or person(s) designated by resolution adopted by the Board.

Section 10.6 Deposits. The monies of the Coalition may be deposited in the name of the Coalition in such bank(s) or financial institution(s) as the Board shall designate from time to time and shall be drawn out by check signed by the officer(s) or person(s) designated by resolution adopted by the Board.

SECTION XI
AMENDMENT OF BYLAWS

The Board will adopt, and may subsequently amend or repeal these Bylaws at any annual or special meeting where a quorum is present, provided that the notice of such meeting shall state that the purpose, or one (1) of the purposes, of the meeting is to amend the Bylaws and shall also contain a description of the amendment to be considered. An amendment to these Bylaws must be approved by the Directors by an affirmative vote of two-thirds (2/3) of the sitting Directors. These Bylaws may also be amended by the Directors without a meeting in the same manner as provided therefore herein, except that such action to amend must be affirmed by two-thirds (2/3) of the Directors.

These Bylaws were approved as amended by a vote of the Directors of the Coalition on the 27th day of October, 2015.



Knoxville Homeless Management Information System

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HMIS Policies & Procedures Manual

KnoxHMIS Project Policies & Procedures

Purpose

This document provides the policies, procedures, guidelines, and standards that govern the Knoxville-Knox County Continuum of Care Homeless Management Information System (KnoxHMIS) agencies contributing data (HMIS Partnering Agencies) to the KnoxHMIS. 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 Memorandum 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:

1. Unique circumstances/projects not encountered before by HMIS staff,
2. Public policy decisions needing some considerations,
3. On need of quick time lines for implementation.

No other instances will be considered.

Acknowledgments

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

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Section 1: Historical Perspective

Introduction

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

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

HMIS Project Goals

Measure the Extent and Nature of Homelessness

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

Streamline the Intake and Referral Process for Human Service Agencies

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

Provision for In-depth Case Management by Sharing Client Information

The third goal is to allow for in-depth case management through the sharing of client information in a centralized system. HMIS provides a standardized mechanism in which human service providers collect information and then share it among every participating human service agency to assist clients more efficiently and effectively. KnoxHMIS provides the ability for case managers to capture case notes, services delivered to clients, and track referrals with agencies in the community.

Inventory Homeless Housing

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

Section 2: HMIS Roles & Responsibilities

Roles

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

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

Responsibilities

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

- **All software related issues to the software vendor** - This includes all communication with the vendor including phone, email, and conferences. As well as submitting feature enhancement requests from HMIS Member Agencies.
- **User training** - HMIS staff is responsible for all End User training. This is to ensure continuity and consistency with training as well as to ensure the proper workflow for HMIS Member Agencies.
- **Technical support as it relates to the software or project** - HMIS staff is responsible for providing technical support to Agency Administrators and End Users. Technical support services attempt to help the user solve specific problems with a product and do not include in-depth training, customization, reporting, or other support services.
- **Data quality initiatives** – Together, Member Agencies and HMIS staff work diligently on adhering to data quality standards in order to ensure that reports both at the provider level and the system level are complete, consistent, accurate, and timely.
- **System-wide reporting on performance measures for local, state and national initiatives** - HMIS staff train HMIS Member Agencies on how to access and run reports on the data they contribute to the HMIS. Additionally, reports are provided to local community planners monthly and to statewide and national partners quarterly and annually. These data are in an aggregate format and details the trends on how clients are being served in the community.

KnoxHMIS Staff Responsibilities: Social Media

KnoxHMIS staff and users are responsible for adhering to the following policies regarding posting on social media. These policies are to ensure the standards of KnoxHMIS are upheld and do not misrepresent and/or miscommunicate agency values.

- All content posted on social media sites in an official capacity, must be cleared by management level officials and contain accurate, objective information. Employees should get prior approval from their supervisors before drafted materials are posted.
- Staff may have personal social media accounts as long as they do not represent that they speak for KnoxHMIS. Best practice is to not identify as a KnoxHMIS employee.
- Staff should not use or reference their position with KnoxHMIS when writing or posting in a personal capacity.
- Staff should not post KnoxHMIS data or data analysis on a personal social media account without the expressed written consent of a supervisor.
- It is forbidden to use or post information obtained from the KnoxHMIS database on any social media site.

Annual Projects & Reports

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

- **Annual Homeless Assessment Report (AHAR)** -The Annual Homeless Assessment Report (AHAR) is a report submitted to the Department of Housing and Urban Development (HUD). Data are then submitted to the U.S. Congress detailing the extent and nature of homelessness in the United States. It provides counts of the homeless population and describes their demographic characteristics and service use patterns. The AHAR is based primarily on data from the Homeless Management Information System (HMIS) in the United States.
- **Annual Performance Report (APR)** - The Annual Progress Report (APR) is a report submitted to the Department of Housing and Urban Development (HUD). The APR provides data on clients' outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The APR fulfills statutory reporting requirements and provides the grantee and HUD with the necessary information to assess the overall performance and accomplishment of the grantee's program activities under the approved goals and objectives.
- **Grant Inventory Worksheet (GIW)** - provide CoCs and Department of Housing and Urban Development (HUD) Field Offices with information about CoC program grants that are eligible for renewal in the FYXXXX competition.
- **Housing Inventory Chart (HIC)** - The Housing Inventory Chart (HIC) is an annual report submitted to the Department of Housing and Urban Development

(HUD) that lists all homeless emergency, transitional, safe haven, shelter plus care, and permanent supportive housing beds in our Continuum of Care (CoC).

- **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.
- **KnoxHMIS Annual Report** - KnoxHMIS Annual Report provides a detailed examination of individuals and family members who have sought homeless services within Knoxville-Knox County during a one-year period. This report is issued annually in the Spring.
- **MRT Community Dashboard Reports** - The City of Knoxville's Plan to Address Homelessness calls for the development of specific performance measures and regular reporting to stakeholders at large to demonstrate our community's efforts to address homelessness. Specifically, Knoxville's Plan identifies KnoxHMIS as a repository of demographic and statistical information allowing individual agencies to track program outcomes and the community as a whole to track its progress in implementing this plan. KnoxHMIS proposes to provide regular reporting to the City of Knoxville Office on Homeless through a "Community Dashboard" quarterly and annually.

Section 3: HMIS Member Agency Roles & Responsibilities

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

Participation Requirements

Policy 3.1: A qualified HMIS Member Agency is required to sign and abide by the terms of the HMIS Agency Agreement, the HMIS Business 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, Agencies must sign and agree to abide by the terms of the HMIS Member Agency Agreement and the HMIS Business 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 Agency Agreement must be signed by an authorized representative of each HMIS Member Agency.

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

Procedure for Execution:

1. The Agency's Executive Director (or authorized officer) will sign two copies of the HMIS Agency Agreement.
2. Upon receipt of the signed agreement, it will be signed by the HMIS Lead Agency director.
3. One copy of the HMIS Agency Agreement will be filed, with the HMIS Lead Agency. The original copy will be returned to the HMIS Member Agency.

Business Agreement

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

Procedure: The Business 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 Business Agreement.
2. Upon receipt of the signed agreement, it will be signed by the HMIS Lead Agency director.
3. One copy of the HMIS Business Agreement will be filed with the HMIS Lead Agency. The original copy will be returned to the HMIS Member Agency.

Agency Staff Roles and Requirements

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

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

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

Agency Administrator Role and Responsibility

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

They are responsible for the following items:

- Adhere to and enforce the HMIS Policies and Procedures.
- Attend HMIS Training.

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

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

Point of Contact Role and Responsibility

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

- Adhere to and enforce the HMIS Policies and Procedures.
- Enforce HMIS User Agreements.
- Ensure client privacy, security, and confidentiality.
- Communicate and authorize personnel/security changes for HMIS End Users to HMIS Staff within 24 hours of a change.

- Authorize HMIS End Users by completing the HMIS End User Request Form prior to trainings.
- Ensure Agency and all users are using the correct HMIS related forms and following the most current HMIS work flow.
- Inform HMIS Staff of all project changes with at least five business days prior to the change.
- Ensure the HMIS Privacy Notice is posted in a visible area of the Agency and communicated in a language understandable by clients.
- Attend all HMIS required meetings and conference calls.
- Assist with HMIS projects as needed (AHAR, PIT, and HIC,).

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

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

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

HMIS End Users Roles and Responsibility

Every HMIS End User must attend at least one training session and sign a HMIS End User Agreement. This should be completed within five business days of training. Every HMIS End User is responsible for the following items:

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

Initial HMIS Staff Site 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 necessary to perform HMIS data entry, data quality or the reporting process.

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

Minimal Technical Requirements

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

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

Hardware:

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

Internet Connectivity:

- Broadband Internet Connectivity recommended (High Speed Internet).

Authorized Browsers:

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

Workstation Maintenance:

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

HMIS Data Use

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

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

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

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

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

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

HMIS immediately terminated and the violation disclosed to all local government and funding entities.

HMIS Corrective Action

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

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

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

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

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

- HMIS Project Coordinator immediately contacts and reports to the HMIS Lead Agency to discuss the course of action and plan.
- HMIS Project Coordinator will contact the HMIS Member Agency in question to discuss the violation and course of action.
- The HMIS Lead Agency will contact the HMIS Member Agency Contract Manager to discuss violation and action plan.

- HMIS Member Agency will be placed on Probation for at least 90 days and possible suspension until violation resolved.
- If appropriate, HMIS System Administrator will suspend all HMIS Member Agency's Active End User Licenses.

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

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

Potential Courses of Action

Probation

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

Suspension

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

requirements for resolution. All meeting deliverables will be documented in writing and must be achieved within the set probationary period.

Termination

If the Member Agency violates any policies deemed of critical risk and fails to achieve resolution within the probation period, the HMIS Staff will permanently terminate the Member Agency from HMIS. The HMIS Member Agency will receive a written notice to the Member Agency Executive Director outlining the termination, reasons, and effective date. Notification of the termination will be sent to all local contract managers. In the case of incurred data quality costs and/or transfer costs, the Member Agency will assume responsibility for payment.

Section 4: User Administration

HMIS End User Prerequisites

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

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

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

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

HMIS End User Agreement

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

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

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

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

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

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

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

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

License Administration

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

Procedure: Agency Administrators are responsible for notifying the HMIS Lead staff of a new user, change in user access, or deletion of user access within 24 business hours

of their organization's needed change. Agency Administrators should work with the HMIS Lead staff to ensure proper license access is given to qualified HMIS Users. However, only HMIS Lead staff can complete issuance, maintenance, and revocation of software license.

Assignment of End User security settings

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

Additional licenses/changes.

All requests for new licenses must be submitted to KnoxHMIS. All new licenses are issued only after a MOU and Business Agreement have been signed by the HMIS Member Agency and the HMIS End User Agreement has been signed by the appropriate HMIS partner administration. Training is scheduled 3 business days after receipt of signed agency agreements and or request from existing partner agency. 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. For partners new to KnoxHMIS post 2012, there is a one-time fee to obtain each license and an annual maintenance fee to keep each license active.

Inactivity

An HMIS User must successfully return the signed user agreement within 5 business days after the initial training date. Users should allow no more than 30 days between log in sessions on the live site to keep their license active. Any HMIS User who is in violation of these rules will have their access inactivated by HMIS Lead staff immediately and the user will be required to attend re-training in order to regain access. If licenses are unavailable, there may be a fee to re-obtain access to an inactive license. 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. A license report that details assigned licenses, status, and activity can be generated and shared with the Agency Administrator upon request.

HMIS Lead Staff removing a user license for cause

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

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

Agency removing a user license

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

Law Enforcement

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

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

Former members of law enforcement who may volunteer or are employed at a homeless service provider post-law enforcement career may have access to HMIS if it is imperative to their new responsibilities. HMIS will consider and respond to requests by law enforcement with next of kin searches, searches for clients and in the interest of

public safety a person(s) who law enforcement has probable cause or an active warrant for his/her arrest related, to a violent crime and other felony crimes. HMIS will provide law enforcement information related to evidence and information gathering concerning a criminal matter via Court Order, such as a search warrant or subpoena.

Section 5: Clients' Rights

Client Consent

Policy 5.1: A HMIS Member Agency must obtain consent from all clients for whom they are entering or accessing client data into HMIS.

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

Client Consent/Release of Information (ROI)

The HMIS Release of Information (ROI) form is used to control how client data is shared in HMIS. It should be kept by HMIS Member Agency and protected from loss of theft. Member Agencies are required to use the HMIS Release of Information form provided. Release of information is specific to sharing data among providers in the Continuum of Care, as well as HMIS Member Agencies. Clients have the right to have their records open, partially open or closed. HMIS Users should strive to communicate a Release of Information in a language the client understands. The form must be completed by each member of the household receiving services who is over the age of 18. The head of the household may sign for any children or members of the household under the age of 18 on the same form. 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 project.

Client Access to Information

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

Procedure: If a HMIS Member Agency has a written policy for providing copies of their paperwork or data collection to clients, the HMIS Member Agency may follow its

procedures to allow for providing copies of the HMIS data they collected. Clients can request a copy of their information in writing to the HMIS staff through email or regular mail. Once received, the HMIS staff will fulfill the client's request in an expedited manner.

Filing a Grievance

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

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

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

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

Revoking Authorization for HMIS Data Collection

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

Procedure: Clients who choose to revoke their information sharing authorization must complete a new Release of Information. The new Release of Information should be sent by the Agency Administrator who will notify the HMIS Staff that the client record is to be “closed” in the system. The HMIS staff will be responsible for closing the client record from view.

Once closed, the HMIS Member Agency will no longer be able to share future client data entered into HMIS. However, data entered prior to the record being closed can still be viewed and shared with other Member Agency providers. The new Release of Information should be kept on file by the Member Agency. After a Release of Information is signed and a client is accepted into a HMIS participating financial assistance project, the client must sign a client consent form and HMIS staff must be notified to re-open the client record for sharing. The notification to re-open the file must be submitted in writing, along with a scanned copy of the client’s newly signed consent.

Section 6: Privacy, Safety & Security

National Privacy Requirements

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

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

HIPAA Covered Entities

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

42 CFR Part 2 Entities

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

http://www.access.gpo.gov/nara/cfr/waisidx_02/42cfr2_02.html

Domestic Violence (DV) Shelters

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

Other Entities

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

https://www.hudexchange.info/resources/documents/HEARTH_HMISRequirementsProposedRule.pdf

Privacy Notice

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

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

System Security and Privacy Statement

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

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

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

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

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

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

Once on the website, each user must use a valid user sign on and dynamic password. All user names and initial temporary passwords are issued by HMIS staff only.

Passwords are considered expired every 45 days and users are prompted for new dynamic passwords. Additionally, after three failed log in attempts, user ID's and passwords automatically become inactive and users must contact an Agency Administrator or HMIS staff for re-activation. Passwords are always encrypted and can never be seen in clear text.

Policy 6.6: HMIS secures data as it is traveling over the Internet and stored on the centralized server by 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 (Hyper Text Transfer Protocol Secure).

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

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

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

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

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

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

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

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

Data Ownership

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

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

Administrative Safeguards

Policy 6.11: The HMIS Lead Agency must designate an HMIS security officer to be responsible for ensuring compliance with applicable security standards.

Procedure: The HMIS Lead Agency designates the lead HMIS data analyst as the HMIS security officer.

Policy 6.12: The HMIS Lead agency must ensure workforce security to better protect HMIS information.

Procedure: The HMIS Lead Agency must conduct criminal background checks on the HMIS security officer and on all administrative users. Background checks may be conducted only once upon hire for administrative users.

Policy 6.13: The HMIS Lead agency must enforce security awareness training and follow-up training.

Procedure: The HMIS Lead Agency ensures that all users receive security training during HMIS orientation and that training curriculum reflects the policies of the Continuum of Care and the requirements of HUD 24 CFR §580.35. HMIS security training is required annually.

Policy 6.14: The HMIS Lead Agency must conduct an annual security review to ensure the implementation for the security requirements.

Procedure: The HMIS Securities officer will ensure that an annual audit is conducted at an on-site review. The data securities checklist will be utilized during this review (See Appendix). Any findings will be reported to the designated agency administrator(s). Additionally, the CoC Lead will be notified of finding and the course of action to address findings. See the *KnoxHMIS Data Quality Plan* for specific details on findings and agency response time.

Section 7: User Training

HMIS Training Process

Policy 7.1:

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

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

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

Procedure:

Beginning Training

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

Privacy Training

Privacy Training, which has 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. This training must be requested by the HMIS Member Agency.

Section 8: HMIS Technical Support

Technical Support

Policy 8.1: The Homeless Management Information System staff will provide a system that will allow HMIS Users to request technical assistance, general HMIS related 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, 8:30 am to 5:00 pm.

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

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

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
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.
Priority Response	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.	Submit a service request via email or helpdesk.	Less than 24 hours.
Regular Response	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.	Submit a service request via email or helpdesk.	Less than 48 hours.
Feature Enhancement	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.	Submit a service request via email or helpdesk.	Less than 48 hours.

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 HMIS Users.

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

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

Data Entry Requirements

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

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

Procedure for All Projects

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

Release of Information documented, Full Name (First, Last), Name Data Quality, Social Security Number (full or partial), Social Security Data Quality, Date of Birth, Date of Birth Data Quality, Primary Race, Ethnicity, Gender, Veterans Status, Disabling Condition, Residence Prior to Project Entry, Length of Stay in Previous Place, Project Entry Date, Project Exit Date, Zip Code, Household Information, Client Location, ,

Continuously Homeless for One Year, Number of Times the Client Has Been Homeless in the Past Three Years, If 4 or More, Total Number Homeless in Past Three Months, Total Number of Months Homeless in Past Three Years and Length of Time Homelessness – Status Documented.

HUD allows for each Continuum of Care to determine additional data elements for collection. The TN-502 Knoxville-Knox County Continuum requires all programs with the Entry/Exit workflow and some services only programs (i.e. night by night programs and emergency assistance programs) to additionally collect the following as determined by the CoC HMIS workgroup: Current Housing Sub-Assessment, Primary Case Manager, Extent of Homelessness, Employment Sub-Assessment, Work History Sub-Assessment (only for clients currently employed).

Procedure for McKinney-Vento Funded Projects

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

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

Additional program specific data elements to be collected are detailed in the 2014 HUD Data Standards and vary by program type (e.g. PATH, SSVF, RHYMIS, ESG, etc.) and may include: Homeless Verification on File, Income amount, Income Source(s), Income Date(s), Income Amount(s), Non-Cash Benefits, Non-Cash Benefits Source(s), Non-Cash Benefits Date(s), Non-Cash Benefits Amount(s), Health Insurance, Health Insurance Source(s), Health Insurance Information Date, Reason for No Health Insurance (if applicable), Disability Type, Domestic Violence Victim/Survivor, Domestic Violence Information Date, Contact Date (Street Outreach Only), Date of Engagement (Street Outreach).

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

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

Managing Bed Inventory (*Housing Providers Only*)

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

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

Optional Requirements

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

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

Client Self-Sufficiency Outcomes Matrix

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

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

HMIS Client Photo ID Cards

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

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

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

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

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

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

Section 10: Data Quality

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

Data Quality

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Name Data Quality
- Social Security Data Quality
- Zip Code of Last Permanent Address Data Quality
- Date of Birth Data Quality

These fields allow for reporting only partial answers or full answers in order to 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 by either Name, Social Security Number, and Client Alias. HMIS staff review duplicate data entries in the system quarterly 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. HMIS users can also contact HMIS Lead staff when a duplicate client has been added accidentally and HMIS staff will merge clients.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Policy 10.6.1: The Homeless Management Information System staff may provide specialty reports to all HMIS Member Agency providers for a fee.

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

Section 11: Performance Measurement

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

Performance Measures

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.

AGENCY SIGNATURE PAGE

As a partnering Agency/Organization/Project in the Knoxville-Knox County Homeless Management Information System (KnoxHMIS), you authorized and accept responsibility for reading the KnoxHMIS HUD mandated policies, plans, other instructional information provided to you, and will ensure that all personnel with access to HMIS will also accept responsibility for familiarizing his/herself with this information.

In signing this document, you're stating that you have received the following from KnoxHMIS Manager/System Administrator:

1. KnoxHMIS Policies & Procedures
2. KnoxHMIS Governance Charter
3. KnoxHMIS Data Quality And Monitoring Plan
4. KnoxHMIS Project Privacy Plan
5. KnoxHMIS Disaster Recovery Plan
6. KnoxHMIS Business Associate Agreement
7. KnoxHMIS Agency Partner Agreement
8. Notice to Client of Uses and Data

 Agency/Program

 Date Signed

 HMIS Executive Director

 Date Signed

CLIENT SIGNATURE PAGE

As a client seeking services from a partnering Agency/Organization/Project in the Knoxville-Knox County Homeless Management Information System (KnoxHMIS), you authorized and accept responsibility for reading the KnoxHMIS HUD mandated notices, client consent, other instructional information provided to you, and will ensure that you will notify agency personnel of any changes to your information or wishes of consent.

In signing this document, you're stating that you have received the following from the agency at which you are seeking services:

1. Notice to Client of Uses and Data
2. Client Consent Form/ROI

Client Name

Date Signed

Agency Staff Member

Date Signed

Appendix A: KnoxHMIS UDE Requirements

NOTE: These elements are based on the 2014 HUD final data standards.

- Indicates data element from 2010
- ❖ Indicates NEW data element

2014 HUD Universal Data Elements

- ROI Permission
- Name (PHI); Name Data Quality
- Household Information
- Social Security Number (PHI); Social Data Quality
- Date of Birth (PHI except yr); DOB Data Quality
- Race
- Ethnicity
- Gender; if other gender, specify: ___
- Veterans Status
- Disabling Condition (Y/N)
- Residence Prior to Project Entry; If other, specify
- Length of Stay in Previous Place
- Housing Status
- ❖ Project Entry Date
- ❖ Project Exit Date
- ❖ Client Location (PHI)
- ❖ Continuously homeless for one year?
- ❖ Number of times the client has been homeless in the past three years?
- ❖ If 4 or more, total number months homeless in past three months
- ❖ Total number of months homeless in the past three years
- ❖ Length of time homeless—Status documented

2014 HUD Program Required Data Elements {PATH, SSVF, and RYHMIS will have additional program elements

- Income and Income Source, Amount, Date
- Non-Cash Benefits and Source, Amount, Date
- Disability Type
- Domestic Violence and Information Date
- Homeless verification on file
- Contact (PHI){Outreach Only}
- Date of Engagement {Outreach Only}
- ❖ Health Insurance Coverage, Source, Date, (Insurance # is PHI) If No Insurance: Reason

Proposed KKCHC Universal Data:

- Zip Code (PHI); Zip code quality
- Is client homeless?
- Chronically Homeless?
- Homeless Primary Reason? Secondary Reason?
- ❖ Client Contact Sub-Assessment [Emergency Contact, CT Phone, E-mail, etc.] (PHI)
- ❖ Do you have a current state ID?
- ❖ Do you have a current driver's license?
- ❖ Do you have a birth certificate?
- ❖ Do you have a social security card?
- ❖ Do you have a dd-214 [Veteran Only]?

Proposed KKCHC Program Data [Required]:

- Current Housing Sub-Assessment
- Primary Case Manger? (HMIS and Non-HMIS Partner)
- Extent of Homelessness?
- Employment Sub-Section
- Work History Sub-assessment [Currently employed only]

Proposed KKCHC Program Data [Optional]:

- ❖ If not receiving Social Security benefits (SSI/SSDI), specify reason
- Means of Transportation?
- Actual/ pending eviction?
- Do you currently have animals that you care for?
- Refused housing due to animal prohibitions?
- Institutional Living Prior to 18 years [Prompt: foster care, state child care custody, or group home]?
- Have you been to jail, detention, prison, or on parole?
- Speaks English?
- If speaks other language, please indicate:
- ❖ If speaks other language, has the person been connected with a licensed translator or language line?
- ❖ Are you eligible for DHS Childcare Services [Prompt: TANF, Families First, AFDC]?

Appendix B: Client Consent/Release of Information Copy

Consent/Release of Information Authorization for _____ (client name)

CONSENT TO ENTER INFORMATION IN HMIS

- I give _____ (Agency) **permission** to enter identifying information about me into the Knoxville HMIS system. **OR**
- I **do not give** _____ (Agency) **permission** to enter identifying information about me into the Knoxville HMIS system.

SHARING/RELEASE OF INFORMATION

- I give _____ (Agency) **permission** to share/release all the categories of information about me listed below, via the HMIS if applicable (see list of HMIS Partners):
- I give _____ (Agency) **permission** to share/release all the categories of information about me listed below, **except those not checked**, via the HMIS if applicable (see list of HMIS Partners): *(Check all types of information you give permission to share*

Identifiers

- Name
- Gender
- SSN
- DOB
- Veteran?
- Status
- Program ID

Profile

- Race
- Ethnicity
- Sexual Orientation
- Translator?
- Other Name(s)
- Emergency Contact
- Telephone Contact
- E-mail Contact
- Case Manager

Assessment

- Identification
- Disability
- Alcohol/Drugs
- Mental Health
- HIV/AIDS
- Health Insurance
- Health
- Pregnancy
- Domestic Violence
- Legal
- Institutional Living
- Commercial Exploitation
- Critical Issues

Income

- Income by Source/Amount
- Non-Cash Assistance (food, housing, etc.)

Housing History

- Housing Status
- Reason(s) Homeless
- Previous Residence
- Time at Previous Residence
- Geographic Area of Last Permanent Address

Chronically Homeless

- Homeless Duration
- Meet 3 HUD criteria?

Employment / Education

- Employment Status/History
- Employer
- Education Status
- Education History
- Transportation

Military Service

- Era
- Duration
- Location
- In Fire?
- Branch
- Discharge

Services Received

- Service(s)
- Dates
- Quantity
- Status
- Case Notes
- Referrals

Exit / Follow-Up

- Reason Exited
- Completion Status
- Current Housing Assessment
- Household Composition
- Family Reunification
- Agency Assistance w/move?

Knoxville HMIS

Notice to Clients of Uses & Disclosures

The agency may share/release the above information about me to: *(Choose one)*

- All HMIS Partner agencies and others working with this agency
- All HMIS Partner agencies and others working with this agency, **except for:**
- All HMIS Partner agencies, but no others
- No other agencies, except for: _____

OR

I do not give _____ (Agency) **permission** to share/release any identified information about me.

*Note that we are not required to agree to additional restrictions that you request beyond those listed here. But, if we do agree to additional restrictions (that you request in writing), then they are binding on this Agency and on Knoxville HMIS.

By signing this I certify I understand that:

The current list of Agencies who belong to Knoxville HMIS may have access to my information (if agreed to on front) are listed at knoxhmis.sworps.utk.edu. I understand that additional agencies may join Knoxville HMIS at any time and will have access to my personal information (unless excluded on front). I understand that upon my request, the Agency must provide me with a list of current Partner Agencies before I sign this consent/release, and must allow me to view the updated list of Partner Agencies at any time during normal weekday business hours so long as my consent/release remains in effect.

- The purpose of sharing information with other agencies is to help with case management, improve the services I receive, and allow other agencies to access information about me more quickly if needed.
- The Agency may not deny me service if I do not give them permission to enter my data into the HMIS or share it with other agencies.
- I am entitled to a copy of this consent/authorization.
- I may revoke this consent/release at any time by delivering or mailing a written statement canceling my consent and/or release of information to the Agency. Revoking my consent/release will not change anything for those people or agencies that had previously received my information while my consent/release was in effect.
- I have received a copy of the Knoxville HMIS *Notice to Clients of Uses and Disclosures*.
- Information collected in the Knoxville HMIS may be used for research purposes and that I am releasing my Knoxville HMIS information to The University of Tennessee for research purposes.
- All responses are treated as confidential and my participation is voluntary.
- In no case will responses from individual participants be identified. Instead, all data will be pooled and only group descriptions will be published so no one can pick out individuals.
- Refusal to have information about me entered into the Knoxville HMIS involves no penalty or loss of services from this agency.
- I may withdraw my consent to have information about me entered into the Knoxville HMIS at any time without penalty or loss of services from this agency.
- If I have further questions about the collection of information by the Knoxville HMIS, any research involving this information, my rights, or if I wish to lodge a complaint or concern, I may contact the principal investigator, Dr. David A. Patterson, at 865-974-7511.
- This release shall remain in effect until canceled by me in writing at any time or on the ending date entered below.

<hr/> <i>Release Ending Date</i>				
<hr/> <i>Client or guardian signature</i>	<hr/> <i>Date</i>	<hr/> <i>Relationship to Client</i>	<hr/> <i>Agency Witness Signature</i>	<hr/> <i>Date</i>
<hr/> <i>Print Name</i>			<hr/> <i>Print Name</i>	

Appendix C: Notice to Clients of Uses and Disclosures Copy

Notice to Clients of Uses and Disclosures

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED IN THE KNOXVILLE HOMELESS MANAGEMENT INFORMATION SYSTEM AND HOW YOU CAN CONTROL ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

What is Knoxville Homeless Management Information System?

In order to best serve your needs at _____ (Agency name), we enter information about you and members of your family that are with you into a computer system called Knoxville HMIS. Knoxville HMIS is used by many social services agencies in greater Knoxville, TN area who provide housing and related services. The system is sponsored by the City of Knoxville, the Knoxville - Knox County Coalition for the Homeless, Knox County, The Department of Housing and Urban Development, and The University of Tennessee and administered by UT College of Social Work Social Work and the Knoxville HMIS staff.

Please, understand that access to shelter and housing services is available without your participation in data collection. However, your participation, although optional, is a critical component of our community's ability to provide the most effective services and housing possible.

Why is information about you collected in Knoxville HMIS?

- To provide individualized case management and help make sure you get services you need
- To help us better understand the people we serve and their needs.
- To help us understand the types of services people need and develop new services to meet the unmet needs
- To better assess your needs and the needs of others in our community, as well as what services are available to you.
- To monitor whether your needs, and the needs of others in our community, were actually met
- To improve the quality of care and service for homeless individuals and families.

How can information about you be used or disclosed without your specific written consent?

Unless restricted by other laws, your information can be used by or disclosed to the following without your specific written consent:

A. Data that identifies you can be used or disclosed without your specific written consent to:

- Authorized people who work in this agency for purposes related to providing services to you or your family or for billing or funding purposes;
- Auditors or others who review the work of this agency or need to review the information to provide services to this agency;
- The Knoxville HMIS system administrators run the computer system to maintain the data. They may see your information in the process of fixing problems or testing the system;
- Government or social service agencies which are authorized to receive reports of abuse, neglect or domestic violence, to the extent that such reports are required by law;
- People who are reasonably able to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, including the target of a threat;
- A coroner or medical examiner or funeral director to carry out their duties;
- Authorized federal officials for the conduct of certain national security or certain activities associated with the protection of certain officials;
- Others, to the extent that the state or local law requires release of information to law enforcement officials when requested.

B. Data that does *NOT* identify you can be used or disclosed without your consent to:

Staff from the sponsoring organizations (City of Knoxville, Knox County, and The University of Tennessee) or other authorized individuals who have permission to do research or report on the use and effectiveness of the services provided to you and others. Your name, social security number, address, telephone number or any other information that would identify you personally will not appear in research data requests or reports;

Other uses and disclosures will be made only with your written consent. You may cancel your consent at any time in writing. Once consent is given, your information may be released until such time as the cancellation is received and made known to those with authorized access.

[If Agency is sharing any information with other agencies, then the following section must be included.]

If you allow sharing of your data on the Consent/Release of Information form — how can your information be used?

If you sign the consent form, your information can be shared with other agencies that use Knoxville HMIS with the restrictions that you specifically indicate on the consent form. Sharing your information may help other agencies obtain information about you more quickly, help with case management and improve their services to you. If you do not want some of your information shared, you should say so on the consent form.

What rights do you have regarding your information?

You have the right to receive a copy of the information that we maintain about you in Knoxville HMIS (except for information compiled in reasonable anticipation of or for use in a legal proceeding).

You also have the right to update information about you when the information in the record is inaccurate.

You have the right to receive a list of people who have seen your protected personal data that is maintained in the Knoxville HMIS for the six years prior to the date you request this information. The exception is that you do not have a right to a list of disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials or if required by law or requested for certain health oversight purposes.

You can exercise your rights as listed above by making a written request to the Agency at [add name and address].

If you believe that your privacy rights have been violated, you may send a written complaint to the Agency at _____ or The University of Tennessee College of Social Work, c/o Knoxville HMIS at 1618 Cumberland Ave, Knoxville, TN 37996.

This Agency and Knoxville HMIS are prohibited from retaliating against you for filing a complaint. This Agency and Knoxville HMIS are required by law to maintain the privacy of your protected personal information. This Agency is required to provide this Notice to you. This Agency and Knoxville HMIS are further required to abide by the terms of the Notice that is currently in effect, but the notice may be changed from time to time. The revised Notice will be posted at Agency at all times and may be obtained by contacting the Agency at _____ in writing and asking for a copy of any new Notice.

If you have further questions about the notice or about your rights, contact [Agency at _____].
Please note, however, that Agency cannot provide specific legal advice to you regarding your rights. This

Notice is effective on and after October 1, 2004; Last revision October 1, 2014

Appendix D: Business Associate Agreement Copy

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement") is made and executed this _____ day of _____, 2015, by and between The University of Tennessee, 600 Henley Street, Suite B080, Knoxville, TN 37996-1529, on behalf of The College of Social Work and the Knoxville Homeless Management Information System (hereinafter referred to as "Knoxville HMIS", and _____ (agency name) (hereinafter referred to as "Agency") located at _____ (agency full address)

1. Purpose.

Agency is or may be subject to the Standards for Privacy of Individually Identifiable Health Information as found at 45 CFR Parts 160 and 164 (the "Privacy Rule"), which provides certain federal regulations for the purpose of protecting certain individually identifiable health information ("PHI"). Pursuant to the Agreement, Knoxville HMIS will provide, for or on behalf of Agency, the products and/or services described in the Agreement ("Covered Services") and, in the process, may from time to time use, receive, or have access to PHI that it uses, maintains or discloses for Agency or on Agency's behalf, i.e., as a "business associate" of Agency for purposes of the Privacy Rule. As a result, Agency and Knoxville HMIS enter into this Agreement in order for Agency to comply with the Privacy Rule. The parties agree that Knoxville HMIS' services as a business associate under this Agreement shall specifically limit any research use, maintenance and/or disclosure of information to research based upon specific confidentiality agreements between University of Tennessee/Knoxville HMIS. These agreements must reflect adequate standards for the protection of confidentiality of data and must comply with the disclosure provisions in Section 4 of the HUD Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice, July 30, 2004.

2. Uses and Disclosures of PHI.

Knoxville HMIS is permitted and required to use and disclose any PHI it obtains pursuant to the parties' arrangement or in the process of furnishing the Covered Services only as described or permitted in this Agreement ("Permitted Uses and Disclosures"). Knoxville HMIS is prohibited from any use or disclosure beyond the Permitted Uses and Disclosures without written permission of Agency.

3. Additional Permitted Uses and Disclosures.

Knoxville HMIS may use PHI only as follows:

- A. To perform any data aggregation services permitted by 45 CFR § 164.504(e)(2)(i)(B) or to create a limited data set as described in and limited by 45 CFR § 164.514(e), if allowed by or necessary under the Permitted Uses and Disclosures;
- B. To report violations of law to appropriate Federal and State authorities, where consistent with 45 CFR § 164.502(j)(1);
- C. For any use or disclosure that is necessary for the proper management and administration of Knoxville HMIS or to carry out any legal responsibilities.

4. Additional Obligations of Knoxville HMIS.

In addition to the foregoing, Knoxville HMIS shall, to the extent required by the Privacy Rule:

- A. Not use or further disclose any PHI other than as permitted or required by the Agreement or as required by law;
- B. Use appropriate and commercially reasonable safeguards to prevent any use or disclosure of PHI other than as provided for by the Agreement or as required by law;
- C. Report to Agency in a reasonably prompt manner any use or disclosure of PHI not provided for by the Agreement or as required by law, of which it becomes aware and take all reasonable steps to mitigate any harmful effects resulting from such use or disclosure of PHI;
- D. Ensure that any agents, including without limitation any vendor or subcontractor to whom Knoxville HMIS provides any PHI agrees to the same restrictions and conditions that apply to Knoxville HMIS with respect to such PHI;
- E. Promptly make PHI available to Agency upon request in compliance with the access provisions of the Privacy Rule as found at 45 CFR § 164.524;
- F. Promptly make PHI available for amendment and incorporate any amendments to the PHI maintained by

- Knoxville HMIS as required by the Privacy Rule; as found at 45 CFR § 164.526 (i);
- G. Maintain data on all disclosures of PHI for which accounting is required by 45 CFR §164.528 for at least six (6) years after the date of the last such disclosure, and make that data available to Agency as necessary for Agency to provide accountings of disclosures in accordance with the Privacy Rule;
 - H. Make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services or his/her designee for purposes of determining the Agency's compliance with the Privacy Rule; and
 - I. At termination of the Agreement, to the extent feasible, recover all PHI in the possession of its agents and subcontractors and return or destroy all of the PHI that Knoxville HMIS still maintains in any form and retain no copies of such information or, if such return or destruction is not feasible in the reasonable judgment of Knoxville HMIS, extend the protections of the Agreement to the remaining PHI and limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible.

5. Obligations of Agency.

Agency shall notify Knoxville HMIS of:

- A. Any changes in, or revocation of an authorization by an Individual to use or disclose PHI, to the extent that such changes may affect Knoxville 'HMIS ' use or disclosure of PHI; and
- B. Any restriction to the use or disclosure of PHI that Agency has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Knoxville 'HMIS ' use or disclosure of PHI. If possible, Agency shall notify Knoxville HMIS of proposed restrictions prior to accepting them, so that Knoxville HMIS can determine whether the proposed restriction is administrable. Agency shall cooperate with reasonable determinations of administrability by Knoxville HMIS in determining whether to grant or deny a request for restriction.

6. Term.

This Agreement shall become effective immediately upon the date of execution and, except as hereinafter provided, shall remain in force and effect until the last of the PHI is returned to Agency or is destroyed.

7. Termination of Agreement Pursuant to Privacy Rule.

Notwithstanding any provision of the Agreement to the contrary regarding term or termination, Agency is authorized to terminate the Agreement if it determines that Knoxville HMIS has violated a material term of this Agreement or the Privacy Rule (a "Privacy Breach") upon compliance with the following:

- A. Unless Agency reasonably believes that Knoxville HMIS has already cured the Privacy Breach by remedying the condition leading to or causing the Privacy Breach, Agency shall give written notice ("Notice") to Knoxville HMIS, at the address listed at the top of this Agreement, that the Privacy Breach shall be cured as soon as possible and in any event within twenty (20) days.
- B. If it is not possible to cure the Privacy Breach or if Agency has not received satisfactory assurances within twenty (20) days of the date that the Notice is received by Knoxville HMIS that Knoxville HMIS has cured the Privacy Breach, then Agency may terminate the Agreement if it determines that termination is reasonable and feasible. If Agency determines that termination is not feasible, it may immediately report the problem to the Secretary of the Department of Health and Human Services.
- C. The parties' obligation to maintain the confidentiality of any PHI will survive the termination of this Agreement for any reason.

8. Changes to Agreement as required by law.

The parties hereto have acknowledged that this Agreement is entered into in order to comply with the requirements of the Privacy Rule. In the event that the provisions or interpretation of the Privacy Rule are materially changed, or in the event that any other law is enacted or interpreted which materially affects the terms of this Agreement, the parties agree to enter into a mutually acceptable amendment to this Agreement, on or before the effective date of that change, to bring the terms hereof into compliance therewith.

9. Definitions.

As used in this Agreement, the following terms have the following meanings:

“AGENCY” includes not only the person or entity executing this Agreement, but also includes all of its employees, officers, directors, agents, and contractors.

“Disclosure” or “disclose” means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information, as more fully described in the Privacy Rule.

“Individual” has the same meaning as the term “individual” in 45 CFR § 164.501 and includes a person who qualifies as a personal representative in accordance with 45 CFR § 164.502 (g).

“Use” means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information, as more fully described in the Privacy Rule.

10. Miscellaneous.

A. Ownership of PHI. The PHI to which Knoxville HMIS has access under this Agreement shall be and remain the property of Agency.

B. Liability. Each party to this Addendum may be held responsible for, damage, costs, and expenses, resulting from such party’s own acts or omissions in contravention of this Agreement and Privacy Rule.

C. Insurance. The University of Tennessee and Knoxville HMIS may be held liable in accordance with Tennessee Code Annotated Section 9-8-301 et. seq., which provides a form of self-insurance for the state of Tennessee.

D. No Third Party Beneficiaries. Nothing in this agreement is intended to confer upon or create in, nor shall anything herein confer upon or create in , any person other that the parties and their successors and assigns, any rights, remedies, obligations, or liabilities whatsoever.

E. Choices of Law. This Agreement shall be governed by the Laws of the State of Tennessee.

F. Notices. Any notices under this Agreement shall be written and shall be deemed delivered when actually received, or three (3) days after they are deposited with the United States Postal Service, certified mail return receipt requested when addressed to the other party at the address below. A change in the name, company, or address of the contact person shall require fifteen (15) days written notice.

For Knoxville HMIS:

For Agency:

The University of Tennessee

_____ (Agency Name)

College of Social Work/KnoxHMIS
Official)

Attn: _____ (Designated Agency

600 Henley Street, Suite B080
Address)

_____ (Street/Mailing

Knoxville, Tennessee 37996-4104
Address)

_____ (Street/Mailing

(865) 974-9142
Code)

_____ (City, State, Zip

(865) _____ (Phone Number)

G. Counterparts. This Agreement may be executed in multiple counterparts, each of which shall constitute an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties have through their duly-authorized representatives executed this Agreement as of the date first written above.

Knoxville HMIS:

The University of Tennessee

By: _____
Official)

Name: _____
Official)

Title: _____
Official)

AGENCY:

_____ (Agency Name)

By: _____ (Signature, Designated

Name: _____ (Print, Designated Agency

Title: _____ (Designated Agency

Appendix E: Partner Agreement Copy

The Knoxville Homeless Management Information System (“HMIS”), operated by The University of Tennessee, is an information system that maintains information regarding the characteristics and service needs of Clients for a variety of reasons, including the provision of more effective and streamlined services to Clients and the creation of information which communities can use to determine the use and effectiveness of services.

Ultimately, when used correctly and faithfully by all involved parties, the HMIS is designed to benefit multiple stakeholders, including provider agencies, persons who are homeless, funders and the community through improved knowledge about people who are homeless, their services and service needs and a more effective and efficient service delivery system.

_____, (“Agency”) has elected to participate in Knoxville HMIS.

Agency and Knoxville HMIS agree as follows:

1. General Understandings:

- a. In this Agreement, the following terms will have the following meanings:
 - (i) "Client" refers to a consumer of services;
 - (ii) "Partner Agency" refers generally to any Agency participating in Knoxville HMIS.
 - (iii) “Agency staff” refers to both paid employees and volunteers.
 - (iv) “HMIS” refers to the Knoxville HMIS system operated by The University of Tennessee College of Social Work.
 - (v) “Enter(ing)” or “entry” refers to the entry of any Client information into Knoxville HMIS.
 - (vi) “Shar(e)(ing),” or “Information Shar(e)(ing)” refers to the sharing of information which has been entered in Knoxville HMIS with another Partner Agency.
 - (vii) “Knoxville Staff” refers to persons that have dedicated effort to the Knoxville HMIS project and are employed by the University of Tennessee. The Knoxville staff includes the KnoxHMIS Director, Data Analyst(s), Social Work Office of Research and Public Service Information and Technology staff, and the HMIS Training Coordinator.
 - (viii) “Knoxville HMIS Advisory Committee” refers to Knoxville HMIS advisory body. The Advisory Committee is comprised of representatives from Knoxville Coalition for the Homeless. The Advisory Committee serves in a consultative and counseling capacity to The University of Tennessee as the system administrator. A list of the current members of the HMIS Advisory Committee is available on the Knoxville HMIS web page (www.knoxhmis.org).
 - (ix) “Identified Data” refers to Client data that can be used to identify a specific Client. Also referred to as “Confidential” data or information.
 - (x) “Deidentified Data” refers to data that has specific Client demographic information removed, allowing use of the data *without identifying* a specific Client. Also referred to as “non-identifying” information.

- b. Agency understands that when it enters information into HMIS, such information will be available to the Knoxville staff who may review the data to administer HMIS; to conduct analysis; and to prepare reports which may be submitted to others in de-identified form *without* individual identifying Client information.
- c. Agency understands that Agency will have the ability to indicate whether information Agency entered into HMIS may be shared with and accessible to Partner Agencies in HMIS system. Agency is responsible for determining and designating in HMIS whether information may or may not be shared.

2. Confidentiality:

- a. Agency will not
 - (i) enter information into HMIS which it is not authorized to enter; and
 - (ii) will not designate information for sharing which Agency is not authorized to share, under any relevant federal, state, or local confidentiality laws, regulations or other restrictions applicable to Client information. By entering information into HMIS or designating it for sharing, Agency represents that it has the authority to enter such information or designate it for sharing.
- b. Agency represents that: *(check applicable items)*
 - (i) it is _____; is not _____ a “covered entity” whose disclosures are restricted under HIPAA (45 CFR 160 and 164);
 - (ii) it is _____; is not _____ a program whose disclosures are restricted under Federal Drug and Alcohol Confidentiality Regulations: 42 CFR Part 2;
 - (iii) If Agency is subject to HIPAA, (45 CFR 160 and 164) or 42 CFR Part 2, a fully executed Business Associate or Business Associate/Qualified Service Organization Agreement must be attached to this agreement before information may be entered. Sharing of information will not be permitted otherwise.
 - (iv) If Agency is subject to any laws or requirements which restrict Agency’s ability to either enter or authorize sharing of information, Agency will ensure that any entry it makes and all designations for sharing fully comply with all applicable laws or other restrictions.
- c. To the extent that information entered by Agency into HMIS is or becomes subject to additional restrictions, Agency will immediately inform Knoxville HMIS in writing of such restrictions.

3. Display of Notice: Pursuant to the notice published by the Department of Housing and Urban Development (“HUD”) on July 23, 2003, Agency will prominently display a Notice of Uses and Disclosures (“Notice”) in its program offices where intake occurs and will take appropriate steps to ensure that all Clients whose information is entered into or accessed from HMIS, read and understand the contents of the Notice. The Notice will be substantially in the form of the *Notice to Clients of Uses & Disclosures*, except that (a) where an Agency’s treatment of information is materially limited by other applicable laws or requirements, the Agency’s Notice must reflect the more stringent requirements, and (b) Agency will update its Notice whenever the Knoxville HMIS updates and distributes a new form of *Notice to Clients of Uses & Disclosures*. Agency will provide a written copy of the Agency’s Notice then in effect to any Client who requests it and will provide a copy of such Notice to all Clients who are asked

to sign a Consent form. Agency will maintain documentation of compliance with these notice requirements by, among other things, maintaining copies of all Notices it uses and the dates upon which they were first used.

Information Sharing/Consent:

- a. **Designation for Sharing:** Prior to designating any information for sharing, Agency will provide the Client with a copy of the Knoxville *Notices of Use and Disclosures* ("Notices"). The current form of the Notice is available on the Knoxville web page (knoxhmis.sworps.utk.edu) and is incorporated into this Agreement and may be modified from time to time by Knoxville HMIS. Following an explanation of the data use, the Agency will obtain the informed consent of the Client by having the Client sign the Knoxville HMIS *Client Consent/Release of Information* form.

If a Client does not sign the consent/release form as described above, information may not be shared with other Partner Agencies. It is the responsibility of Agency entering information about a Client to determine whether consent has been obtained; to make appropriate entries in HMIS to either designate the information as appropriate for sharing or prohibit information sharing; to implement any restrictions on information sharing; and to implement any revocation of consent to information sharing.

- b. **Consent Requirements:** All consent must be in the form of the informed written consent of Client. At a minimum, Agency must meet the following standards:
 - (i) In obtaining Client consent, Agency will provide a copy of the Knoxville HMIS *Notices of Use and Disclosures* to Client along with a verbal explanation of the Notice and the terms of consent. Agency will arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the Consent form or the Agency's Notice.
 - (ii) Agency will use the *Client Consent/Release of Information* form ("Consent"), for all Clients where written consent is required. A separate Consent form will be obtained for each member of a household that is receiving services. The current form of the *Client Consent/Release of Information* is available on the Knoxville HMIS web page (knoxhmis.sworps.utk.edu). *Client Consent/Release of Information* is incorporated into this Agreement and may be modified from time to time by Knoxville HMIS.
 - (iii) Agency will note any limitations or restrictions on information sharing on a Client's *Client Consent/Release of Information* form with appropriate data entries into HMIS. If questions arise (for example questions on how to implement restrictions on information sharing), Agency will notify Knoxville HMIS staff in writing before authorizing the sharing of any information.
 - (iv) If a Client withdraws or revokes consent for release of information, Agency is responsible for immediately making appropriate data entries in HMIS to ensure that Client's information will not be shared with other Partner Agencies.
 - (v) Agency will keep all copies of the *Client Consent/Release of Information* form signed by Clients for a period of six years. Such forms will be available for inspection and copying by Knoxville HMIS at any time.
 - (vi) This information is being gathered for the collection and maintenance of a research database and data repository. The consent obtained is in effect until the client revokes the consent or until the research project is ended.

4. **No Conditioning of Services:** Agency will not condition any services upon or decline to provide any services to a Client based upon a Client's refusal to sign a **Client Consent/Release of Information** form for the sharing of identified information or refusal to allow entry of identified information into HMIS.
5. **Re-release Prohibited:** Agency agrees not to release any Client identifying information received from HMIS to any other person or organization without written informed Client consent, or as required by law.
6. **Client Inspection/Correction:** Agency will allow a Client to inspect and obtain a copy of his/her own personal information except for information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding. Agency will also allow a Client to correct information that is inaccurate. Corrections will be made by way of a new entry which is in addition to but is not a replacement for an older entry.
7. **Security:** Agency will maintain security and confidentiality of HMIS information and is responsible for the actions of its users and for their training and supervision. Agencies will follow the **Knoxville Security Policy** which is on the Knoxville web page (knoxhmis.sworps.utk.edu) and is incorporated into this agreement and may be modified from time to time. Among the steps Agency will take to maintain security and confidentiality are:
 - a. **Access:** Agency will permit access to HMIS or information obtained from it only to authorized Agency staff who need access to HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Agency will limit the access of such staff to only those records that are immediately relevant to their work assignments.
 - b. **User Policy:** Prior to permitting any user to access HMIS, Agency will require the user to sign a **User Policy, Responsibility Statement & Code of Ethics** ("User Policy"), which is found on the Knoxville HMIS web page (knoxhmis.sworps.utk.edu) and is incorporated into this agreement and may be amended from time to time by Knoxville HMIS. Agency will comply with, and enforce the User Policy and will inform Knoxville HMIS immediately in writing of any breaches of the User Policy
 - c. **Computers:** Security for data maintained in Knoxville HMIS depends on a secure computing environment. Computer security is adapted from relevant provisions of the Department of Housing and Urban Development's (HUD) "Homeless Management Information Systems (HMIS) Data and Technical Standards Notice" (Docket No. FR 4848-N-01; see <http://www.hud.gov/offices/cpd/homeless/hmis>). Agencies are encouraged to directly consult that document for complete documentation of HUD's standards relating to HMIS. Agency will allow access to HMIS only from computers which are:
 - (i) physically present on Agency's premises;
 - (ii) owned by Agency; or
 - (iii) approved by Agency for the purpose of accessing and working with HMIS; and
 - (iv) protected from viruses by commercially available virus protection software,
 - (v) protected with a software or hardware firewall,
 - (vi) maintained to insure that the computer operating system running the computer used for the HMIS is kept up to date in terms of security and other operating system patches, updates, and fixes,
 - (vii) accessed through web browsers with 128-bit encryption (e.g., Internet Explorer, version 6.0). Some browsers have the capacity to remember passwords, so that the user does not need to type in the password when returning to password-protected sites. This

default shall **not** be used with respect to Knoxville HMIS; the end-user is expected to physically enter the password each time he or she logs on to the system,

- (viii) staffed at all times when in public areas. When computers are not in use and staff are not present, steps should be taken to ensure that the computers and data are secure and not publicly accessible. These steps should minimally include: Logging off the data entry system, physically locking the computer in a secure area, or shutting down the computer entirely,
- d. **Passwords:** Agency will permit access to HMIS only with use of a User ID and password which the user may not share with others. Written information pertaining to user access (e.g. username and password) shall not be stored or displayed in any publicly accessible location.

Passwords shall be at least eight characters long and meet industry standard complexity requirements, including, but not limited to, the use of at least one of each of the following kinds of characters in the passwords: Upper and lower-case letters, and numbers and symbols. Passwords shall not be, or include, the username, or the HMIS name. In addition, passwords should not consist entirely of any word found in the common dictionary or any of the above spelled backwards. The use of default passwords on initial entry into the HMIS application is allowed so long as the application requires that the default password be changed on first use. Passwords and user names shall be consistent with guidelines issued from time to time by HUD and/or Knoxville HMIS.

- e. **Training/Assistance:** Agency will permit access to HMIS only after the authorized user receives appropriate confidentiality training including that provided by Knoxville HMIS. Agency will also conduct ongoing basic confidentiality training for all persons with access to HMIS and will train all persons who may receive information produced from HMIS on the confidentiality of such information. Agency will participate in such training as is provided from time to time by Knoxville HMIS. Knoxville HMIS will be reasonably available during Knoxville HMIS defined weekday business hours for technical assistance (i.e. troubleshooting and report generation).
- f. **Records:** Agency and Knoxville HMIS will maintain records of any disclosures of Client identifying information either of them makes of HMIS information for a period of six years after such disclosure. On written request of a Client, Agency and Knoxville HMIS will provide an accounting of all such disclosures within the prior six-year period. Knoxville HMIS will have access to an audit trail from HMIS so as to produce an accounting of disclosures made from one Agency to another by way of sharing of information from HMIS.

8. Information Entry Standards:

- a. Prior to the entry of identifying data, a signed **Client Consent/Release of Information** form will be completed by the Client.
- b. Information entered into HMIS by Agency will be truthful, accurate and complete to the best of Agency's knowledge.
- c. Agency will **not** solicit from Clients or enter information about Clients into the HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.
- d. Agency will only enter information into HMIS database with respect to individuals that it serves or intends to serve, including through referral.

- e. Agency will enter information into the HMIS database within one month of data collection.
- f. Agency will not alter or over-write information entered by another Agency.

9. Use of Knoxville HMIS:

- a. Agency will not access identifying information for any individual for whom services are neither sought nor provided by the Agency. Agency may access identifying information of the Clients it serves and may request via writing access to statistical, non-identifying information on both the Clients it serves and Clients served by other Knoxville HMIS participating agencies.
- b. Agency may report non-identifying information to other entities for funding or planning purposes. Such non-identifying information shall not directly identifying individual Clients.
- c. Agency and Knoxville HMIS will report only non-identifying information in response to requests for information from HMIS, and in conducting any research that relies on information from HMIS.
- d. Agency will use HMIS database or its legitimate business purposes only.
- e. Agency will not use HMIS in violation of any federal or state law, including, but not limited to, copyright, trademark and trade secret laws, and laws prohibiting the transmission of material, which is threatening, harassing, or obscene.
- f. Agency will not use the HMIS database to defraud federal, state or local governments, individuals or entities, or conduct and illegal activity.

10. Proprietary Rights of the Knoxville HMIS:

- a. Agency shall not give or share assigned passwords and access codes for HMIS with any other Agency, business, or individual.
- b. Agency shall take due diligence not to cause in any manner, or way, corruption of the HMIS database, and Agency agrees to be responsible for any damage it may cause.

11. HMIS Advisory Committee: Knoxville HMIS will consult with the Advisory Committee from time to time regarding issues such as revision to the form of this Agreement. Written Agency complaints that are not resolved may be forwarded to the HMIS Advisory Committee, which will try to reach a voluntary resolution of the complaint.

12. Limitation of Liability and Indemnification: No party to this Agreement shall assume any additional liability of any kind due to its execution of this agreement of participation in the HMIS system. It is the intent of the parties that each party shall remain liable, to the extent provided by law, regarding its own acts and omissions; but that no party shall assume additional liability on its own behalf or liability for the acts of any other person or entity except for the acts and omissions of their own employees, volunteers, agents or contractors through participation in HMIS. The parties specifically agree that this agreement is for the benefit if the parties only and this agreement creates no rights in any third party.

13. Limitation of Liability. The University of Tennessee and Knoxville HMIS shall not be held liable to any member Agency for any cessation, delay or interruption of services, nor for any malfunction of hardware, software or equipment.

14. Disclaimer of Warranties. Knoxville HMIS makes no warranties, express or implied, including the warranties or merchandise ability and fitness for a particular purpose, to any Agency or any other person or entity as to the services of the HMIS system to any other matter.

15. Additional Terms and Conditions:

- a. Agency will abide by such guidelines as are promulgated by HUD and/or Knoxville HMIS from time to time regarding administration of the HMIS.
- b. Agency and Knoxville HMIS intend to abide by applicable law. Should any term of this agreement be inconsistent with applicable law, or should additional terms be required by applicable law, Agency and Knoxville HMIS agree to modify the terms of this agreement so as to comply with applicable law.
- c. Neither Knoxville HMIS nor Agency will transfer or assign any rights or obligations regarding Knoxville HMIS without the written consent of either party.
- d. Agency agrees to indemnify and hold Knoxville HMIS, its agents and staffs, and The University of Tennessee harmless from all claims, damages, costs, and expenses, including legal fees and disbursements paid or incurred, arising from any breach of this Agreement or any of Agency’s obligations under this Agreement.
- e. This Agreement will be in force until terminated by either party. Either party may terminate this agreement at will with 20 days written notice. Either party may terminate this agreement immediately upon a material breach of this Agreement by the other party, including but not limited to the breach of the Knoxville HMIS Security Policy by Agency.
- f. If this Agreement is terminated, Agency will no longer have access to HMIS. Knoxville HMIS and the remaining Partner Agencies will maintain their right to use all of the Client information previously entered by Agency except to the extent a restriction is imposed by Client or law.
- g. Copies of Agency data will be provided to the Agency upon written request of termination of this agreement. Data will be provided on CDs or other mutually agreed upon media. Unless otherwise specified in writing, copies of data will be delivered to Agency within fourteen (14) calendar days of receipt of written requests for data copies.

Signed,

Signature of Agency Authorized Representative

Date

Print Agency Authorized Representative

Agency Name

Agency Street Address

City

State

Zip Code

Agency Mailing Address *(Leave Blank If Same As Above)*

City

State

Zip Code

Signature of the University of Tennessee Authorized Representative

Date

Appendix F: User Policy Agreement Copy

User Policy, Responsibility Statement & Code of Ethics

For: _____ from: _____
 User Name (*print Name*) Agency Name (*print Name*)

USER POLICY

Partner Agencies who use the Knoxville HMIS and each User within any Partner Agency is bound by various restrictions regarding the Client information.

It is a Client's decision about which information, if any, is entered into HMIS and whether that information is to be shared and with any Partner Agencies. ***Client Consent/Release of Information*** shall be signed by Client before any identifiable Client information is entered into HMIS or designated in HMIS for sharing with any Partner Agencies. User shall insure that prior to obtaining Client's signature; the Knoxville HMIS ***Notice to Clients of Uses and Disclosures*** was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).

USER CODE OF ETHICS

Users must be prepared to answer Client questions regarding HMIS.

Users must faithfully respect Client preferences with regard to the entry and sharing of Client information within HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.

Users must allow Client to change his or her information sharing preferences at the Client's request.

Users must not decline services to a Client or potential Client if that person refuses to allow entry of information into HMIS or to share their personal information with other agencies via HMIS.

The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.

Users will not solicit from or enter information about Clients into HMIS unless the information is required for a legitimate business purpose such as to provide services to the Client.

Users will not alter or over-write information entered by another Agency.

Users will not use HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.

Upon Client written request, users must allow a Client to inspect and obtain a copy of the Client's own information maintained within HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.

Users must permit Clients to file a written complaint regarding the use or treatment of their information within HMIS. Client may file a written complaint with either the Agency or Knoxville HMIS at The University of Tennessee College of Social Work, 1618 Cumberland Ave. Knoxville, TN 37996. Client may not be retaliated against for filing a complaint.

USER RESPONSIBILITY

Your username and password give you access to the HMIS software. Users are also responsible for obtaining and maintaining their own security certificates in accordance with Agency Partner Agreement.

Initial each item below to indicate your understanding and acceptance of the proper use of your username and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS database access, and may result in disciplinary action from the Partner Agency as defined in the Partner Agency's personnel policies.

I agree to maintain the confidentiality of Client information in HMIS in the following manner:

- My username and password are for my use only and will not be shared with anyone.
- I will not use the browser capacity to remember passwords: I will enter the password each time I log on to the HMIS.
- I will take reasonable means to keep my password physically secure.
- I will only view, obtain, disclose, or use the database information that is necessary to perform my job.
- I understand that the only individuals who may directly access HMIS Client information are authorized users, and I will take these steps to prevent casual observers from seeing or hearing HMIS Client information.
- I will log off of HMIS before leaving my work area, or make sure that the HMIS database has "timed out" before leaving my work area.
- I will not leave unattended any computer that has HMIS "open and running".
- I will keep my computer monitor positioned so that persons not authorized to use HMIS cannot view it.
- I will store hard copies of HMIS information in a secure file and not leave such hard copy information in public view on my desk, or on a photocopier, printer or fax machine.
- I will properly destroy hard copies of HMIS information when they are no longer needed unless they are required to be retained in accordance with applicable law.
- I will not discuss HMIS confidential Client information with staff, Clients, or Client family members in a public area.
- I will not discuss HMIS confidential Client information on the telephone in any areas where the public might overhear my conversation.
- I will not leave messages on my agency's answering machine or voicemail system that contains HMIS confidential Client information.
- I will keep answering machine volume low so that HMIS confidential information left by callers is not overheard by the public or unauthorized persons.
- I understand that a failure to follow these security steps appropriately may result in a breach of Client HMIS confidentiality and HMIS security. If such a breach occurs, my access to the HMIS may be terminated and I may be subject to further disciplinary action as defined in the partner agency's personnel policy.
- If I notice or suspect a security breach, I will immediately notify the Director of my Agency and the Knoxville HMIS Security Officer.

I understand and agree to comply with all the statements listed above.

HMIS User Signature		Date	HMIS User Name (<i>please print</i>)
Agency Director Signature		Date	Agency Director Name (<i>please print</i>)

Appendix G: Script for Verbal Consent

Hello, my name is _____ and I am calling from _____ agency. We work in collaboration with KnoxHMIS, which is Knoxville's hub for coordinated care. By collecting and entering your information, we can better serve you in the community.

*In order to *share* client information, agencies are required to have a written ROI

Appendix H: Posted Notice

The following needs to be posted in an area visible to incoming clients:

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

Appendix I: HIPAA Compliance Checklist

I. Physical Office Space	
HIPAA Standard	HMIS Response
An office assessment is conducted to identify all areas where personal health information (PHI) is used, accessed, or discussed by staff.	<ul style="list-style-type: none"> • HMIS IT staff members conduct agency assessments. • HMIS IT staff members and agency administrators select the most appropriate and private locations to set up HMIS-accessible computers.
All computer systems that process PHI are not accessible to non-office personnel.	<ul style="list-style-type: none"> • Only computers installed with specific firewall software by HMIS IT staff members can access the HMIS. • All computers (including laptops) with access to the HMIS are password protected.
Computer screens are not visible to non-office personnel.	Computer screens are not visible to non-office personnel.

II. Office Operations and Management	
HIPAA Standard	HMIS Response
A system is created to obtain patients' authorization for the disclosure of PHI to another entity, acknowledgement of notice of privacy practices and consent (optional).	HMIS policy requires all partner agencies to secure written client consent for the disclosure of HMIS-stored information to another entity and acknowledgement of notice of privacy practices and consent (see Appendix A).
A system is created to handle patients' requests for their medical information, including their right to request an amendment to their medical record.	HMIS policy includes a system to handle client requests for their HMIS-stored information, including their right to request an amendment to their HMIS records.
A system is created to document all complaints about privacy violations and their dispositions.	HMIS policy requires documentation of all complaints about privacy violations and their dispositions.
The office determines the minimum necessary amount of PHI access for each staff person to complete his or her job function and adjust access to PHI accordingly.	<ul style="list-style-type: none"> • HMIS policy outlines levels of access to the HMIS. • Agency staff members are given HMIS access levels that provide the minimum necessary access to complete their job functions.

III. Designation of Staff and Employee Training	
HIPAA Standard	HMIS Response
A Privacy Officer is identified – the individual in the office practice who will be responsible for the development and implementation of the policies and procedures required for HIPAA compliance.	A HIPAA expert has been consulted when developing HMIS policies and procedures to ensure HIPAA compliance.
A contact person is identified to receive and handle complaints for privacy violations.	HMIS policy designates a contact person who is responsible for receiving and handling complaints for privacy violations.
A training program is established to educate all staff members of HIPAA and privacy policies.	A training program is utilized to educate all staff on HMIS privacy policies.
Staff sanctions are developed for failure to comply with the privacy policies and procedures of the office. Application of these sanctions will be reviewed to ensure consistency.	HMIS policy states that failure to comply with HMIS privacy policies and procedures results in termination of HMIS access and other sanctions as determined by partner agencies.
Procedures are developed to ensure privacy and security after an office staff person has ended his or her employment and to respond to breaches of patients' privacy.	HMIS policy states that staff persons' user licenses and passwords are cancelled upon termination from a partner agency to protect HMIS privacy and security.

IV. Documentation	
HIPAA Standard	HMIS Response
Notice of Privacy Practices: All patients are provided with the office's Notice of Privacy Practices and acknowledge in writing that they have received such Notice. This notice is posted in the office's waiting area.	Notice to Clients of Uses and Disclosures: All clients are provided with the HMIS Notice to Clients of Uses and Disclosures if requested. This notice is posted in a location visible to clients at each partner agency.
Patient Authorization Forms: All patients must sign an authorization form indicating the uses and disclosures of their PHI for non-treatment/payment operation purposes.	Client Consent and Release of Information: All clients must sign a Client Consent and Release of Information form indicating the release of their HMIS-stored information to partner agencies designated by the HMIS.
Business Associate Agreements: All Business Associates must sign a business associate agreement that contractually binds them to ensuring that PHI is handled properly within their business operations.	<ul style="list-style-type: none"> • Business Associates Agreements: All HMIS partner agencies must sign Business Associates Agreements that contractually bind them to ensuring the PHI is handled according to the privacy standards established in 45 CFR 160 and 164. • Agency Partner Agreements: All HMIS partner agencies must sign Agency Partner Agreements that contractually bind them to participating in the HMIS according to HMIS policy and procedures.
Complaint Mechanism: A documentation system is established for all complaints about HIPAA privacy violations and their dispositions.	Complaint Mechanism: HMIS policy establishes a documentation system for handling all complaints about privacy violations and their dispositions.
Consent (optional): Patients can sign a consent document that governs the release and use of their PHI for routine disclosures that are not otherwise covered by the Patient Authorization Forms.	Consent: Agency staff members must secure written consent from all clients whose information they enter into the HMIS.

V. Purposes and Use of Data	
HIPAA Standard	HMIS Response
<p>A covered entity may use or disclose PHI without the written consent or authorization of the individual as described in 45 CFR 164, including:</p> <ul style="list-style-type: none"> • As required by law; • For public health activities; • To report victims of abuse, neglect, or domestic violence; • For health oversight activities; • For judicial and administrative proceedings; • For law enforcement purposes; • To decedents; • For cadaveric organ, eye or tissue donation purposes; and • For research purposes. 	<p>HMIS partner agencies may use and disclose HMIS-stored information as described in CFR 160 and 164 (see Left). Agencies also may use and disclose information as described in HUD's HMIS Data and Technical Standards – Final Notice, including:</p> <ul style="list-style-type: none"> • To coordinate services among HMIS partner agencies; • For functions related to payment or reimbursement for services; • To carry out administrative functions; and • To create de-identified PHI.
Minimum Necessary Standard: A covered entity must develop policy and procedures that reasonably limit its disclosures of, and requests for, PHI for payment health care operations to the minimum necessary, per 45 CFR 164.	HMIS Partner Agencies must limit use or disclose of HMIS-stored information to appropriate purposes for which the information is obtained or when required by law, per HMIS Data and Technical Standards – Final Notice.
Research Purposes: A covered entity may accept an Institutional Review Board's (IRB) waiver of authorization for purposes of conducting research, per 45 CFR 164.	Research Purposes: The Knoxville HMIS has obtained documentation from the University of Tennessee IRB per 45 CFR 46 approving use of data collected from persons receiving services from HMIS partner agencies. The information requested is the minimum necessary for the research purpose.

Appendix J: HUD & HMIS Acronyms & Descriptions

This glossary includes a list of terms that will be used throughout this document, as well as by the HMIS Staff, HUD, and its Partners. The following is a list of all “associated” HUD terms, definitions, and acronyms. There may be some duplication of information.

Administration for Children and Families	ACF	A division of the U.S. Department of Health and Human Services (HHS). ACF has a budget for 65 programs that target children, youth and families, including for assistance with welfare, child support enforcement, adoption assistance, foster care, child care, and child abuse.
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.
Alliance of Information & Referral Systems	AIRS	The professional association for more than 1,000 community information and referral (I&R) providers serving primarily the United States and Canada. AIRS maintains taxonomy of human services.
Annual Homeless Assessment Report	AHAR	Annual report to Congress on the extent and nature of homelessness
Annual Performance Report	APR	Report that tracks program progress and accomplishments in HUD’s competitive homeless assistance programs. The APR provides the grantee and HUD with information necessary to assess each grantee’s performance
Audit Trail		A record showing who has accessed a computer system and what operations he or she has performed during a given period of time. Most database management systems include an audit trail component.
Bed Utilization		An indicator of whether shelter beds are occupied on a particular night or over a period of time.
Biometrics		Refers to the identification of a person by computerized images of a physical feature, usually a person’s fingerprint.
Chronic Homelessness		HUD defines a chronically homeless person as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time.
Client		A living individual about whom a CHO collects or maintains protected personal information because (1) the individual is receiving, has received, may receive, or has inquired about assistance from a CHO; or (2) in order to identify needs, or to plan or develop appropriate assistance within the CoC.
Client Intake		The process of collecting client information upon entrance into a program.
Community Development Block Grant	CDBG	A flexible program that provides communities with resources to address a wide range of unique community development needs. Beginning in 1974, the CDBG program is one of the longest continuously run programs at HUD. The CDBG program provides annual grants on a formula basis to 1,180 general units of local and State governments.
Consumer		An individual or family who has or is currently is experiencing homelessness.
Continuum of Care	CoC	Also called CoC or Continuum, means the group organized to

		carry out the responsibilities required under the CoC Program Interim Rule (24 CFR Part 578) and is comprised of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, and law enforcement, and organizations that serve homeless and formerly homeless persons to the extent that these groups are represented within the geographic area and are available to participate.
Continuum Program		Also called “Program” refers to the federal funding source which provides housing and/or service grant dollars
Continuum Project		Also called “Project,” Refers to a distinct unit of an organization, which may or may not be funded by HUD or other federal partners, that provides services and/ or lodging for the homeless and is identified by the continuum as part of its service system. [Note: A project funded by the CoC may be referred to then as a “CoC program project.
Coverage		A term commonly used by CoCs or homeless providers to refer to the number of beds represented in an HMIS divided by the total number of beds available.
Covered Homeless Organization	CHO	Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses, or processes data on homeless clients for an HMIS. The requirements of the HMIS Final Notice apply to all Covered Homeless Organizations.
Data Quality		The accuracy and completeness of all information collected and reported to the HMIS. Data Standards.
Date of Birth	DOB	The date a person was born.
Dedicated HMIS		The cost of the HMIS implementation is its own component in the SuperNOFA project exhibit
De-identification		The process of removing or altering data in a client record that could be used to identify the person. This technique allows research, training, or other non-clinical applications to use real data without violating client privacy.
Department of Education	DOE	The agency of the federal government that establishes policy for administers and coordinates most federal assistance to education . It assists the president in executing his education policies for the nation and in implementing laws enacted by Congress.
Digital Certificates		An attachment to an electronic message used for security purposes. The most common use of a digital certificate is to verify that the user sending a message he or she claims to be and to provide the receiver with the means to encode a reply.
Disabling Condition		A disabling condition in reference to chronic homelessness is defined by HUD as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.
Domestic Violence	DV	Occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another. Includes physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, and threats of violence. Violence can be criminal and includes physical assault (hitting, pushing, shoving, etc.), sexual abuse (unwanted or forced sexual activity), and stalking. Although emotional, psychological and financial abuses

		are not criminal behaviors, they are forms of abuse and can lead to criminal violence. There are a number of dimensions of DV. Mode physical, psychological, sexual and/or social; frequency on/off, occasional, chronic; and severity in terms of both psychological or physical harm and the need for treatment, including transitory or permanent injury, mild, moderate, and severe up to homicide.
Electronic Housing Inventory Chart	eHIC	Point-in-time inventory of provider programs within a Continuum of Care that provide beds and units dedicated to serve persons who are homeless, categorized by five Program Types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing.
Electronic Special Needs Assistance Program	e*SNAPs	Established by HUD to address the specific needs of persons living with HIV/AIDS and their families. HOPWA makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons medically diagnosed with HIV/AIDS
Emergency Food and Shelter Program	EFSP	A Federal program administered by the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) and has been entrusted through the McKinney-Vento Homeless Assistance to supplement and expand ongoing efforts to provide shelter, food and supportive services for hungry and homeless people across the nation.
Emergency Shelter	ES	Any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless.
Emergency Solutions Grants	ESG	A federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.
End User	EU	Any individual who uses or enters data in an HMIS or a comparable database approved by the CoC. This can include Agency Administrators.
Encryption		Conversion of plain text into unreadable data by scrambling it using a code that masks the meaning of the data to any unauthorized viewer. Computers encrypt data by using algorithms or formulas. Encrypted data are not readable unless they are converted back into plain text via decryption.
Ethnicity		Identity with or membership in a particular racial, national, or cultural group and observance of that group's customs, beliefs, and language.
Extensible Markup Language	XML	General-purpose specification for creating custom markup languages. It is classified as an extensible language because it allows its users to define their own elements. Its primary purpose is to facilitate the sharing of structured data across different information systems, particularly via the Internet, and it is used both to encode documents and to serialize data.
Family and Youth Services Bureau	FYSB	Provides national leadership on youth and family issues. Promotes positive outcomes for children, youth, and families by supporting a wide range of comprehensive services and collaborations at the local, Tribal, State, and national levels.
Federal Emergency Management Agency	FEMA	The agency responsible for coordinated response for disaster that has occurred in the United States and that overwhelms the resources of local and state authorities.
Federal Information Processing Standards	FIPS	Ensure that all federal government and agencies adhere to the same guidelines regarding security and communication.
Geographic Information Systems	GIS	An information system for capturing, storing, analyzing, managing, sharing, and displaying geographically referenced

		information.
Government Performance and Results Act	GPRA	One of a series of laws designed to improve government project management. The GPRA requires agencies to engage in project management tasks such as setting goals, measuring results, and reporting their progress. In order to comply with GPRA, agencies produce strategic plans, performance plans, and conduct gap analysis of projects.
Hashing		The process of producing hashed values for accessing data or for security. A hashed value is a number or series of numbers generated from input data. The hash is generated by a formula in such a way that it is extremely unlikely that some other text will produce the same hash value or that data can be converted back to the original text. Hashing is often used to check whether two texts are identical. For the purposes of Homeless Management Information Systems it can be used to compare whether client records contain the same information without identifying the clients.
Health Insurance Portability and Accountability Act of 1996	HIPAA	U.S. law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers. Developed by the Department of Health and Human Services, these standards provide patients access to their medical records and give them more control over how their personal health information is used and disclosed.
HMIS Data and Technical Standards Final Notice		Regulations issued by HUD via the Federal Register describing the requirements for implementing HMIS. The HMIS Final Notice contains rules about who needs to participate in HMIS, what data to collect, and how to protect client information.
HMIS Lead Organization	HMIS Lead	The central organizations that will house those individuals who will be directly involved in implementing and providing operational, training, technical assistance, and technical support to participating agencies.
HMIS System Administrator		The individual(s) whose job it is to manage the HMIS implementation at the local level: enrolling programs and managing appropriate use, supporting users through connection to or direct provision of user training, and overseeing system set up.
Homeless Management Information System	HMIS	Computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.
Homelessness Prevention and Rapid Re-Housing Program	HPRP	The Homelessness Prevention and Rapid Re-Housing Program will provide financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized.
Homelessness Pulse	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.
Housing Inventory Chart	HIC	Consists of three housing inventory charts for: emergency shelter, transitional housing, and permanent supportive housing.
Housing Opportunities for Persons with AIDS	HOPWA	Established by HUD to address the specific needs of persons living with HIV/AIDS and their families. HOPWA makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons medically diagnosed with HIV/AIDS and their families.
Inferred Consent		Once clients receive an oral explanation of HMIS, consent is assumed for data entry into HMIS. The client must be a person of age and in possession of all his/her faculties (for example, not

		mentally ill).
Information and Referral	I&R	A process for obtaining information about programs and services available and linking individuals to these services. These services can include emergency food pantries, rental assistance, public health clinics, childcare resources, support groups, legal aid, and a variety of nonprofit and governmental agencies. An HMIS usually includes features to facilitate information and referral.
Informed Consent		A client is informed of options of participating in an HMIS system and then specifically asked to consent. The individual needs to be of age and in possession of all of his faculties (for example, not mentally ill), and his/her judgment not impaired at the time of consenting (by sleep, illness, intoxication, alcohol, drugs or other health problems, etc.).
McKinney-Vento Act		The McKinney-Vento Homeless Assistance Act was signed into law by President Ronald Reagan on July 22, 1987. The McKinney-Vento Act funds numerous programs providing a range of services to homeless people, including the Continuum of Care programs: the Supportive Housing Program, the Shelter Plus Care Program, and the Single Room Occupancy Program, as well as the Emergency Shelter Grant Program.
Memorandum of Understanding	MOU	A bilateral or multilateral agreement between two or more parties.
Member Agency		An agency who has signed all HMIS agreements and who is actively entering data into the system.
Mental Health	MH	State of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.
Notice of Funding Availability	NOFA	An announcement of funding available for a particular program or activity. See also SuperNOFA.
Penetration Testing		The process of probing a computer system with the goal of identifying security vulnerabilities in a network and the extent to which outside parties might exploit them.
Performance Assessment Rating Tool	PART	Developed to assess and improve program performance so that the Federal government can achieve better results. A PART review helps identify a program's strengths and weaknesses to inform funding and management decisions aimed at making the program more effective. The PART therefore looks at all factors that affect and reflect program performance including program purpose and design; performance measurement, evaluations, and strategic planning; program management; and program results. Because the PART includes a consistent series of analytical questions, it allows programs to show improvements over time, and allows comparisons between similar programs.
Performance Measures		A process that systematically evaluates whether your program's efforts are making an impact on the clients you are serving.
Permanent Supportive Housing		Long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables the special needs populations to live independently as possible in a permanent setting.
Personal Protected Information	PPI	Information that can be used to uniquely identify, contact or locate a single person, or may enable disclosure of personal information.
Point in Time	PIT	A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

Privacy Notice		A written, public statement of an agency's privacy practices. A notice informs clients of how personal information is used and disclosed. According to the HMIS Data and Technical Standard, all covered homeless organizations must have a privacy notice.
Program Data Element	PDE	Data elements required for programs that receive funding under the McKinney-Vento Homeless Assistance Act and complete the Annual Progress Reports (APRs).
Prospective Member Agency		An agency who has inquired about joining HMIS.
Public Keys		Public keys are included in digital certificates and contain information that a sender can use to encrypt information such that only a particular key can read. The recipient also can verify the identity of the sender through the sender's public key.
Public Key Infrastructure	PKI	An arrangement that binds public keys with respective user identities by means of a certificate authority (CA). The user identity must be unique for each CA. The binding is established through the registration and issuance process, which, depending on the level of assurance the binding has, may be carried out by software at a CA or under human supervision. The PKI role that assures this binding is called the Registration Authority (RA). For each user, the user identity, the public key, their binding, validity conditions, and other attributes are made unforgeable in public key certificates issued by the CA.
Race		Identification within five racial categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White
Release of Information	ROI	In the United States, HIPAA and State guidelines strongly direct the rules and regulations of patient information. ROI departments perform such tasks as obtaining patient consent, certifying medical records, and deciding what information can be released.
Runaway and Homeless Youth Management Information System	RHYMIS	An automated information tool designed to capture data on the runaway and homeless youth being served by FYSB's Basic Center Program and Transitional Living Program for Older Homeless Youth (TLP). RHYMIS also captures information on the contacts made by the Street Outreach Program grantees and the brief service contacts made with youth or families calling the FYSB programs.
Scan Cards		Some communities use ID cards with bar codes to reduce intake time by electronically scanning ID cards to register clients in a bed for a night. These ID cards are commonly referred to as scan cards.
Shared Grant		The cost of the HMIS Implementation is shared with another program. For example, if a transitional housing facility shares the cost of the HMIS implementation with other providers.
Shelter Plus Care (McKinney-Vento Program)	S+C	A program that provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy (SRO) Rental Assistance.
Single Room Occupancy	SRO	A residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both. It provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings.
Social Security Number	SSN	A 9-digit number issued by the Social Security Administration to individuals who are citizens, permanent residents, and temporary (working) residents.
Super Notice of Funding Availability	SNAP	The consolidation of all of HUD's homeless grants program into one notice of funding availability. The SuperNOFA funds the

		Continuum of Care Competition.
Supplemental Security Income	SSI	A monthly stipend provided to aged (legally deemed to be 65 or older), blind, or disabled persons based on need, paid by the U.S. Government.
Supportive Housing Program	SHP	A program that provides housing, including housing units and group quarters that has a supportive environment and includes a planned service component.
Supportive Services		Services that may assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.
Supportive Services Only	SSO	Projects that address the service needs of homeless persons. Projects are classified as this component only if the project sponsor is not also providing housing to the same persons receiving the services. SSO projects may be in a structure or operated independently of a structure, such as street outreach or mobile vans for health care.
Technical Assistance	TA	Specialized service or skill that a nonprofit does not possess within the organization, but which it may need in order to operate more effectively. Examples of technical assistance include: Grant writing and other forms of fundraising. Strategic planning.
Technical Submission		The form completed in the second phase of the SHP fund application process where an applicant that is successful in the competition (called a “conditionally selected grantee” or “selectee”) then provides more detailed technical information about the project that is not contained in the original application.
Temporary Assistance for Needy Families	TANF	Provides cash assistance to indigent American families with dependent children through the United States Department of Health and Human Services.
Transitional Housing	TH	A project that has its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).
Unaccompanied Youth		Minors not in the physical custody of a parent or guardian, including those living in inadequate housing such as shelters, cars, or on the streets. Also includes those who have been denied housing by their families and school-age unwed mothers who have no housing of their own.
Unduplicated Count		The number of people who are homeless within a specified location and time period. An unduplicated count ensures that individuals are counted only once regardless of the number of times they entered or exited the homeless system or the number of programs in which they participated. Congress directed HUD to develop a strategy for data collection on homelessness so that an unduplicated count of the homeless at the local level could be produced.
Universal Data Element	UDE	Data required to be collected from all clients serviced by homeless assistance programs using an HMIS. These data elements include date of birth, gender, race, ethnicity, veteran’s status, and Social Security Number (SSN). These elements are needed for CoCs to understand the basic dynamics of homelessness in their community and for HUD to meet the Congressional directive to support AHAR.
U.S. Department of Health and Human Services	HHS	A Cabinet department of the United States government with the goal of protecting the health of all Americans and providing essential human services.
U.S. Department of Housing and Urban Development	HUD	The Federal agency responsible for national policy and programs that address America’s housing needs that improve and develop the Nation’s communities, and enforce fair housing

		laws. HUD's business is helping create a decent home and suitable living environment for all Americans, and it has given America's cities a strong national voice at the Cabinet level.
Veterans Affairs	VA	A Government runs military veteran benefit system. It is responsible for administering programs of veterans' benefits for veterans, their families, and survivors. The benefits provided include disability compensation, pension, education, home loans, life insurance, vocational rehabilitation, survivors' benefits, medical benefits, and burial benefits.
Violence Against Women Act	VAWA	Programs range from policies to encourage the prosecution of abusers to victim's services to prevention programs. VAWA helped forge new alliances between police officers, courts, and victim advocates.
Written Consent		Written consent embodies the element of informed consent in a written form. A client completes and signs a document consenting to an understanding of the options and risks of participating or sharing data in an HMIS system. The signed document is then kept on file at the agency.

Appendix K: HMIS ServicePoint Data Dictionary

Client ID	The Client ID is a series of numbers that identifies each client that is entered into ServicePoint; the Client ID represents the order in which a given client was entered into the system. ServicePoint automatically assigns a Client ID each time a new person is added to the system. Clients are searchable in ServicePoint by their Client IDs.
Client Unique ID	The Client Unique ID is a series of numbers and letters that is unique to each client. ServicePoint generates the Client Unique ID using characters from a client's first name, last name, DOB, SSN, and other demographic information. The Client Unique ID is used to de-duplicate client level data. ServicePoint can generate reports that include Client Unique IDs, but clients are not searchable in ServicePoint using the Client Unique ID.
First Name	A client's legal First Name Clients are searchable in ServicePoint by their Names.
Last Name	A client's legal Last Name. Clients are searchable in ServicePoint by their Names.
Household Unique ID	<p>The Household Unique ID is a series of numbers that identifies two or more clients receiving housing or services as a household unit. The Household Unique ID is automatically generated by ServicePoint when two or more client records are linked in the system as a household unit. ServicePoint can generate reports that include Household Unique ID, but clients are not searchable in ServicePoint using the Household Unique ID.</p> <p>PLEASE NOTE: Although a given client may work with multiple service providers, he will have only one Client ID and one Client Unique ID, because all service providers use the same client record when entering data into ServicePoint for a given client. However, a client may have multiple Household Unique IDs, because he may access services at different times as part of different households. All household configurations that a given client has been a part of will appear in the Households section of his client record.</p>
Head of Household (HOH)?	This indicates the client making the application for shelter, housing, or services on behalf of the household. This is a Yes/No question.
Relationship to Head of Household	The other household member(s)'s Relationship to HOH is each person a family's relationship to the HOH (i.e. daughter, son, husband, wife, etc.).
<p>Is the Client Homeless?</p> <ul style="list-style-type: none"> ❖ An individual or family who lacks a fixed, regular, and adequate nighttime Residence ❖ An individual or family who will imminently lose their primary nighttime residence ❖ Unaccompanied youth under 25 years of age, or families with children and youth, who do not other qualify as homeless 	<p>This indicates whether or not a client (or household) HUD definition of homelessness. Per the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act HUD's definition includes housing, or are exiting an institution where they temporarily resided. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were in shelter or a place not meant for human habitation immediately prior to entering that institution.</p> <ul style="list-style-type: none"> • People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless. The proposed regulation also describes specific documentation requirements for this category.

<p>Is the Client Homeless?</p> <ul style="list-style-type: none"> ❖ Any individual who is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous life threatening conditions 	<ul style="list-style-type: none"> • Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment. • People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence. • People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were in shelter or a place not meant for human habitation immediately prior to entering that institution. • People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless. The proposed regulation also describes specific documentation requirements for this category. • Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment. • People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence. <p>PLEASE NOTE: The definition above affects who may be eligible for various HUD-funded homeless assistance programs.</p>
<p>Housing Status</p>	<p>Housing Status Indicates whether a client (or household) is literally homeless; imminently losing their housing; unstably housed and at-risk of losing their housing; or stably housed.</p> <p>Persons who are literally homeless include people who at program entry of the following:</p> <ul style="list-style-type: none"> • Places not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

Housing Status	<ul style="list-style-type: none"> • A supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing for homeless persons); • A hospital or other institution, if the person was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution; • Fleeing a domestic violence situation. <p>Persons who are <i>imminently losing their housing</i> include people who at program entry:</p> <ul style="list-style-type: none"> • Are currently housed and not literally homeless, per above definition; • Are imminently losing their housing, whether permanent or temporary; • Have no subsequent housing options identified; and • Lack the resources or support networks needed to retain current housing or obtain temporary or permanent housing. <p>Examples of imminent housing loss include:</p> <ul style="list-style-type: none"> • Being evicted from a private dwelling unit (including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations); • Being discharged from a hospital or other institution; • Living in housing that has been condemned by housing officials and is no longer considered meant for human habitation; <p>Persons who are <i>unstably housed</i> and at-risk of losing their housing include people who at program entry:</p> <ul style="list-style-type: none"> • Are currently housed and not literally homeless or imminently losing their housing, per above definitions; • Are experiencing housing instability, but may have one or more other temporary housing options; and • Lack the resources or support networks to retain or obtain permanent housing. <p>Persons who are <i>stably housed</i> are in a stable housing situation and not at risk of losing this housing (i.e., do not meet the criteria for any of the other housing response categories, per above definitions).</p> <p>PLEASE NOTE: Housing Status should correspond to Homeless Status; meaning:</p> <p>Clients living in Places not Meant for Habitation, Emergency and Temporary</p>

	Shelter for Families, Temporary Shelter for Singles, Transitional Housing or any other non-Permanent Housing Program will answer the question <i>Is Client Homeless</i> Yes and will indicate the <i>Housing Status</i> is Literally Homeless .
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Program Entry Date	The date when a client (or household) is officially enrolled in a given service provider's program.
Program Exit Date	The date when a client (or household) is officially dis-enrolled from a given service provider's program.
Reason for Leaving	The reason why a client (or household) dis-enrolled from a given program.
Destination	Destination indicates a client's (or households) living situation at the time of Program Exit.
Entry/Exit Provider ID	Entry/Exit Provider ID is the unique id for the service provider from which a client (or household) receives housing and/or other services.
Social Security Number (SSN)	A Social Security Number is a nine-digit number issued to U.S. citizens, permanent residents, and temporary (working) residents under section 205(c)(2) of the Social Security Act, codified as 42 U.S.C. § 405(c)(2). The number is issued to an individual by the Social Security Administration. Clients are searchable in ServicePoint by their Social Security Numbers.
SSN Data Quality	SSN Data Quality indicates if the Social Security Number captured in ServicePoint is a client's Full Reported or Partially Reported SSN; it can also indicate that client does not know his SSN or that he refused to disclose his SSN.
Date Of Birth (DOB)	The month, day, and year on which a person was born based on the Gregorian calendar. Clients are searchable in ServicePoint by their Dates of Birth.
Date of Birth Type	Date of Birth Type indicates if the date of birth captured in ServicePoint is a client's Full Reported DOB or an Approximate or Partially Reported DOB; it can also indicate that client does not know his DOB or that he refused to disclose his DOB.
Gender	A client's self-reported gender expression. Responses include: Male, Female, Transgender Male to Female, Transgender Female to Male, Other, Refused (meaning a client refused to disclose his gender expression), or Don't know (meaning a client does not know what his gender expression is). PLEASE NOTE: A client's self-reported gender expression need not align with his biological sex or perceived gender.
Primary Race	A client's self-reported primary racial identity. PLEASE NOTE: A client's Race should always be reported in ServicePoint based solely on what the client has indicated his racial identity to be and not on perceived racial identity.
Secondary Race	A client's self-reported secondary racial identity. PLEASE NOTE: A client's Race should always be reported in ServicePoint based solely on what the client has indicated his racial identity to be and not on perceived racial identity.
Ethnicity	An indication of a client's self-determined ethnic designation of Latino/Hispanic or Non-Latino/Non-Hispanic. PLEASE NOTE: A client's Ethnicity should always

	be reported in ServicePoint based solely on what the client has indicated his ethnic identity to be and not on perceived ethnic identity.
Veteran	A Veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.
Do you Have a History Domestic Violence?	This indicates whether or not a given client has experienced Domestic Violence or (in the case of minor children) was present in the home when the Domestic Violence occurred.
Extent of Domestic Violence	How long ago the Domestic Violence occurred.
Site Lived at in the Week Prior to Program Entry	Site Lived at in the Week Prior to Program Entry indicates a client's (or households) living situation at the time of Program Entry.
Length of Stay	The Length of is the amount of time the client (or household) stayed at the Site Lived at in the Week Prior to Program Entry.
Zip Code of Last Permanent Address	The Zip Code of Last Permanent Address is the five-digit zip code of the apartment, room, or house where the client last lived on a permanent basis for 90 days or more. PLEASE NOTE: This does not include Shelter or Transitional Housing.
Zip Code Data Quality	Zip Code Data Quality indicates that the Zip Code of Last Permanent Address captured in ServicePoint is a client's Full or Partially Reported Zip Code, that client does not know the zip code of his last permanent address, or that he refused to disclose the zip code of his last permanent address.
Disabling Condition	A Disabling Condition is: (1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long- continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder. This is a Yes/No questions. There is also a Disabilities Sub-assessment to indicate the client's disability type(s), whether or not a given disability is long term, whether or not a given disability is self-reported or if there is a diagnosis or other documentation verifying a given disability, whether or not a client is receiving treatment or services for a given disability, and the start and end dates for a given disability. This is a Yes/No question. There is also a Disabilities Sub-assessment to indicate the client's disability type(s), the start and end dates for the disability types(s), and other information.
Disability Type	This question appears in the Disabilities Sub-assessment. Disability Type indicates the HUD defined disability type(s) a client has; including: <ul style="list-style-type: none"> • Physical Disability • Developmental Disability • Chronic Health Condition • HIV/AIDS • Mental Health

	<ul style="list-style-type: none"> Substance Abuse
Long Term?	This question appears in the Disabilities Sub-assessment and indicates if a given Disability Type is expected to be of long, continued and indefinite duration and substantially impede a client's ability to live independently.
Disability Start Date	This question appears in the Disabilities Sub-assessment and indicates the first date a client began living with a given disability in relation to the client's program entry date. Meaning – the start date for a disability a client has as the time of program entry will be the Program Entry Date; whereas, the start date for a disability that a client acquires after program entry will be the date of diagnosis. PLEASE NOTE: In no case should the Disability Start Date be before the client's Program Entry Date or after his Program Exit Date.
Disability End Date	This question appears in the Disabilities Sub-assessment and indicates the last date a client lived with a given disability. PLEASE NOTE: In no case should the Disability End Date be before the client's Program Entry Date or after his Program Exit Date.
Disability Determination	This question appears in the Disabilities Sub-assessment and indicates whether a disability is self-reported by the client or if it is documented by a health care professional.
If Yes, Currently Receiving Services or Treatment?	This question appears in the Disabilities Sub-assessment and indicates whether or not a client is receiving services or treatment for a given Disability Type. PLEASE NOTE: This question will be answered Yes if the client is receiving services for the disability either from the Entry/Exit Provider or from another service provider.
Income Received From Any Source in the Last 30 Days?	This indicates whether or not a client receives any regular monthly income from any source(s). This is a Yes/No question. There is also a Monthly Income Sub-assessment to indicate the client's income source(s), amount(s), and the start and end dates for the source(s).
Income Source	This question appears in the Monthly Income Sub-assessment, and indicates the type of income earned/received.
Last 30 Day Income	This question appears in the Monthly Income Sub-assessment, and indicates the monthly amount of a given Income Source.
Income Start Date	This question appears in the Monthly Income Sub-assessment, and indicates the first date that a client began receiving a given Income Source in relation to the client's program entry date. Meaning – the start date for an Income Source that a client earns/receives as the time of program entry will be the Program Entry Date; whereas, the start date for an Income Source that a client acquires after program entry will be the first date that he began earning/receiving that income source. PLEASE NOTE: In no case should the Income Start Date be before the client's Program Entry Date or after his Program Exit Date.
Income End Date	This question appears in the Monthly Income and indicates the last date a client earned/received a given income source. PLEASE NOTE: In no case should the Income End Date be before the client's Program Entry Date or after his Program Exit Date.
Non-Cash Benefits Received in the Last 30 Days?	This indicates whether or not a client receives any Non-Cash Benefits from any source(s). This is a Yes/No question. There is also a Non-Cash Benefits Sub-assessment to indicate the client's benefit source(s), amount(s), and the start

	and end dates for the source(s).
Source of Non-Cash Benefit	This question appears in the Non-Cash Benefits Sub-assessment and indicates the type of benefit earned/received.
Amount of Non-Cash Benefit	This question appears in the Non-Cash Benefits Sub-assessment and indicates the value of the Non-Cash Benefit received or provided
Start Date of Non-Cash Benefit	<p>This question appears in the Non-Cash Benefits Sub-assessment and indicates the first date that a client began receiving a given Benefit in relation to the client's program entry date.</p> <p>Meaning – the start date for a Benefit that a client earns/receives as the time of program entry will be the Program Entry Date; whereas, the start date for a Benefit that a client acquires after program entry will be the first date that he began earning/receiving that Benefit. PLEASE NOTE: In no case should the Start Date of Non-Cash Benefit be before the client's Program Entry Date or after his Program Exit Date</p>
End Date of Non-Cash Benefit	This question appears in the Non-Cash Benefits Sub-assessment. End Date of Non-Cash Benefits indicates the last date a client earned/received a given benefit. PLEASE NOTE: In no case should the End Date of Non-Cash Benefit be before the client's Program Entry Date or after his Program Exit Date.

Appendix L: HUD & HMIS Report Descriptions

Annual Homeless Assessment Report	AHAR	Annual report to Congress on the extent and nature of homelessness
Annual Performance Report	APR	Report that tracks program progress and accomplishments in HUD's competitive homeless assistance programs. The APR provides the grantee and HUD with information necessary to assess each grantee's performance
Audit Trail		A record showing who has accessed a computer system and what operations he or she has performed during a given period of time. Most database management systems include an audit trail component.
Indian Housing Block Grants	IHBG	The Annual Performance Report (APR) is a self-assessment prepared by the recipient of an Indian Housing Block Grants (IHBG). The APR is required by Section 404 of the Native American Housing Assistance and Self Determination Act of 1996 (NAHASDA); regulations for the program are published at 24 CFR Part 1000.
HMIS Data and Technical Standards Final Notice		Regulations issued by HUD via the Federal Register describing the requirements for implementing HMIS. The HMIS Final Notice contains rules about who needs to participate in HMIS, what data to collect, and how to protect client information.
Housing Inventory Chart	HIC	Consists of three housing inventory charts for: emergency shelter, transitional housing, and permanent supportive housing.
Performance Assessment Rating Tool	PART	Developed to assess and improve program performance so that the Federal government can achieve better results. A PART review helps identify a program's strengths and weaknesses to inform funding and management decisions aimed at making the program more effective. The PART therefore looks at all factors that affect and reflect program performance including program purpose and design; performance measurement, evaluations, and strategic planning; program management; and program results. Because the PART includes a consistent series of analytical questions, it allows programs to show improvements over time, and allows comparisons between similar programs.
Performance Measures		A process that systematically evaluates whether your program's efforts are making an impact on the clients you are serving.
Point in Time	PIT	A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.
Technical Submission		The form completed in the second phase of the SHP fund application process where an applicant that is successful in the competition (called a "conditionally selected grantee" or "selectee") then provides more detailed technical information about the project that is not contained in the original application.

Appendix M: HUD & Partners Projects & Acronyms

PROGRAMS	ACRO NYM	PROJECTS	ACRONYM
HUD-Continuum of Care Program	CoC		
		Electronic Special Needs Assistance Program	e*SNAPs
		Homeless Prevention	HP
		Permanent Supportive Housing	PSH
		Rapid Re-Housing	RRH
		Support Service Only	SSO
		Transitional Housing	TH
		Safe Haven	SH
		20 year Use Requirement	SRO
HUD-Emergency Solutions Grants Program	ESG		
		Emergency Shelter	ES
		Entry/Exit	ES-e/e
		Night-by-Night	ES-nbn
HUD-Rural Housing Stability Assistance Program	RHSA		
HUD-Housing Opportunities for Persons with AIDS	HOPW A		
		Hotel/Motel	H/M
		Housing Information	HI
		Permanent Housing	PH
		Permanent Housing Placement	PHP
		Short Term Housing	STH
		Transitional Housing	TH
		Rural Housing Stability Assistance Program	RHSAP
U.S. Department of Health & Human Services	HHS		
HUD-Emergency Solutions Grants Program	ESG		
		Emergency Shelter	ES
Administration for Children & Families	ACYF	Runaway Homeless Youth	RHY
Family & Youth Services Bureau	FYSB	Basic Center Program	BCP
		Emergency Shelter	BCP-es
		Preventative	BCP-p
		Maternal Group	MGH
		Transitional Living Program	TLP
		Demonstration Programs	D
Substance Abuse and Mental Health Services Administration	SAMH SA		
Projects for Assistance in Transition from Homelessness	PATH	Street Outreach	SO
		Support Services	SSO

Appendix N: HUD Homeless Definitions

Homeless Category 1	Homeless Category 2	Homeless Category 3	Homeless Category 4
<p><i>An individual or family who lacks a fixed, regular, and adequate nighttime Residence, meaning:</i></p>	<p><i>An individual or family who will imminently lose their primary nighttime residence, provided that:</i></p>	<p><i>Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</i></p>	<p><i>Any individual or family who</i></p>
<ol style="list-style-type: none"> 1. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; 2. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government program 3. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; 	<ol style="list-style-type: none"> 1. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; 2. No subsequent residence has been identified; and 3. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing; 	<ol style="list-style-type: none"> 1. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act, section 637 of the Head Start Act, section 41403 of the Violence Against Women Act of 1994, section 330(h) of the Public Health Service Act, section 3 of the Food and Nutrition Act of 2008, section 17(b) of the Child Nutrition Act of 1966, or section 725 of the McKinney-Vento Homeless Assistance Act; 2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; 3. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and 4. Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment. 	<ol style="list-style-type: none"> 1. Is fleeing, or is attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; 2. Has no other residence; and 3. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Section 8 Rental Assistance Applications Selected Preferences for Eligibility

Displaced by Government Action	You must provide a letter from a government Agency verifying a government action (public improvement/development program) or a disaster (a dwelling has been declared extensively damaged or destroyed pursuant to federal relief laws)
Involuntarily Displaced	<p>You must be in need of immediate shelter by reason of extreme hardship due to a disaster or catastrophe such as fire, flood, storm, or condemnation through no fault of your own. You will need to provide a letter from social service or government agency, or a notarized letter from a property owner who can verify your displacement, OR</p> <p>You are in need of immediate shelter by reason of extreme hardship such as individuals who are victims of domestic violence, reprisal, or hate crimes. Documentation from a government agency must represent this hardship within the last thirty (30) days</p>
Substandard Housing	<p>You must provide KCDC with a letter from a government agency stating that your house is unsafe, unsanitary, overcrowded, structural condition or lack of utilities, OR</p> <ul style="list-style-type: none"> • A letter from a government or social service agency verifying that you are currently without fixed nighttime residence or staying in a supervised shelter.
Disability or Handicap	A disabled family as defined in HUD regulations – a family whose head, spouse, or sole member is disabled.

To expedite the process of your application, you must provide KCDC with the following items for you and all family members at the time of your scheduled interview with a KCDC representative:

1. Picture ID
2. Social security card or letter from the Social Security Administration office verifying the social security number for each household member
3. Birth certificate for all family members
4. Verification that you qualify for one of the above preferences
5. Proof of income received by each household member. *Example:* recent check stubs, statement from DHS, Social Security Administration, Veterans Administration, Juvenile Court, notarized statement from person paying child support, receipts of self-employment, including babysitting, lawn mowing, or donating plasma
6. Copies of bank statements showing balance and interest rate

Please Note: You will be mailed an appointment letter to come in and submit a formal application. All adults must be present with a picture ID, and you must provide all requested documentation listed above or you WILL NOT BE SEEN.



Other Changes...

• PUBLIC HOUSING PREFERENCES

- First Preference
- **Former/Current KCDC Residents** This preference includes residents who were or must be relocated by KCDC action;
- Second Preference
- **Government Action/Involuntarily Displaced/VAWA Preference**
- Third Preference
- **Elderly and/or Disabled** This preference would apply to families with at least one family member who is elderly (62+) and/or disabled receiving a fixed income (Examples: Social Security, Social Security Disability, Veterans Benefits, etc.)
- **OR**
- **Working** This preference would apply to families with at least one adult family member who is employed (working at least 20 hours per week at the Federal Minimum Wage), and to full-time students. In households with one adult full-time student, additional adult household members must also qualify for premier as either a full-time student and/or an individual working 20+ hours.

Other Changes... (cont.)

- **PUBLIC HOUSING PREFERENCES**

- **Fourth Preference**
- ***Homeless Preference*** This preference shall be given to individuals or families lacking a regular or fixed nighttime residence, and who are living in a shelter. Homeless circumstances should be confirmed by a shelter or a recognized social service agency
- **Fifth Preference**
- ***Near Elderly I (age 58-61)*** This preference will be given to individuals or families with at least one adult household member between 58 and 61 years of age.
- **Sixth Preference**
- ***Near Elderly II (age 50-57)*** This preference will be given to individuals or families with at least one adult household member between 50 and 57 years of age.

**SECTION IX
CONTINUUM OF CARE**

Section 9.1 Designation of the Coalition as the Knoxville-Knox County Continuum of Care (CoC). For the purposes of meeting the requirements of the US Department of Housing and Urban Development's Continuum of Care regulations (24 CFR 578) the Coalition designates itself as the Knoxville-Knox County Continuum of Care, and establishes these bylaws as the document controlling governance of this CoC.

Section 9.2 CoC Collaborative Applicant. This CoC serves as the default Collaborative *Applicant* for the purposes of submitting the annual CoC Consolidated Application for funding on behalf of this CoC. The CoC may, by majority vote, designate another eligible applicant to serve as the Collaborative Applicant on behalf of this CoC. The designation of another entity to serve as Collaborative Applicant shall remain in effect until such time that this organization shall, by majority vote, rescind such designation, or designate a different entity to serve as the *Collaborative Applicant*.

Section 9.3 Homeless Management Information System (HMIS). In accordance with applicable HUD regulations, this CoC shall, by majority vote, designate a single HMIS to operate within its geographic area. This CoC shall also, by majority vote, designate a single eligible applicant to serve as the *HMIS Lead* to manage the HMIS. The designation of a single HMIS and an HMIS Lead shall remain in effect until such time that this CoC, by majority vote, rescinds such designations or designates a different HMIS and/or HMIS Lead. This CoC shall ensure the HMIS is administered in compliance with applicable HUD requirements. This CoC will periodically review, revise and approve HMIS privacy, security, and data quality plans. This CoC will actively work to ensure the consistent participation of CoC recipients and subrecipients in the designated HMIS.

Section 9.4 CoC Planning. In accordance with applicable HUD regulations, this CoC is responsible for coordinating a housing and service system to meet the needs of the homeless population and subpopulation within this CoC's geographic area.

(a) System Coordination. This CoC is responsible for coordination and implementation of a comprehensive system to address the needs of the homeless population and persons experiencing a housing crisis within this CoC's geographic area. This CoC will carry out this responsibility in collaboration with similar efforts being carried out under the community's comprehensive plan to address homelessness.

(b) Point-in-Time Count. In accordance with applicable HUD regulations and requirements, this CoC will, at least biennially, plan and conduct a point-in-time count of homeless persons within this CoC's geographic area.

(c) Annual Gaps Analysis. In accordance with applicable HUD regulations and requirements, this CoC will conduct an annual gaps analysis of the homeless needs and services available within this

CoC's geographic area, including a housing inventory.

- (d) **Consolidated Plan Information.** This CoC will provide the information required to complete the HUD Consolidated Plans for jurisdictions within this CoC's geographic area.
- (e) **ESG Consultation.** This CoC will consult and coordinate with HUD Emergency Solutions Grant (ESG) recipients within this CoC's geographic area, with respect to the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients.
- (f) **CoC Grantee Monitoring.** This CoC will monitor and rank all HUD CoC Funded Projects following 24 CFR 578.7 section (a) (4) and (6) as well as Notice: CPD-14-012 section V- Record keeping Requirements- guidance through the development and use of a Ranking and Steering Committee. A performance improvement plan from a grantee agency may be required if significant concerns are identified during a review. The grantee will have a period of one year or one HUD CoC grant-funding cycle, whichever is shorter but not less than six (6) calendar months, from the date the improvement plan was assigned, to show improvement, as determined by the Ranking and Steering Committee. If the performance improvement is deemed unsuccessful, the Ranking and Steering Committee may recommend to the CoC Board of Directors reallocation of all or part of the grantee's renewal funding for the upcoming CoC grant cycle.
- (g) **CoC Prioritizing.** This CoC will prioritize all new bonus monies and reallocated projects monies for the Chronically Homeless as defined in 24CFR Chapter V- 578.3 and prioritize the subgroups using HUD's yearly prioritized list. Any Permanent Supportive Housing beds not dedicated or prioritized for the chronically homeless will be prioritized following CPD-14-012 Notice section III -B regarding non- chronic homeless household that have a disability and high severity of becoming chronically homeless based upon an approved standardized severity assessment tool.