



# HOMELESS NO MORE CONTINUUM OF CARE – CENTRAL TN

## PROJECT FINAL RANKING SHEET

### NOFA Project Final Ranking Sheet

Project Name	Rank	Project Name	Rank
Project A <i>HNM HMIS</i>	<i>1</i>	Project I <i>Planning</i>	
Project B <i>HNMC</i>	<i>2</i>	Project J <i>Center of Hope RRH</i>	<i>9</i>
Project C <i>Center of Hope DV/TH</i>	<i>3</i>	Project K <i>Flourishing Families</i>	<i>10</i>
Project D <i>HNM Mandy (Precision Children) PSH</i>	<i>4</i>	Project L	
Project E <i>Center of Clarksville</i>	<i>5</i>	Project M	
Project F <i>HNM Permanent Supportive Housing</i>	<i>6</i>	Project N	
Project G <i>Marshall Co S+C</i>	<i>7</i>	Project O	
Project H <i>Robertson Co S+C</i>	<i>8</i>	Project P	

*Bonus*  
*Deborah Hillin*  
*Amended 9-2-16*  
*left off new Bonus projects.*

### DETERMINING THE FINAL PRIORITY LISTING

The final priority listing will give equal weighting to the pre-scored and rated evaluations of each project.

1. Two scores will be calculated for each project. One will be calculated using the pre-scored factors and one using the Large Group Scoring ranks.
2. A priority listing is generated separately from the pre-scored factors and the ranks.
3. A rank order is assigned to each project from each of the priority listings.
4. The rank orders are added together to generate a total score.
5. The projects are prioritized based on their total scores.

It is likely that some projects will have the same total score. If there are ties, the priority order will be determined by the Large Group Scoring ranking. In the unlikely event that the Large Group Scoring rankings are also tied, the pre-scored factor rankings will be used. In the even more unlikely event that ties still remains, a random method such as a coin toss will determine the final ranking.

*[Signature]*  
 PRIORITY RANKING CHAIR  
 8/18/16  
 DATE

*[Signature]*  
 COC CHAIR  
 08/18/2016  
 DATE

## 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 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while 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 this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to 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 CoC Application Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1A-1. CoC Name and Number:** TN-503 - Central Tennessee CoC

**1A-2. Collaborative Applicant Name:** Buffalo Valley, Inc.

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Buffalo Valley, Inc.

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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)	Yes	Yes	Yes
Hospital(s)	No	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	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Not Applicable	No	Not Applicable
Youth advocates	No	No	No
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
Veterans	Yes	Yes	Yes
Health Councils	Yes	Yes	Yes
HIV/AIDS Agency	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 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.**

CoC solicits & takes into consideration the opinions of others through local health councils, housing meetings, & committee work. The local make-up has been carefully thought out to ensure a variety of voices are represented. The broad brush representation with knowledge or interest in preventing & ending homelessness is invited to participate on the HNM Steering Board & serve on committees. HNM staff attends meetings & shares info on homeless issues while listening to the local needs & gaps in services for the homelessness in their area. Flow of information is two-way. City of Clarksville host one of the local CoC meetings that is representative of local government, social service agencies, shelter providers, housing agencies, domestic violence agencies, mental health and addiction providers, faith based agencies, and food banks, etc. DV agencies both CoC funded & non-funded actively participate in providing gaps and needs in preventing and ending homelessness during the CoC meetings.

**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 between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
None in our CoC	No	No	No

**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 between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Center of Hope	Yes	Yes
Bridges	Yes	Yes
Women are Safe	Yes	Yes
Home Safe	No	No

**1B-2. 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 new projects in 2016. (limit 1000 characters)**

The open process begins with a call for proposals to all county mayor offices, social service agencies, known homeless providers, shelters, domestic violence shelters, faith based organizations, mental health and addictions agencies, veteran organizations. This is presented at meetings, sent via emails, and posted on websites. The "call for proposals" provides basic information on who is eligible to apply, proposed / available of funds, eligible activities, target focus, etc. From this, eligible agencies are requested to send in a "letter of intent" to apply as well as a summary of their proposed project by a deadline. Once this has been received, the CoC Lead will initiate an applicant profile in esnaps where they are able to access an Exhibit II. Requirements are explained in order to apply. TA is provided by HNM Lead Agency to those expressing desire to apply for funding in 2016.

**1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation?**      Annually

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. Does the CoC coordinate with 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)	Not Applicable
Head Start Program	No
Housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, requires CoC's 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 the CoC to 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)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the 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
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
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2
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
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2

**1C-2a. Based on the responses provided 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 and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

The CoC participates through consultation with Consolidated Plan jurisdictions each year to discuss allocation of ESG funds, performance standards for and evaluation of outcomes of projects and activities assisted by ESG funds. Joint effort also includes development of funding, policies, and procedures for administration and operation of the HMIS. Regular contact occurs between CoCs, ESG Entitlement cities, and THDA (state recipient of ESG funds). Together these entities have worked to coordinate the funding of ESG programs to address the CoC's most critical needs. These conversations have been frequent and ongoing. These meetings occur bi-annually or more often as issues surface that need to be addressed. The type of interaction includes emails, face-to-face, and workshops, etc.

**1C-2b. Based on the response 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)**

The consultation between THDA & City of Clarksville discusses how to allocate ESG funds annually, the development of performance standards for & evaluating the outcomes of projects & activities assisted by ESG funds, etc. THDA administers ESG contracts for the Tennessee Balance of State & Continuum of Care (CoC) except in entitlement jurisdictions that receive their own allocation of ESG funds. THDA regularly attends CoC meetings & works closely with the CoC to administer the ESG program & address service gaps to homeless populations. THDA presented information on the Consolidated Plan and Housing and Community Needs Survey 15 times throughout the planning process to service providers & other stakeholders that address homelessness & affordable housing needs. Feedback from HNM occurs in various media opportunities such as one-to-one meetings, workshops, Public Hearings, etc. HNM contributes to the Homeless Needs Assessment based on gaps and needs survey, PIT, and HIC presented to HUD.

**1C-3. Describe 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)**

The CoC coordinates with DV providers funded & non-funded regarding the safety & security of survivors of domestic violence & sits on the Steering Board. All files & information are done so in a strictly confidential manner to non-dv

housing providers. Releases of information are obtained from the client who chooses to sign prior to any disclosure of personal / identifying information. These have been approved by VAWA & OCJP & include the following specifics: referral agency, content of information to share & expiration of release. They do not participate in HMIS or any other computer based data collection that is accessible to outside agencies. Case managers develop personal safety plans & code words with their children while in a secure physical facility. Clients, volunteers & property maintenance providers must sign a confidentiality agreement as to the location of the shelter. Services provided to clients are offered with a Trauma Informed Care philosophy.

**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 July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Franklin PHA	65.00%	Yes-Both
Clarksville PHA	0.00%	Yes-Public Housing
Hohenwald PHA	11.00%	Yes-Public Housing
Lewisburg PHA	10.00%	Yes-Public Housing
Trousdale PHA	12.50%	Yes-Public Housing

**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)**

Within the CoC area, there are 16 units of CHDO housing, approximately 20 units of HOME housing units, 7 locations of HUD 811s (99 units), 4 locations of HUD 202 (60 units), and numerous NSP housing. Of these units, 6 of the 16 units of CHDO target persons experiencing homelessness. Discussions with the management company for the HUD 811 and 202s are on-going to consider target persons experiencing homelessness but due to specific regulations about background checks and legal infractions, they have not yet targeted homeless individuals. On the other hand for those who can pass the background checks, they are willing to put them on their waiting list. The HOME and CHDO units are being used for prevention of homelessness as they become vacant. There are 38 Grant Per Diem beds that target homeless Veterans in the CoC area.

**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.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
<b>Other:(limit 1000 characters)</b>	
Jail diversion-medical detox	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Select the system(s) 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.**

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

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

<b>Foster Care:</b>	<input checked="" type="checkbox"/>
<b>Health Care:</b>	<input checked="" type="checkbox"/>
<b>Mental Health Care:</b>	<input checked="" type="checkbox"/>
<b>Correctional Facilities:</b>	<input checked="" type="checkbox"/>
<b>None:</b>	<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) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons**

**discharged are not discharged into homelessness.  
(limit 1000 characters)**

n/a

## **1E. Centralized or Coordinated Assessment (Coordinated Entry)**

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.**

**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)**

HNM's coordinated entry process includes multiple accessible locations & an 800 number where homeless can receive assistance. Within the CoC, Buffalo Valley has 5 locations in Lewis, Marshall, Sumner, Trousdale, and Montgomery County. Likewise, the City of Clarksville has 5 locations through partner agencies & Sumner County has one location. While presenting at these locations, individuals are provided fair & equal access to services that best fits their needs. Partner DV shelters provide access for victims of DV for needed services. HNM utilizes the VI-SPDAT to assess vulnerability, & to prioritize based on greatest need, & to ensure that there are low barriers to access to services. Housing providers are encouraged to implement Housing First & person centered approaches to care. This process does not exclude subpopulations but does recognize that some of the populations may require specific referral sources during this process.

**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 there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of**

**the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESG agencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2016 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 2016 CoC Program Competition?	6
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 2016 CoC Program Competition?	6
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

### 1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

<b>Performance outcomes from APR reports/HMIS:</b>	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
<b>Monitoring criteria:</b>	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
<b>Need for specialized population services:</b>	

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"/>
None:	<input type="checkbox"/>

**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)**

In the local renewal & new competition, projects were scored on response to questions regarding the project’s status in adopting a Housing First approach, including narrative explanations on low barriers; residence prior to entry; number of beds dedicated &/ prioritized for individuals experiencing chronic homelessness for both PSH & transitional housing; bonus points for serving CH individuals/families, youth, veterans and/or those experiencing DV. Rank & Review Committee are informed of a project’s use of the VI-SPDAT focusing on the more acuity of the individual/family’s situation to determine what is going on immediately with the individual/family, are scores of vulnerability & severity being used in housing placement, & are projects proposing housing options/interventions based on their score when compared to others presenting as homeless. Also considered is the prioritizing of non CH beds when they become available by a project applicant.

**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. Evidence of the public posting must be attached. (limit 750 characters)**

We made this available to stakeholders through the following avenues: presentation at meetings, emails, faxes, & posting on the Lead Agency’s website: www.buffalovalley.org as well as websites of others. The dates of the posting will be no later than 9-2-16. One TH project was reallocated to created a HMIS & new PSH project. Two agencies agreed to split the Permanent Housing Bonus to create 2 RRH projects & no projects were rejected. Prior to the final scoring by the HNM Steering Board, APRs, Housing First commitment, VI-SPDAT utilization, & other pertinent information relevant to fully & properly evaluate the project are submitted for analyze.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 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).** 09/09/2016

**1F-5. Did the CoC use the reallocation process in the FY 2016 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.)** Yes

**1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 09/01/2016

**1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?** Yes

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

## Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Data from the HMIS is reviewed quarterly & annually. Projects are reviewed by the running of an APR for that "point-in-time" by the compliance committee & then annually. Applicant projects are assessed based on 1) spending patterns, 2) targeted population being served by the grant, 3) housing stability, 4) increase income/skills, 5) reduction in the length of time a household with & without children returns to returns to homelessness, 6) participation in HMIS, 7) data quality, 8) monitoring visits by HUD, 9) year-to-date numbers served, 10) data integrity, 11) documentation in the HMIS, 12) clear documentation of homelessness, 13) entry and exit dates. Project's performance measures are analyzed against HUD's performance standard focusing on meeting the goals of Opening Doors. The Compliance Committee reports any issues to the HNM Steering Board. If there are issues, the HNM Lead Agency provides TA to the project.

**1G-2. Did the Collaborative Applicant include Yes**  
**accurately completed and appropriately**  
**signed form HUD-2991(s) for all project**  
**applications submitted on the CoC Priority**  
**Listing?**

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, 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 attached MOU/MOA.** 9-11

**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 Organization (CHOs)?** Yes

**2A-4. What is the name of the HMIS software** Compass Rose

**used by the CoC (e.g., ABC Software)?**

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

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

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

**\* 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	\$20,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$20,000</b>

### 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	\$0
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$0</b>

### 2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$0
State	\$30,000
<b>State and Local - Total Amount</b>	<b>\$30,000</b>

**2B-2.4 Funding Type: Private**

Funding Source	Funding
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

Funding Source	Funding
Participation Fees	\$0
<b>Other - Total Amount</b>	<b>\$0</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$50,000</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy):** 04/29/2016

**2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.**

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	205	97	108	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	141	6	127	94.07%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	152	0	152	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)**

n/a

**2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.**

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>

Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<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?** Monthly

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

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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" within the last 10 days of January 2016.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	7%
3.3 Date of birth	0%	1%
3.4 Race	4%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	1%	1%
3.9 Residence prior to project entry	4%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	1%	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"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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**2D-3. If you submitted the 2016 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 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)**

Last year PATH was to begin entering data in the HMIS however, since their home office is located in a different CoC, they will be entering data in that HMIS system. We have spoken with the State & Interagency Council on

Homelessness regarding this and that we will be missing data for our area and they have agreed to meet to discuss this issue. Our system is open to them. This is also true for the SSVF providers who serve our 19 counties. We have had this discussion with the 2 SSVF providers but they have not been willing to enter data for our CoC area into our HMIS. We will continue to work toward encouraging them to enter data into our HMIS but clearer direction is needed. We do not have any RHY programs specifically in our CoC area.

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

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context 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. Accurate, high quality data is vital to inform Congress' funding decisions.**

**2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes

**2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/27/2016

**2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, 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)** 04/29/2016

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

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 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"/>
	<input 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)**

CoC used a complete count for the PIT conducted on January 27, 2016 at emergency shelters & transitional housing providers. Surveys were provided with detailed "how to" instructions on designated date & hours to reduce the

chances of duplication. Surveys were returned to CoC within 48 hrs, & reviewed for completeness, those lacking data & absent in the HMIS were called to obtain additional data. HMIS was used to gather subpopulation data & formatted to cross check with HMIS data & for verification of accuracy. Agencies with discrepancies were contacted to verify &/or correct data. Provider expertise was utilized based on their experience in working with this population & extracting personal information from them through self-report & client surveys. We look at shelters & TH providers by program type & client population served by that facility. Data quality reports were reviewed & compiled on sheltered individuals/families & subpopulations.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, 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 or change in partners participating in the PIT count). (limit 1000 characters)**

No changes in methodology were required. The methodology has been checked and verified for completion and for accuracy in getting complete count including subpopulations and has been field tested. Sheltered counts including subpopulations were conducted during the January 27th PIT and was submitted prior to deadline on April 30, 2016. The CoC has a complete listing of all shelters in the target area and anytime new shelters are opened they are automatically included in the count to provide the complete count. No samples are used and a complete count of all shelters is conducted.

**2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No**

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)**

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

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 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 methods). (limit 1000 characters)**

The CoC continues to improve ways to conduct shelter counts. The changes from 2015 to 2016 included more teams, more training, & had staff on call the night of the count to answer questions from the field. We provided HUD's homeless definition to each shelter as part of the surveys. The PIT shelter survey was updated capture data that reflects the needs of the community & from feedback in the 2014 survey process. The day after the PIT, CoC designated staff collected & review the data completion of the surveys. Training, provider follow-up, use of the HMIS, & designated hours provided positive changes in the quality of data collected. Provider expertise was utilized based on their experience in working with this population & extracting personal information from them through self-report & client surveys.

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

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days 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):** 01/27/2016

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, 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):** 04/29/2016

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

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent 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 checked="" type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

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

CoC used know locations, random sample, observation-based survey as the methodology to conduct the unsheltered PIT. Public places were surveyed as one of the methods of conducting the unsheltered count. Law enforcement & community agencies in their respective counties were active participants in conducting the count to assure the safety of the partners assisting in the count. Some communities used the public places with a sample of the homeless at the time of the count. The HMIS was used to check for personal identifying information to de-duplicate entries & was then analyzed for an accurate report. Volunteers were trained & divided into groups and assigned areas to go to for the PIT survey. When discrepancies occurred, the person completing the survey was contacted for clarification &/or to correct any data integrity issues. Data quality reports were reviewed & compiled based by location. We chose this methodology because it has been a fairly reliable process in the rural counties.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, 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 or change in partners participating in the count). (limit 1000 characters)**

There was no change in methodology from 2015 to 2016. The CoC is a large rural area and this methodology has proven to be effective in the PIT unsheltered count. All data was compared and contrasted to assure no occurrence of anyone more than once and these techniques has proven effective and is in use with no change in methodology.

**2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count?** Yes

**2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)**

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

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 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 in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)**

The CoC continues to find ways to improve the way it conducts unsheltered counts. In reviewing the changes from 2015 to 2016, we included more teams, conducted more training, had more staff on call the night of the count to answer questions from the field. We provided HUD's homeless definition to each surveyor. The PIT unsheltered survey was updated to best capture anticipated data to reflect the needs of the community based on feedback in the 2015-16 survey process. The day after the PIT, CoC designated staff to collect and review for data completion of the surveys. Training, provider follow-up, use of

the HMIS, and designated hours provided positive changes in the quality of data collected. Provider expertise was utilized based on their experience in working with this population & extracting personal information from them through self-report. Data quality reports were reviewed & compiled on unsheltered individuals/families & subpopulations.

### 3A. Continuum of Care (CoC) System Performance

**Instructions**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange 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 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	268	296	28
Emergency Shelter Total	99	125	26
Safe Haven Total	110	145	35
Transitional Housing Total	0	0	0
Total Sheltered Count	209	270	61
Total Unsheltered Count	59	26	-33

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,134
Emergency Shelter Total	1,001
Safe Haven Total	0
Transitional Housing Total	143

**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 of becoming homeless.

**(limit 1000 characters)**

Identified risk factors like unemployment rates, lack of healthcare, & affordable/subsidized housing exasperated by addiction, mental illness & DV that lead to the spiral of homeless. CoC brought prevention agencies together to find ways to improve & expedite referrals, to identify gaps, & to share data. Families at-risk were stabilized with prevention funds & other resources to cover back rent & utilities &/or deposits to relocated to more affordable housing. For those at-risk, providing financial education, understanding budgeting & finding employment that will sustain their families while providing for many the need to have arrearages & deposits paid, securing rental subsidies, & assistance with landlord negotiation & placement. The model of rapid re-housing moved 1st time homeless more quickly into permanent housing instead of shelters while supportive services ensure they remain stable. For our Veterans, it was about linking them for same type of services through SSVF.

**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)**

CoC has seen a reduction in time homeless by 21.25% by utilizing the VI-SPDAT. Priority has been given to those with high acuity & vulnerability. Quickly assessing the health & social needs of the homeless & immediately matching them with the most appropriate support & housing interventions has impacted the length of time someone is homeless. Resources have been based on the first come-first served basis however this has shifted with the VI-SPDAT. Options include permanent supportive housing, rapid re-housing, or affordable/subsidized housing. As needed TH is used until PH is available. This has allowed for unbiased decisions within the CoC. This tool is included in the HMIS so there is consistency across the CoC. This tool is being required by CoC funded agencies. This will be a focus this next year. The planning process uses data from CoC and ESG to quickly identify and assess length of homelessness so that they can be linked to RR resources and services.

**\* 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:  
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the**

**retention of program participants in CoC Program-funded permanent supportive housing.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	835
Of the persons in the Universe above, how many of those exited to permanent destinations?	179
<b>% Successful Exits</b>	<b>21.44%</b>

**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, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	229
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?	201
<b>% Successful Retentions/Exits</b>	<b>87.77%</b>

**3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe 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's strategies to record the return to homeless focuses begins with the HMIS. While the HMIS is able to track the length of time homelessness, number who becomes homeless, recidivism, & discharges from supportive services, we will be working with HMIS Vender to enhance data collection/reports. Strategies include; (1) a review of type of housing, does it match the needs, economic impact of loss of housing, or tenancy issues; (2) CoC has worked with employers to give employment opportunities to those being served. (3) Partnerships to address addiction, mental illness, physical health, & trauma are used to address wellness; & (4) Agencies are encouraged to avoid putting time limits on services. For many simple daily living skills like budgeting, & limited personal networks needed to be enhanced. CoC's rural counties experience high unemployment rates & limited job opportunities. CoC will measure returns to homelessness and that of homeless Veterans.

**3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-**

**employment non-cash sources.  
(limit 1000 characters)**

CoC's strategies include enrolling individuals/families in job training classes at local career centers including how to dress for success & resume preparation, identify employment opportunities including supportive and transitional employment, & work with employers to hire those in the program explaining the benefits. These are achieved by monitoring how many have enrolled in job training, how many employers have been identified & how many clients have achieved the goal of increased income through employment. The use of Jobs4TN.gov website has also been a useful resource. Strategies for non-employment sources include identified sources of non-employment income such as VA, TANF, HVRP, SSI, Disability, etc., use of coordinated intake assessment to identify clients eligible for non employment income, case managers will assist in the enrollment of these sources, & increase those obtaining mainstream resources through increasing SOAR agencies in the CoC.

**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)**

CoC's mainstream employment strategies are well established with on-going referral links with Career Centers, Voc Rehab, local workforce agencies, & VA Career Center Reps. Strategies includes: 1) working directly with mainstream employers & temporary hiring agencies to secure opportunities for participants, 2) to provide in-house job training & assist in job searches, & 3) to identify employers in areas where housing is available. Provider agencies apply for housing funding through a variety of sources and use these funds to contract for opportunities for low and very low income persons and to provide employment opportunities to minority and women owned companies and to advocate for them to hire formerly homeless. Together they work to obtain information on job training classes, employment opportunities, resume building, dress for success, how to access computers for job searches, mock interviews, etc.

**3A-7. 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)**

The PIT committee carefully considered the methodologies in HUD's PIT Count Methodology Guide and decided to continue the "known location" methodology given extensive knowledge of the location of homeless individuals/families by case management staff, law enforcement, other social service homeless agencies, with the expansion of covered geographic areas. Geographic areas were excluded if they had no known unsheltered homeless persons based on data in the HMIS and previous counts, & information gathered through partnerships with community organizations who target serving the homeless.

**3A-7a. Did the CoC completely exclude geographic areas from the the most recent** Yes

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**PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?**

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?  
(limit 1000 characters)**

The CoC PIT committee in preparation for the unsheltered count began by identifying areas where the homeless congregate. The CoC excluded gated and exclusive communities per county from the most recent PIT because the PIT committee determined in these areas that historically there had not been any homeless identified in those areas. Law enforcement, homeless social service providers, and homeless/formerly homeless participated in this discussion and determination.

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.  
(mm/dd/yyyy)** 08/15/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.  
(limit 1500 characters)**

It was submitted on the August 15, 2016 deadline.

## 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.**

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

**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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	39	32	-7
Sheltered Count of chronically homeless persons	24	30	6
Unsheltered Count of chronically homeless persons	15	2	-13

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, 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 2016 compared to 2015.  
 (limit 1000 characters)**

There was an overall decrease of 7 chronically homeless persons this year from 2015. In analyzing the shelter and unsheltered counts, it was determined that while the shelter count was up by a difference of 6, the actual unsheltered count was down by 13 resulting in the overall decrease of 7. The CoC was able to get the chronically homeless off the streets and housed as evident by the sheltered count. In the case of both unsheltered and sheltered counts, surveys were updated to better reflect the information being requested. The CoC made available an on-call person to field calls as the count was being conducted including the most common question of how to define chronic homeless. All of these updates & changes allowed for a more accurate PIT for the CoC.

**3B-1.2. 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 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.**

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	48	46	-2

**3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)**

In reviewing the HIC and the decrease in 2 beds, it was determined that one project for chronically homeless had been left off of the HIC by mistake. This will be updated and corrected during the next HIC. The CoC has reallocated a transitional housing project to create additional PSH beds for chronically homeless as well as two RRH projects.

**3B-1.3. Did the CoC adopt the Orders of Priority into their standards for 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-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate** 1-3

**the page(s) for all documents where the Orders of Priority are found.**

**3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No**

This question will not be scored.

**3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)**

While the CoC is making progress in reducing chronic homelessness, our housing inventory has played a role in this accomplishment. However, the CoC has done two strong things in this application to impact this challenge. One agency volunteered to reallocate a project to create new CH beds, 2 agencies are splitting the Bonus for RRH projects, and one agency that has TH housing has agreed to prioritize beds for CH as they become vacant and in the PSH project where all beds were not funded under CH has agreed to prioritize those beds as they become vacant for the chronically homeless.

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

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

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.**

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 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 strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)**

CoC prioritizes households with children based on need & plans to rapidly rehouse them within 30 days utilizing the VI-SPDAT tool. CoC has increased the number of RRH units available. Key components of RRH are explained to the homeless. ESG & CoC agencies have outreach to landlords & provided landlord mediation & upfront rental assistance; have provided home-based case management to promote housing stability with linkages to mainstream resources to promote long-term stability. Training occurs to ensure that ESG RRH programs do so without barriers such as employment, income, criminal record, or sobriety. CoC ESG, TH & PH housing don't separate families upon admission & is working to decrease the total number of homeless with children & has seen no increase. If additional assistance will be determined at the beginning of each month & extensions are never provided for more than one month at a time. For survivors of DV, additional focus includes a safety plan.

**3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.**

	2015	2016	Difference
RRH units available to serve families in the HIC:	0	0	0

**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, gender or disability when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

**PIT Count of Homelessness Among Households With Children**

	2015 (for unsheltered count,		
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	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	28	27	-1
Sheltered Count of homeless households with children:	25	27	2
Unsheltered Count of homeless households with children:	3	0	-3

**3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)**

While there was a slight change this year, we were able to address family homelessness on the street the night of the count. And like in other comparisons throughout this application, when the CoC reduced those unsheltered we were able to house them as we determined their overall needs. The interaction with the school systems has also resulted in better identification of households with children with immediate housing placement.

**3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth 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 checked="" 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 including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 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 including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).**

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	257	234	-23

**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 2015 is lower than FY 2014 explain why. (limit 1000 characters)**

There was 23 less in FY 2015 than in 2014. Upon examination of the data, these individuals were between the age of 18-24 and were able to be served through various programs within the CoC. The data for under the age of 18 did not exist for either year. CoC agencies have increased training of victimization,

family and community support networks, school access, aging out of foster care, as well as cross systems identification of youth trafficking. Community awareness has been implemented throughout the CoC resulting in this reduction.

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.**

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$0.00	\$0.00	\$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):	\$0.00	\$0.00	\$0.00

**3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	4
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	4
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	0

**3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)**

The CoC actively collaborates with schools in the area & actively has two local education liaisons & the State Education Coordinator involved in the CoC. They work with others including superintendants in the point-in-time counts, advises on issues within the school systems, barriers that need to be overcome, & the impact of the lack of housing is having on the education of children. CoC ensure school liaisons are educated on homeless services & case managers work in conjunction with the schools/head start to identify housing within the child's school system so to reduce additional trauma of having to move schools. Collaboration continues to provide information on case management, prevention assistance for those at-risk, RRH assistance to get a family quickly placed in housing, etc. by referring to any CoC & ESG agency.

**3B-2.11. How does the CoC make sure that homeless individuals and**

**families who become homeless 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.  
(limit 2000 characters)**

Our CoC is linked to public schools for homeless children through school liaisons to support the educational needs of homeless children & youth. The Liaisons works with shelters & homeless service providers to make sure children are enrolled in & attending school. Liaisons offers training at family shelters to educate them on enrollment/referral forms. In order to assure that homeless participants are informed of their eligibility for & receive access to education services the CoC has adopted the TN regulations related to assisting homeless children with access to their education. Individual agencies have adopted policies that inform families & unaccompanied youth of their educational rights. Many of them have board members who are associated with the local school districts & immediately notify the school that they have a "child/youth in transition" to assure educational services are provided. Those serving families provide literature about head start programs & schools & how to enroll & facilitate the enrollment. Transportation is available for children living in shelters &/or transitional programs so they can succeed in school including preschool. In compliance with the LEA, the CoC refers to the children/youth as "being in transition" & are free from discrimination, segregation & harassment & does not refer to them as homeless. Policies require CoC recipient to collaborate with liaisons & provide information about children's rights on education. CoC continues to reach out to the local education authorities including local school systems, juvenile justice programs and children welfare providers can ensure families are informed of their eligibility for McKinney-Vento educational services through the distribution of the NCHE flyer, information for parents, & information for school aged youth. Service providers must comply with state policies & procedures.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?  
(limit 1000 characters)**

While there are no specific written agreements with these agencies, the work with infants, toddlers, and youth children does occur through many of these programs. Specifically, the DV shelters work with each of these groups through a CoC agency. As parents come to the shelter, they are immediately linked to resources to ensure child care, healthy pregnancy services, mentors, behavioral issues, etc. Through this partnership, parents are able to feel reassured that the needs of their children are cared for while in housing. This relationship has allowed for involved to feel supported as they heal and move forward with their life in a positive manner. For many they are also able to get their trauma addressed and supported through the process. One DV is working to having a Child Advocate that will connect them to all resources needed for the children and their families.

## 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	58	48	-10
Sheltered count of homeless veterans:	55	46	-9
Unsheltered count of homeless veterans:	3	2	-1

**3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)**

The decrease in both the sheltered & unsheltered for homeless Veterans resulted due to the prioritizing & rapid placement of those with the highest need into PH. Collaboration with agencies both funded & non-funded, including interaction with the VA, HUD-VASH programs, & SSVF agencies has proven to effective as evident by the decrease from 2015 to 2016. The 2 unsheltered Veterans were placed in shelter until the next day where they were referred to other VA services. Those sheltered were able to access SSVF services & other PSH that had prioritized beds for serving homeless Veterans. CoC will continue to work with CoC funded & other housing agencies to set aside some units for homeless Veteran. Work within the CoC has occurred with landlords to accept HUD-VASH vouchers so homeless Veterans can be quickly housed. CoC's partner Patriot Place provides beds for veterans funded by the VA GPD &

VASH project-based program & has increased their bed count almost yearly.

**3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)**

CoC actively identifies, assesses and refers vets to the local VA, HUD-VASH, GPD, & SSVF programs. Areas of focus include: identifying & engaging Veterans & rapid placement in PH. Case managers actively pre-screen to determine Veteran status which at that point, they are referred to appropriate VA resources. The 50 GPD beds & 3 SSVF funded programs reach out to all shelters, social service agencies, day shelters, etc. to ensure Veterans who are at-risk or homeless have access to services. There is active collaboration with HUD-VASH programs through case management services in CoC area. A previously homeless Veterans, serves on the HNM Steering Board & is the direct link to HUD-VASH case managers. Resources are prioritized so those who do not qualify for VA services are served through ESG & CoC programs to ensure access to housing. Collaborative Applicant serves on the Governor's Council on Armed Forces, Veterans, & Their Families to address issues related to Veterans.

**3B-3.3. 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 2016 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)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	13	46	253.85%
Unsheltered Count of homeless veterans:	1	2	100.00%

**3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.** No

This question will not be scored.

**3B-3.4a. 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 2016? (limit 1000 characters)**

While the % of difference is still significant, it is down from last year's reporting due to local mayors, service providers, & CoC clearly demonstrating motivation, commitment, & ability to collaborate in addressing housing capacity. Strategies include: early detection & access to preventive services to keep Veterans stably housed; use of RRH funds to offer flexible housing &/or supportive services to secure housing quickly especially in communities with highest need; access to mainstream housing, employment, engagement, & income. Collaboration exists through GPD, SSVF, & VASH providers in conjunction with the VA. GPD programs are evaluating those in need of longer services & those who might respond with a transition-in-place model as well as the "housing first" by prioritizing the most vulnerable. Local meetings are held regularly between the CoC & SSVF & VASH to discuss "functional zero."

## 4A. Accessing Mainstream Benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This 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 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	9
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 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	9
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)**

CoC's Collaborative Agency has actively been involved in working with facilitating health insurance enrollment under the Affordable Care Act through the Marketplace to sign homeless up for TennCare (Medicaid). Tennessee is a state that opted not to expand Medicaid which left out most of the homeless the CoC is serving. CoC agencies do seek healthcare services from FQHCs and other similar programs. Collaborative Agency actively works with the Navigator at TAADAS for referrals to the Marketplace despite knowing they are not eligible. However due to restrictions with eligibility criteria

unless the application is for youth, or there is a severe disability, no one is able to access TennCare benefits & for others the inability to make premium payments. Collaboration has been positive in working through this process.

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

<b>Educational materials:</b>	<input checked="" type="checkbox"/>
<b>In-Person Trainings:</b>	<input type="checkbox"/>
<b>Transportation to medical appointments:</b>	<input checked="" type="checkbox"/>
One-to-One meetings with Case Managers regarding health insurance	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
<b>Not Applicable or None:</b>	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4B-1. Based on the CoCs FY 2016 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?**

### FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	9
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 2016 competition:	9
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	9
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	8
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	89%

**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 populations from the 2015 and 2016 HIC.**

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	0	0	0

**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)

n/a

**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", to 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)**

n/a

**4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 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)**

n/a

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.** No

**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 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 checked="" type="checkbox"/>

**4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
n/a		

## 4C. Attachments

**Instructions:**

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Notice of no Reje...	09/01/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Rank and Review P...	09/01/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rank and Review P...	09/09/2016
05. CoCs Process for Reallocating	Yes	Reallocation Poli...	09/01/2016
06. CoC's Governance Charter	Yes	HNM CoC Governanc...	09/07/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS P and P	09/01/2016
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	5 PHAs Preference...	09/01/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	Order of Prioity...	09/01/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	Performance Measu...	09/01/2016
14. Other	No	HNM CoC HMIS Charter	09/07/2016
15. Other	No		

## **Attachment Details**

**Document Description:** Notice of no Rejected Projects

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Rank and Review Procedure

## **Attachment Details**

**Document Description:** Rank and Review Public Posting

## **Attachment Details**

**Document Description:** Reallocation Policy and Process

## **Attachment Details**

**Document Description:** HNM CoC Governance Charter

## **Attachment Details**

**Document Description:** HMIS P and P

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** 5 PHAs Preference sections

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Order of Priority Standards

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Performance Measurement (Sys PM)

## **Attachment Details**

**Document Description:** HNM CoC HMIS Charter

## **Attachment Details**

**Document Description:**

## Submission Summary

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

Page	Last Updated
<b>1A. Identification</b>	08/12/2016
<b>1B. CoC Engagement</b>	09/02/2016
<b>1C. Coordination</b>	09/02/2016

FY2016 CoC Application	Page 63	09/09/2016
------------------------	---------	------------

<b>1D. CoC Discharge Planning</b>	09/01/2016
<b>1E. Coordinated Assessment</b>	09/01/2016
<b>1F. Project Review</b>	09/09/2016
<b>1G. Addressing Project Capacity</b>	09/07/2016
<b>2A. HMIS Implementation</b>	09/07/2016
<b>2B. HMIS Funding Sources</b>	09/02/2016
<b>2C. HMIS Beds</b>	09/01/2016
<b>2D. HMIS Data Quality</b>	09/02/2016
<b>2E. Sheltered PIT</b>	09/01/2016
<b>2F. Sheltered Data - Methods</b>	09/07/2016
<b>2G. Sheltered Data - Quality</b>	09/01/2016
<b>2H. Unsheltered PIT</b>	09/01/2016
<b>2I. Unsheltered Data - Methods</b>	09/01/2016
<b>2J. Unsheltered Data - Quality</b>	09/01/2016
<b>3A. System Performance</b>	09/08/2016
<b>3B. Objective 1</b>	09/02/2016
<b>3B. Objective 2</b>	09/02/2016
<b>3B. Objective 3</b>	09/01/2016
<b>4A. Benefits</b>	09/07/2016
<b>4B. Additional Policies</b>	09/07/2016
<b>4C. Attachments</b>	Please Complete
<b>Submission Summary</b>	No Input Required



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## Continuum of Care

### HNM Ranking and Prioritizing 2016



HNM Continuum of Care NOFA Ranking Form

1

#### 2016 CONTINUUM OF CARE RENEWAL PROJECT REVIEW SHEET

**Applicant:**

**Project Name:**

**Total Amount Requested:** \_\_\_\_\_

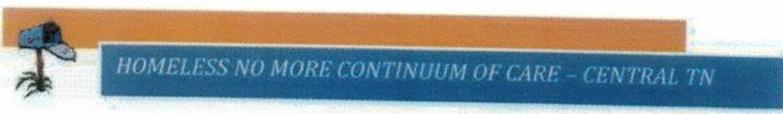
**Total Score (275 Maximum Available):** \_\_\_\_\_ **Actual**

**RANKING AND PRIORITIZING:**

When ranking / prioritizing applications for Continuum of Care assistance, the Priority and Ranking Committee will consider the following:

1. The score determined by the Committee for each project.
2. The data location for each ranking question will be identified in bold lettering at the end of each question.
3. The strategic importance of ranking applications for permanent supportive housing, transitional housing or support services only.
4. The importance of ranking applications that serve chronically homeless individuals.
5. The importance of ranking applications that successfully address HUD's performance indicators of securing permanent housing and employment.

### HNM Priority List 2016



**PROJECT FINAL RANKING SHEET**

NOFA Project Final Ranking Sheet

Project Name	Rank	Project Name	Rank
Project A <i>HVN 4MIS</i>	<i>1</i>	Project I <i>Pleaving</i>	
Project B <i>HVMC</i>	<i>2</i>	Project J <i>Center of Hope RPH</i>	<i>9</i>
Project C <i>Center of Hope DV/TA</i>	<i>3</i>	Project K <i>Flourishing Family</i>	<i>10</i>
Project D <i>HVN Moving (Proton Case) PSH</i>	<i>4</i>	Project L	
Project E <i>Center of Hope</i>	<i>5</i>	Project M	
Project F <i>HVN Permanent Supportive Housing</i>	<i>6</i>	Project N	
Project G <i>Marshall to S+C</i>	<i>7</i>	Project O	
Project H <i>Robertson to S+C</i>	<i>8</i>	Project P	

*Bonus*  
*Adjusted*  
*of the*  
*Unranked*  
*9-2-16*  
*by*  
*DMF/jls*

**DETERMINING THE FINAL PRIORITY LISTING**

- The final priority listing will give equal weighting to the pre-scored and rated evaluations of each project.
- Two scores will be calculated for each project. One will be calculated using the pre-scored factors and one using the Large Group Scoring ranks.
  - A priority listing is generated separately from the pre-scored factors and the ranks.
  - A rank order is assigned to each project from each of the priority listings.
  - The rank orders are added together to generate a total score.
  - The projects are prioritized based on their total scores.

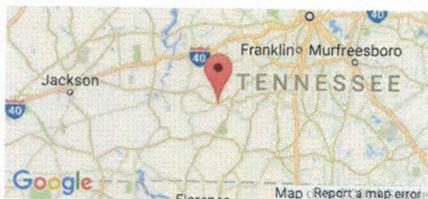
It is likely that some projects will have the same total score. If there are ties, the priority order will be determined by the Large Group Scoring ranking. In the unlikely event that the Large Group Scoring rankings are also tied, the pre-scored factor rankings will be used. In the even more unlikely event that ties still remain, a random method such as a coin toss will determine the final ranking.

*[Signature]*  
PRIORITY RANKING CHAIR  
DATE *8/18/2016*

*[Signature]*  
COC CHAIR  
DATE *09/18/2016*

Funding Provided by State of TN, HUD, SAMHSA, VA, United Way, and the Private Sector  
Buffalo Valley, Inc.  
P.O. Box 879  
Hohenwald, TN 38462

Inquiries - 800-447-2766  
Administration - 931-796-5427  
E-Mail - [info@buffalovalley.org](mailto:info@buffalovalley.org)



**Buffalo Valley Inc.**  
501 Park Avenue South  
Hohenwald, TN 38462

**Local:** (931) 796-5427  
**Toll-free:** (800) 447-2766



## Debbie Hillin

---

**From:** Lampkin, Keith [Keith.Lampkin@cityofclarksville.com]  
**Sent:** Thursday, September 08, 2016 10:49 AM  
**To:** Debbie Hillin  
**Subject:** FW: Corrected Posting  
**Attachments:** 9-8-2016 10-42-28 AM.jpg

As requested

---

**From:** Welker, Tamara  
**Sent:** Thursday, September 08, 2016 10:44 AM  
**To:** Lampkin, Keith  
**Subject:** RE: Corrected Posting

Keith,  
It's been posted and here is a screen shot of the location.  
Thanks,  
Tamara

---

**From:** Lampkin, Keith  
**Sent:** Thursday, September 08, 2016 10:32 AM  
**To:** Welker, Tamara  
**Subject:** FW: Corrected Posting  
**Importance:** High

---

**From:** Debbie Hillin [<mailto:debbiehillin@buffalovalley.org>]  
**Sent:** Wednesday, September 07, 2016 8:23 PM  
**To:** [BillBasinger@buffovalley.org](mailto:BillBasinger@buffovalley.org); 'Bill Basinger'; Lampkin, Keith  
**Subject:** FW: Corrected Posting  
**Importance:** High

Please repost and send me evidence first thing Thursday.  
Thanks

---

**From:** Debbie Hillin [<mailto:debbiehillin@buffalovalley.org>]  
**Sent:** Friday, September 02, 2016 6:09 PM  
**To:** 'BillBasinger@buffovalley.org'; 'Lampkin, Keith'  
**Subject:** Corrected Posting  
**Importance:** High

Ok, I forgot to add the new Bonus projects, so I need you to add this to your websites as soon as possible.  
Sorry.

*Deborah A Hillin, MA, LADAC, QCS*  
*Buffalo Valley, Inc.*  
*Senior Vice President*

# Buffalo Valley Inc.

People Helping People Help Themselves





Services » Community & Economic Development

## FORMS AND INFORMATION

- Community & Economic Development
- Forms and Information
- Photo Albums
- To Buy or Not To Buy
- National Low Income Housing Coalition



- [2016 HNM Priority List](#)
- [2016 First Time Home Buyer Program Description](#)
- [2016 Clarksville Community Needs Assessment](#)
- [2016 Housing Rehabilitation Application](#)
- [2016 First-Time Homebuyer Application](#)
- [2016 Hud Income Guidelines](#)
- [2016-2017 Annual Action Plan](#)
- [2015 TN COC HNM Priority Listing](#)
- [Fifth Program Year CAPER July 1, - June 30, 2015](#)
- [U.S. Department of Housing and Urban Development's \(HUD\) approval of the City of Clarksville's 2015-2020 Consolidated Plan and Annual Action Plan](#)
- [Resolution authorizing the grant application and adopting the 2015-2020 Consolidated Plan and the 2015-2016 Annual action Plan](#)
- [2015-2020 Consolidated Action Plan](#)
- [2014-15 Annual Action Plan](#)
- [2014-15 CDBG/HOME Allocation Letter](#)
- [2013-14 CAPER](#)

Font Size: [-] [+] Share & Bookmark [-] Feedback [Print]

## Debbie Hillin

---

**From:** Sherri Allen [sherriallen@buffalovalley.org]  
**Sent:** Thursday, September 01, 2016 10:55 AM  
**To:** keith.lampkin@cityofclarksville.com; shaw@realtracs.com; marijo@comcast.net; Anita.Wilson@nashville.gov; timjones@columbiacares.org; clarkton.harrison@va.gov; TPekovitch@mhc-tn.org; Ken.McKnight@parkcenternashville.org; BillBasinger@buffalovalley.org; 'Tom Ryals'; 'Teresa Burns'; lindaj@bridgesdvc.org; 'Brooke Osborn'; snmurray@charter.net; 'Brooke Osborn'; 'Cherie Long'; 'Lisa Cobb'; executivedirector.homesafe@gmail.com; mkerlin@crchealth.com; 'Traci Cook'; 'Heather Guest'; 'Nancy Whitman'; djackson@franklinhousingauthority.com; thardy@franklinhousingauthority.com; 'Christy Bussell'; 'Will Hager'; 'Eric Murry'; 'Kathleen Sauseda'; 'Chuck Siniff'; umiko@goodneighbormission.com; 'Letitia Franklin'; 'Jonathan Bolding'; John.Sanders@centerstone.org; 'Keith Free'  
**Cc:** 'debbie hillin'  
**Subject:** FW: Ranking and Review Criteria  
**Attachments:** HNM Rank and Review Form 2016.doc; HNM Priority List 2016.pdf  
**Importance:** High

Good morning! Just wanted to make sure everyone on the HNM Steering Board received this. Look forward to seeing you on Friday, September 9th. Thank you! Sherri Allen

---

**From:** Debbie Hillin [<mailto:debbiehillin@buffalovalley.org>]  
**Sent:** Thursday, September 01, 2016 10:41 AM  
**To:** 'Sherri Allen'; [BillBasinger@buffovalley.org](mailto:BillBasinger@buffovalley.org); 'Lampkin, Keith'  
**Subject:** Ranking and Review Criteria  
**Importance:** High

This message was sent securely using ZixCorp.

Please forward this email with its attachment to our HNM list.

*Deborah A Hillin, MA, LADAC, QCS*  
*Buffalo Valley, Inc.*  
*Senior Vice President*

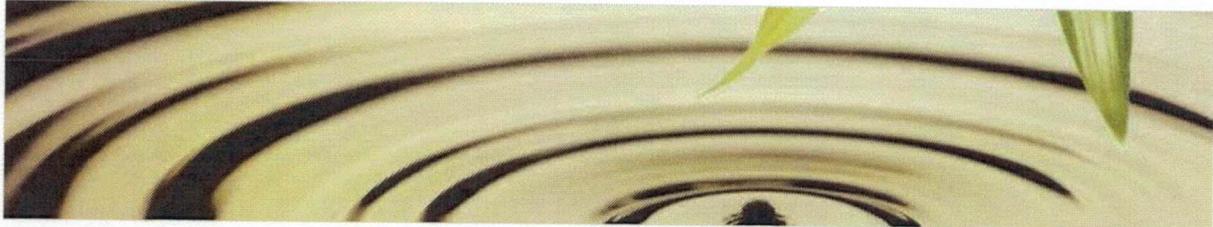


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This message was secured by [ZixCorp](#)<sup>(R)</sup>.



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## Continuum of Care

### HNM Ranking and Prioritizing 2016



HNM Continuum of Care NOFA Ranking Form

1

#### 2016 CONTINUUM OF CARE RENEWAL PROJECT REVIEW SHEET

**Applicant:**

**Project Name:**

**Total Amount Requested:** \_\_\_\_\_

**Total Score (275 Maximum Available):** \_\_\_\_\_ **Actual**

**RANKING AND PRIORITIZING:**

When ranking / prioritizing applications for Continuum of Care assistance, the Priority and Ranking Committee will consider the following:

1. The score determined by the Committee for each project.
2. The data location for each ranking question will be identified in bold lettering at the end of each question.
3. The strategic importance of ranking applications for permanent supportive housing, transitional housing or support services only.
4. The importance of ranking applications that serve chronically homeless individuals.
5. The importance of ranking applications that successfully address HUD's performance indicators of securing permanent housing and employment.

### HNM Priority List 2016



**HOMELESS NO MORE CONTINUUM OF CARE - CENTRAL TN**

**PROJECT FINAL RANKING SHEET**

NOFA Project Final Ranking Sheet

Project Name	Rank	Project Name	Rank
Project A <i>HNM UMIS</i>	<i>1</i>	Project I <i>Planning</i>	<i>9</i>
Project B <i>HNM C</i>	<i>2</i>	Project J	
Project C <i>Center of Hope DV/TN</i>	<i>3</i>	Project K	
Project D <i>HNM Murray (Prison Chase) PSW</i>	<i>4</i>	Project L	
Project E <i>Cities of Clarksville</i>	<i>5</i>	Project M	



**Buffalo Valley Inc.**  
 501 Park Avenue South  
 Hohenwald, TN 38462

**Local:** (931) 796-5427  
**Toll-free:** (800) 447-2766



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Debbie Hillin

From: Adcock, Jean [Jean.Adcock@cityofclarksville.com]  
Sent: Thursday, September 01, 2016 11:54 AM  
To: 'Debbie Hillin'  
Cc: Lampkin, Keith  
Subject: HNM 2016 Priority Listing

Hi Debbie,

Keith wanted me to send a screen shot of this to you. I am also including the link to the full document.

<http://www.cityofclarksville.com/modules/showdocument.aspx?documentid=9789>

**HOMELESS NO MORE CONTINUUM OF CARE - CENTRAL TN**

**PROJECT FINAL RANKING SHEET**

NOFA Project Final Ranking Sheet

Project Name	Rank	Project Name	Rank
Project A <i>HNM HMIS</i>	<i>1</i>	Project I <i>Planning</i>	<i>9</i>
Project B <i>HNMC</i>	<i>2</i>	Project J	
Project C <i>Center of Hope DV/TD</i>	<i>3</i>	Project K	
Project D <i>HNM Mailing (Anson Chesnut St)</i>	<i>4</i>	Project L	
Project E <i>City of Clarksville</i>	<i>5</i>	Project M	
Project F <i>HNM Permanent Supportive Housing</i>	<i>6</i>	Project N	
Project G <i>Marshall to S+C</i>	<i>7</i>	Project O	
Project H <i>Robertson to S+C</i>	<i>8</i>	Project P	

**DETERMINING THE FINAL PRIORITY LISTING**

The final priority listing will give equal weighting to the pre-scored and rated evaluations of each project.

1. Two scores will be calculated for each project. One will be calculated based on pre-scored evaluations and the other will be calculated based on rated evaluations.

Thanks,

Jean M. Adcock, CMFO

**Finance Officer**

City of Clarksville

Community & Economic Development

(931) 648-6133

Fax: (931) 503-3092

TDD: 931-221-0655

[jean.adcock@cityofclarksville.com](mailto:jean.adcock@cityofclarksville.com)



# Governance Charter

**Initial Approval: July 1, 2014**

**2<sup>nd</sup> Revision Date: September 9, 2016**

## Contents

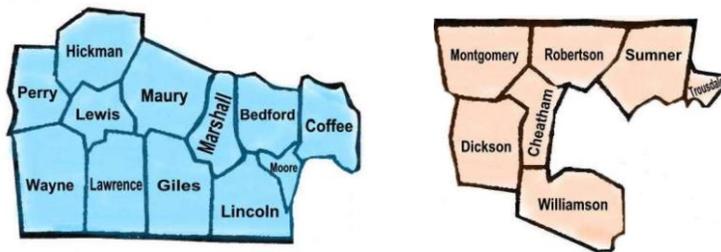
<b>Section 1. Name</b>	<b>Page 3</b>
<b>Section 2. Mission &amp; Objectives</b>	<b>Page 3</b>
<b>Section 3. CoC Responsibilities</b>	<b>Page 3</b>
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# Governance Charter of the Homeless No More Continuum of Care

## Section 1. Name

The name of the TN-503 Central Tennessee Continuum of Care shall be the Homeless No More Continuum of Care (hereinafter referred to as “HNM CoC”).

This serves as the HUD-designated primary decision making group and oversight board of the Central Tennessee (hereinafter referred to as the “geographic area”) Continuum of Care for the Homeless (TN-503) funding process, (hereinafter referred to as the “CoC”). The 19 counties are represented in the pictures below:



## Section 2. Mission & Objectives

The Mission of the HNM CoC is to end homelessness throughout the Continuum of Care. The CoC works toward ending homelessness by providing a framework for a comprehensive and well-coordinated regional and local planning process. This includes identifying needs, conducting a system wide evaluation of existing resources and program activities, and building a system of housing and services that addresses those needs. The mission will be pursued through the development of long-range plans to prevent and end homelessness in the geographic area, as well as the coordination necessary for successful implementation.

The objectives of the CoC include the following:

- Promote development of adequate funding for efforts for preventing homelessness, rapidly re-housing homeless persons, and stabilizing their housing;
- Maximize potential for self-sufficiency among individuals and families experiencing homelessness;
- Promote full access to, and effective use of, mainstream programs.

## Section 3. Continuum of Care Responsibilities

In support of the mission and pursuant to 24CFR part 578.7 of the CoC Program Interim Rules, the Responsibilities of the Continuum of Care include:

### ***A. Conduct effective planning processes to develop and update a Plan to End Homeless***

The CoC is responsible for the planning and implementation of a comprehensive system to address the needs of the homeless population and subpopulations and persons experiencing a housing crisis within its

geographic area. The Plan will include long-range strategies as well as action steps to implement the Plan, periodically evaluating and updating the plan to assure its effectiveness. The CoC coordinates federal and state funding sources and mainstream resources for the purpose of developing a strong community response to homelessness.

***B. Coordinate with other entities and organizations in improving the effectiveness of homeless assistance in the Continuum***

The CoC coordinates with several other agencies and entities involved in planning and implementing homeless programs and activities in the 19 county area. This includes the management of homeless and housing programs including ESG, participation in the state and local Consolidated Plan, and other statewide planning efforts.

***C. Assure an effective performance management system through HMIS to ensure progress in meeting established project and continuum outcomes***

The CoC in conjunction with the Collaborative Agency is charged with the responsibility of implementation and maintenance of the HMIS system for the CoC. Specifically, the Continuum must:

- Ensure that the HMIS is administered in compliance with requirements prescribed by HUD;
- To the extent possible, ensure that projects using an alternate data collection system (such as Victim Service Providers) are compliant with a “comparable database” and collecting the necessary HMIS data elements.
- Ensure the consistent participation of recipients and subrecipients in the HMIS.

***D. Maintain an effective CoC project monitoring and technical assistance effort to assist grantees with weak performance or management***

The CoC monitors recipient and subrecipients performance, evaluates project outcomes and provides technical assistance to weak performers. The Continuum manages CoC resources to assure maximum impact of funds on improving outcomes; and reallocates funds as necessary.

***E. Establish a Coordinated Assessment System***

In consultation with recipients of ESG and CoC funding, establish and operate a coordinated assessment system that provides a standardized method by which the housing and service needs of individuals and families are assessed. The CoC will develop and maintain a policy that guides consistent operation of the coordinated assessment system, with respect to how the system will triage and address the particular safety needs of individuals and families who are experiencing homelessness. In addition, the policy will state how the system will address the needs of individuals and families that are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or sex trafficking. The coordinated system will:

- Cover the geographic area served by the Continuum;
- Be easily accessed by provider agencies to link individuals and families seeking housing or services;
- Be publicized; and
- Include a comprehensive and standardized assessment tool.

***F. Encourage coordination among federal homeless programs through improved coordination with recipients and subrecipients of Emergency Solutions Grants***

The CoC consults with State and local ESG recipients within the geographic area with respect to the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients.

***G. Maximize resources by annually preparing competitive applications for the HUD CoC funded Programs***

The CoC, in conjunction with the Collaborative Applicant, develops a strong CoC application to HUD and aggressively seeks resources. The CoC follows a collaborative process for developing applications and approving the submission of applications in response to a NOFA published by HUD in concert with the funding priorities and plan adopted by the CoC.

The selection process must be transparent and inclusive and based on the standards indicated in 24 CFR part 578.19(b). In order to maximize the use of funds, the CoC will evaluate applicants to ensure satisfactory grant management and that activities are achieving Continuum outcomes and goals. This includes ensuring that all project applications are submitted by eligible applicants.

***H. Coordinate with the Collaborative Applicant of the Continuum of Care***

The Continuum works closely with the designated Collaborative Applicant. A close working relationship between the two entities is essential for the effective management of the CoC resources and assures the CoC is competitive in the national HUD homeless programs application processes.

The Collaborative Applicant is the entity that submits the CoC Consolidated Application for funding, as well as the planning grant application on behalf of the CoC.

***I. Conduct an annual assessment of needs and resources through Point In Time Counts and Resources Inventory***

The CoC annually assesses the needs of homeless persons in the geographic area through a well-coordinated point in time count, an on-going assessment of trends through analysis of HMIS data, and an assessment of homeless needs and housing/services resources available within the CoC. The CoC conducts a gaps analysis and determines unmet needs within the geographic area.

The point-in-time count of homeless persons within the CoC enumerates: 1) the number of homeless persons who are living in places not designed for or ordinarily used as regular sleeping accommodations for humans (unsheltered homeless persons); 2) the number of homeless persons living in emergency shelters and transitional housing projects (sheltered homeless persons); and 3) other reporting requirements established by HUD by Notices.

***J. Develop written policies, procedures and standards***

The CoC establishes and consistently follows written standards for providing assistance through CoC resources. At a minimum, standards include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under the CoC Program;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance ;

- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;

In addition, the CoC evaluates outcomes of projects funded under the Emergency Solutions Grant program and the Continuum of Care program, and reports to HUD as required.

***K. Publish Applications and Plans***

The CoC makes major plans of the Continuum and the annual HUD application submitted by the CoC available on the Collaborative Applicant and/or other designated websites and/or through electronic distribution.

***L. Provide information needed for Consolidated Plan(s) within the Continuum’s geographic area***

The CoC coordinates with local jurisdictions to supply information needed for Consolidated Plans at the local and state level.

The CoC operates under this charter and through Policies, Procedures and Standards, and amendments thereof, which have been developed in consultation with the CoC membership, HMIS Lead, and Collaborative Applicant, and approved by the Board. Such policies, procedures and standards are incorporated into this charter by reference, including:

- Operating Procedures as outlined at 24 CFR part 578.7(a)(3);
- Code of Conduct, Conflict of Interest and Recusal Process Policy. The Board must comply with the conflict of interest requirements at 24 CFR part 578.95(b);
- HMIS Policies and Standard Operating Procedures, HMIS Privacy Policy, HMIS Privacy Plan, HMIS Security Plan, and HMIS Data Quality Plan;
- Technical Assistance to Grantees and Subrecipients;
- Coordinated Intake and Assessment System

**Section 4. Steering Board**

**A. Powers of the Steering Board**

The affairs of the CoC shall be managed by or under the direction of its Steering Board.

**B. Steering Board Composition**

The Steering Board composition will consist of representatives from city/county government, ESG recipients, homeless/formerly homeless, educational liaisons, veteran services, healthcare for the homeless, housing developers, health councils, substance abuse, mental health, domestic violence, funders, and CoC funded agencies. To the extent possible, the Steering Board will be representative of organizations comprising the CoC membership.

**C. Officers & Terms of Office**

The Steering Board for the CoC will consist of a Chair, Co-Chair, and Secretary. Board officers shall be elected by a simple majority of the CoC. Officers shall serve one two-year terms, commencing July 1 of the appropriate year and may not exceed 3 consecutive terms.

- Chair: The Chair will preside at all CoC organizational meetings. They will be an ex-officio member of all committees.
- Co-Chair: The Co-Chair will preside at all CoC meetings in the absence of the Chair.
- Secretary: The Secretary will be responsible for the notifications of meetings, minutes of meetings, and correspondence of the CoC.

**D. CoC Coordinator**

The CoC Steering Board shall designate a CoC Coordinator. The CoC Coordinator shall schedule meetings and prepare agendas, sets PIT dates and enters all required data into esnaps & HUD HDX, registers the CoC for all funding opportunities, sends out notices of available funding, prepares reports for CoC and Priority Ranking & Review Committee necessary for CoC application, monitors APRs of funded agencies, etc. The CoC Coordinator shall fulfill the obligations of all applicable Planning Grant activities. They will review applications (new and renewal for timelines, present the HNM SHP Rank and Review form for consideration in ranking projects. Considerations include timeliness, accuracy, and submission of all required documentation. If a project is rejected, the agency will be given opportunity to represent their case.

The CoC Coordinator will ensure compliance with all HUD regulations and guidelines for the operation of the CoC under the direction of the Steering Board.

**Section 5. Membership**

**A. Composition**

The CoC has one class of members and each member shall have equal voting rights except as may be provided elsewhere in this charter. Membership is required of organizations receiving CoC funding. The membership of the CoC is defined as those persons and organizations assembled and fully participating in the CoC.

Representation of the membership includes representatives from the following categories:

- |                              |                    |  |
|------------------------------|--------------------|--|
| City/County Government       | ESG recipient      | Homeless/Formerly Homeless Person          |
| Health Care for the Homeless | Veteran Services   | Education                                  |
| Funders                      | Housing Developers | CoC Funded Executive Directors (designees) |
| Health Councils              |                    |  |

**B. Voting Privileges**

Any CoC Steering Board shall have one vote. The following will be applicable to voting:

1. Quorum: a number equal to a majority of the representatives in attendance shall constitute a quorum for the transaction of business at any meeting.
2. Voting: at all meetings, business items may be decided by arriving at a consensus. The vote can be either by voice or ballot at the will of the majority of those in attendance. Each representative shall have one vote.

3. Action without a Meeting: Any citation that may be taken at a meeting of the Coalition may be taken without a meeting if that action is approved, in writing (e.g. letter, email) by a majority of all coalition members who would be entitled to vote if a meeting was held for such purpose.
4. Conflicts of Interest: A representative having a conflict of interest or conflict of responsibility on any matter shall refrain from voting on such matter. **NO** member may vote on any item which presents a real or perceived conflict-of-interest.

### **C. Resignation/Termination**

Resignation: Unless otherwise provided by written agreement, any representative may resign at any time by giving written notice to the Chairperson.

Termination: Membership in the CoC shall be terminated if a member does not meet the duties set forth in this document. The CoC reserves the right to terminate a member upon a majority vote of the CoC and the right to reinstate a member upon a majority vote of the CoC.

## **Section 6. Collaborative Applicant**

### **A. Governance of Continuum**

As the designated Steering Board for the CoC, the CoC will assume and carry out its duties of governance as detailed by federal and state mandates and guidelines. In implementing these duties, the Steering Board will generally rely on standards, policies, and procedures, and ongoing amendments thereof, which have been developed in consultation with the CoC membership, and the Collaborative Applicant, and subsequently ratified by the Steering Board.

The co-signing of this document will serve as the agreement between the CoC and Collaborative Applicant to fulfill the responsibilities set forth in this Governance Charter.

The Steering Board will name a Collaborative Applicant. The Collaborative Applicant will be designated by the CoC Governing Board for a term of 5 years. There is no limit to the number of terms that can be served by the Collaborative Applicant. The responsibilities of the Collaborative Applicant include:

- Submit the Consolidated Application to HUD in response to a CoC Program NOFA;
- Applies for CoC planning funds on behalf of the CoC
- Participates in the development of, and revisions to the governance charter with the CoC

#### **Responsibilities of the Steering Board CoC and Collaborative Applicant:**

- a. Hold quarterly meetings of the full membership with agendas;
- b. Make an invitation for potential new members to join publicly available with the Geographic area at least annually;
- c. Adopt and follow a written process to select HNM CoC members to act on behalf of the CoC. The process must be reviewed, updated, and approved by the larger CoC membership at least annually;
- d. Appoint committees, subcommittees, and/or workgroups;
- e. In consultation with the CoC Collaborative Applicant who is also the HMIS Lead, develop, follow, and update annually a governance charter that includes P&P and a Code of Conduct and recusal process for

the CoC, its chair(s), and any person acting on behalf of the board.

- f. Consult with recipients/sub-recipients of CoC funding to establish performance targets appropriate for population and program type, monitor performance, evaluate outcomes, and take action against poor performers;
- g. In conjunction with Tennessee Housing Development Agency (THDA) to evaluate outcomes of ESP projects up to and including participation in the HNM HMIS.
- h. In consultation with recipients of ESG and CoC funds, establish and operate a centralized and coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
- i. Ensure that any Conflict of Interest issues are addressed before any votes, i.e., if a vote involves a funded CoC or ESG, they will recuse themselves from the discussion and vote.

In addition:

- 1. CoC work with the Collaborative Applicant, Buffalo Valley, Inc. to develop a CoC plan that includes:
  - a. Coordinating the implementation of a housing and service system within its geographic area that meets  
the needs of the homeless individuals including unaccompanied youth) and families.
  - b. Planning for and conducting a point-in-time count of homeless persons with the geographic area annually during the last week of January in accordance with HUD requirements. This will include street as well as shelter counts.
  - c. Conducting an annual gaps analysis of the homeless needs and services available with the geographic area;
  - d. Providing information required to complete the Consolidated Plan(s) within the CoC's geographic area;  
consulting with state and local government ESG program recipients for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and sub-recipients.
- 2. CoC Work with Buffalo Valley, Inc., the HNM HMIS Lead Agency, to ensure the CoC has a single HMIS for the geographic area, to request reports on performance on CoC and ESG projects, to ensure consistent participation of recipients and sub-recipients of CoC and ESG funding in the HMIS, and to ensure that the HMIS is administered in compliance with requirements prescribed by HUD.

## ***B. Governance of HMIS***

HMIS Governance is managed by the Collaborative Agency as the grantee for the HMIS.

### **Organization**

Buffalo Valley, Inc. is the Lead Agency and administrator for the HMIS Program for TN-503 Central Tennessee CoC as well as the Collaborative Applicant. The Homeless No More CoC supports BVI as the HMIS grantee serves as the Lead Agency for the HMIS with a focus on the overall management of the HMIS system. Those responsibilities are outlined below for BVI and for the participating agencies.

### **Purpose**

To ensure the coordination, the success of the system, the integrity of the data, the accuracy of the scope of

homelessness in the geographic area, and to meet the U.S. Congressional and Department of HUD mandate, BVI acts as the HMIS system administrator for the Collaborative Application (BVI).

**Responsibilities of the HMIS Lead Agency:**

1. Oversees the day-to-day administration of the HMIS system
2. Provides staffing for the operation of the HMIS. Ensures each provider that the original data provider is owned by them. DV agencies will only submit aggregate data with no identifying information.
3. Provides technical support to participating agencies
4. Ensures system integrity and availability
5. Provides training on software and related issues
6. Regularly reviews data quality and reports to CoC and HMIS Committee
7. Ensures HMIS software is capable of producing required reporting
8. Monitors milestones and makes high level decisions on growth of HMIS
9. Regularly monitors and ensures agencies are collecting all necessary data to produce required reporting
10. Ensures HMIS is governed in accordance with the CoC expectations
11. Ensures agency participation
12. Ensures accuracy of CoC NOFA and AHAR reporting
13. Coordinates with the COC Lead Agency in the sheltered and unsheltered PIT count as well as the HIC reports and provide appropriate data for analysis.
14. Performs and submits the HMIS's Annual Progress Report (APR) to HUD
15. Works with the software vender, MISI, known as "Compass Rose" on any issues related to HMIS including but not limited to: ensuring the vender's software system maintains timely compliance with all Data and Technical Standards; ensures software system maintains timely compliance with other required standards set by other Federal and State programs that require HMIS use; and ensures the software system, within reasonable development timeframes, is capable of producing all HUD required reports, including data quality and completeness monitoring reports.
16. Formally contracts with MISI "Compass Rose" for the utilization of their software for the CoC.

**Responsibilities of the Participating Agencies:**

1. Agency must designate a staff member to be responsible on a day-to-day basis for enforcing the data and security requirements associated with HNM HMIS.
2. Agency HMIS staff person shall serve as the primary contact between the Agency and the HNM HMIS Lead Agency (BVI).
3. Must have an email address

4. Must be technically proficient with a web-based MIS since he/she will be responsible for maintaining their Agency's HMIS site.
5. Must enter client level data, user data and agency administration information for the Agency within 48 hours; and is responsible for the quality and accuracy of the data.
6. Ensures the stability of the agency connection to the Internet and "Compass Rose" either directly or in communication with other technical professionals.
7. Submits Agency reports and submits data necessary to generate HUD require reports, i.e., APR and data necessary for the AHAR reports.
8. Monitors and enforces compliance with standards of client confidentiality ethical data collection, entry and retrieval at the Agency level.
9. Ensures that HIPAA and Federal Confidential requirements are met and are in accordance with their Agency standards.
10. Ensures privacy, safety and security requirements are maintained
11. Maintains technical requirements to run the software
12. Ensures staff has received the training provided by the HNM HMIS Lead Agency
13. Ensures relevant and timely communication with Lead agency
14. "Compass Rose" is a web-based software and therefore the Agency is required to have a computer, a valid username and password, and the ability to connect to the Internet using internet.
15. "Compass Rose" software and license fees are based on a fees formula. Hardware and connectivity issues not related to the HMIS software should be addressed by the Authorized Agency's internal IT staff.

**Responsibilities of the CoC:**

1. The CoC works with Buffalo Valley, Inc., the HNM HMIS Lead Agency, to ensure the CoC has a single HMIS for the geographic area.
2. The CoC works with HMIS Lead in requesting reports on performance on CoC and ESG projects
3. The CoC works with HMIS Lead to ensure consistent participation of recipients and sub-recipients of CoC and ESG funding in the HMIS,
4. The CoC ensure that the HMIS is administered in compliance with requirements prescribed by HUD.
5. The CoC works with the HMIS Lead to ensure that P&P are compliant with HUD required HMIS requirements as stated in the CoC Program interim rule, 2010 HMIS Data Standards, and any other local HMIS requirements.
6. The CoC reviews and updates the Governance Charter annually with the HMIS Lead.

## **Section 7. Meetings**

### **A. General Meetings**

Due to the nature of the CoC geography, it is not feasible to have frequent in person meetings of the full membership monthly. However, local Health Councils are the format for local county input by representatives from the CoC. The CoC holds quarterly meetings of the Steering Board. These meetings are announced via an

e-mail. Purposes of the meetings will include: informing the full membership on progress in implementing planned strategies and evaluation performance, training, disseminating other information, and obtaining comments on issues and directions and/or planned. The CoC may conduct any business at these meetings whether or not such business has been placed on the agenda. Meetings will be chaired by the Chair or Vice-Chair if the Chair is absent.

#### **B. Proxy Voting**

At times situations may occur that make it difficult or impossible for a member to vote at the scheduled or called meeting. Therefore any board member may decide to grant a proxy to a third party in order to ensure that his/her vote is cast. This vote needs to be in writing and presented at the beginning of the meeting to the Chair and include the following:

- The name of the person issuing the proxy
- The party who will vote on their behalf
- Whether the proxy is limited to the vote on a particular questions or if the proxy is valid for al votes at that specific CoC meeting.

#### **C. Minutes**

Minutes of all meetings will be provided to members. Minutes of the previous meeting will be available at the next regular board meeting of the CoC.

#### **D. Parliamentary Procedure**

The latest revised edition of Robert’s Rules of Order shall prevail at all meetings except where contrary to this charter or any standing rule.

#### **E. Special Meetings**

Special meetings of the CoC may be called by the Chair or by one-third of the members. The person(s) calling the meeting shall state the purpose(s) for which the meeting is being called. Business at any such meeting is limited to the purpose(s) for which the meeting is called.

#### **F. Executive Session**

An Executive Session may be called to discuss confidential or sensitive matters. The Board shall report all decisions made at such meetings to the membership, but shall not be required to report the discussions or factors leading to its decision.

#### **G. Conflict of Interest**

A representative having a conflict of interest or conflict or responsibility on any matter shall refrain from voting on any such matters.

## **Section 8. Committees**

The CoC may establish committees as it deems necessary. Key committees include: HMIS Data, Point-in-time, Compliance, Rank & Review, and 10 Year Plan to End Homelessness. Other Ad Hoc committees may be appointed from time to time as needed. The CoC committees are responsible for ensuring progress in meeting HUD’s performance goals. This committee will develop and maintain a system for tracking CoC wide outcomes, as well as tracking progress towards meeting HUD goals including those outlined in the CoC application.

#### **A. HMIS Data Management, Collection, and Outcome Committee**

This committee is responsible for conducting and coordinating research into the characteristics and needs of homeless, or at risk of homelessness individuals and families. It will review the availability of housing and services, conduct gaps analyses, provide data to the CoC, and make recommendations to the CoC to encourage potential areas of change / improvement. In this capacity, it oversees all data collection and use of data within the CoC. This includes, but is not limited to: ensuring compliance with HMIS regulations and compliance with the CoC's data quality plan, privacy plan, privacy policies, and Standard Operating Procedures, and recommending changes to the board as necessary.

#### **B. Point-in-Time & Housing Inventory Committee:**

This committee is to conduct and analyze the annual point-in-time and housing inventory count. The role is to meet & address the issues related to the annual PIT, gaps & needs, & housing inventory within the CoC area; creates opportunities to engage & educate the community in collecting, analyzing, & understanding information about homelessness; reviews, revises & finalizes the surveys format; sets the PIT date; coordinates with local communities to assist in the PIT & Housing Inventory surveys; makes recommendations to the HNM Coalition & other committees. Assist in the development of strategies to address the unmet needs for the CoC. This count is conducted annually for the shelters & the streets.

#### **C. Rank & Review Committee:**

The Rank and Review Committee is responsible for reviewing and prioritizing new and renewal projects for the CoC application. They are an unbiased committee who do not represent programs seeking funding, applies objective criteria based on HUD requirements & basic threshold requirements to ensure the applicant is eligible to apply, has the capacity both financially & from a management perspective, has no HUD findings or other federal violations, has met match & leverage requirements, & has positive performance activities. They ensure projects meet homeless needs of the CoC area. They review with the CoC Coordinator the Project Review sheet & scores for each project, establish priorities & rank projects. Ensures compliance with call for projects, rankings, transparency with a web-site posting, & notifies interested agencies of the status of their project proposals. They meet & discuss reallocation.

#### **D. Compliance Committee**

The Compliance Committee works in conjunction with the HMIS Data committee to determine and ensure that funded projects are in compliance with HUD guidelines and applications submitted. This includes data quality, population being served, numbers being served, etc.

#### **E. 10 Year Plan to End Homelessness**

This committee develops/updates 10-year plan strategic goals taking into consideration the needs of the CoC needed to reduce homelessness. They study & implement strategies to end homelessness among the general population, but also with families, youth, & Veterans while looking at successful models & consider practical local solutions with community stakeholders while promoting coordination between government entities & nonprofits to support a more efficient and accessible service for those experiencing homelessness. This information plays critical role in the ranking & priority setting as it relates to achievement of its goals & objectives. They also ensure that the goals are made available for inclusion into the Consolidated Plans for the CoC geographic area.

## **F. Health Councils**

A full spectrum of providers discuss county level needs with local priorities being set with larger goals being brought to the CoC. Each community is aware of HNM services & the referral of homeless individuals/families with children to services. This group is active in the gaps & needs assessments & allows for better coordination & collaboration of needs & services while stream lining the referral process. This grassroots initiative assists in the needs assessment and development of programs to improve the quality of life. This community diagnosis process collects information on the size, seriousness & effectiveness of local activities.

## **Section 9. Funding Allocations**

The CoC Coordinator will work with HUD Field Office to determine that the Grants Inventory Worksheet (GIW) is correct. This is then presented to the CoC. The GIW will inventory all existing HUD CoC funded grants, those eligible for renewal, and the amount per grant. It will also indicate the total dollar amount of the CoC's Annual Renewal Demand (ARD). This will become the base line for all future CoC funding determinations.

### **A. Reduction of a Specific Grant**

In the event that an individual grant no longer exists or for which funding must be reduced or reallocated, any remaining grant funds will be reallocated to any eligible provider in the CoC in accordance with the reallocation policy.

### **B. Across the CoC Funding Reductions**

In the event that the CoC determines that there is insufficient funding to service all existing grants and that funding reductions are required, as an option only of last resort, any such funding reductions shall be applied equitably between all grantees in accordance with the percentage cut required, HUD mandated policies and funding priorities.

### **C. Increase in Funding Allocations**

In the event that HUD increases the total amount of available funding to the CoC, through a "bonus" increase in annual pro-rata allocation, or any other method, any such funding increase shall be made available to eligible providers whose proposed project meets HUD's mandated policies and funding priorities at the discretion of the Steering Board. They will determine if these funds shall be distributed to each project or one project based on the proposal.

## **Section 10. Liability of Members**

No member of the CoC shall be personally liable, solely because of membership in the CoC, for any debts, obligations, or liabilities of the HNM CoC.

## **Section 11. Governance Charter**

This Charter and all referenced policies and procedures, in consultation with the Collaborative Applicant and HMIS Lead, will be reviewed and updated by the membership as needed and no less than annually. Any proposed changes will be provided to the full CoC for comments at least 21 days in advance. By a vote of the majority of the CoC, proposed modifications to this charter and its appendices will be approved and distributed to the membership.

Updates to this Charter and HMIS Charter will be the responsibility of the CoC Coordinator and Collaborative Applicant. Likewise, upon adoption, the CoC Coordinator will implement this Charter.

\_\_\_\_\_  
CoC Chair

\_\_\_\_\_  
CoC Lead Agency-Collaborative Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

HNM Governance 11-1-15  
Updated: 9-9-16

# Performance Measurement Module (Sys PM)

## Summary Report for TN-503 - Central Tennessee CoC

### Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		1010		94			26	
1.2 Persons in ES, SH, and TH		1084		161			66	

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

## Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	27	0	0%	0	0%	0	0%	0	0%
Exit was from TH	165	2	1%	3	2%	2	1%	7	4%
Exit was from SH	0	0		0		0		0	
Exit was from PH	66	0	0%	0	0%	0	0%	0	0%
TOTAL Returns to Homelessness	258	2	1%	3	1%	2	1%	7	3%

# Performance Measurement Module (Sys PM)

## Measure 3: Number of Homeless Persons

### Metric 3.1 – Change in PIT Counts

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

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	286	268	-18
Emergency Shelter Total	121	99	-22
Safe Haven Total	0	0	0
Transitional Housing Total	119	110	-9
Total Sheltered Count	240	209	-31
Unsheltered Count	46	59	13

### Metric 3.2 – Change in Annual Counts

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

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		1176	
Emergency Shelter Total		1001	
Safe Haven Total		0	
Transitional Housing Total		187	

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

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		58	
Number of adults with increased earned income		12	
Percentage of adults who increased earned income		21%	

## Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		58	
Number of adults with increased non-employment cash income		16	
Percentage of adults who increased non-employment cash income		28%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		58	
Number of adults with increased total income		24	
Percentage of adults who increased total income		41%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		152	
Number of adults who exited with increased earned income		43	
Percentage of adults who increased earned income		28%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		152	
Number of adults who exited with increased non-employment cash income		19	
Percentage of adults who increased non-employment cash income		13%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		152	
Number of adults who exited with increased total income		61	
Percentage of adults who increased total income		40%	

## Performance Measurement Module (Sys PM)

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

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		1065	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		147	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		918	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		1285	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		160	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		1125	

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

This Measure is not applicable to CoCs in 2016.

## Performance Measurement Module (Sys PM)

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

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

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		0	
Of persons above, those who exited to temporary & some institutional destinations		0	
Of the persons above, those who exited to permanent housing destinations		0	
% Successful exits			

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

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		835	
Of the persons above, those who exited to permanent housing destinations		179	
% Successful exits		21%	

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

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		229	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		201	
% Successful exits/retention		88%	



## **Governance Charter Of The Homeless No More HMIS**

### **Organization**

Buffalo Valley, Inc. is the Lead Agency and administrator for the HMIS Program for TN-503 Central Tennessee CoC as well as the Collaborative Applicant. The Homeless No More Continuum of Care has authorized BVI as the HMIS grantee to serve as the Lead Agency for the HMIS with a focus on the overall management of the HMIS system. Those responsibilities are outlined below for BVI and for the participating agencies.

### **Purpose**

To ensure the coordination, the success of the system, the integrity of the data, the accuracy of the scope of homelessness in the geographic area, and to meet the U.S. Congressional and Department of HUD mandate, BVI acts as the HMIS system administrator for the Collaborative Application (BVI).

### **Responsibilities of the HMIS Lead Agency:**

1. Oversees the day-to-day administration of the HMIS system
2. Provides staffing for the operation of the HMIS. Ensures each provider that the original data provider is owned by them. DV agencies will only submit aggregate data with no identifying information.
3. Provides technical support to participating agencies
4. Ensures system integrity and availability
5. Provides training on software and related issues
6. Regularly reviews data quality and reports to CoC and HMIS Committee
7. Ensures HMIS software is capable of producing required reporting
8. Monitors milestones and makes high level decisions on growth of HMIS
9. Regularly monitors and ensures agencies are collecting all necessary data to produce required reporting
10. Ensures HMIS is governed in accordance with the CoC expectations
11. Ensures agency participation
12. Ensures accuracy of CoC NOFA and AHAR reporting
13. Coordinates with the COC Lead Agency in the sheltered and unsheltered PIT count as well as the HIC reports and provide appropriate data for analysis.
14. Performs and submits the HMIS's Annual Progress Report (APR) to HUD
15. Works with the software vender, Compass Rose on any issues related to HMIS including but not limited to: ensuring the vender's software system maintains timely compliance with all Data and Technical Standards; ensures software system maintains timely compliance with other required standards set by other Federal and State programs that require HMIS use; and ensures the software system, within reasonable



development timeframes, is capable of producing all HUD required reports, including data quality and completeness monitoring reports.

16. Formally contracts with Compass Rose for the utilization of their software for the CoC.

**Responsibilities of the Participating Agencies:**

1. Agency must designate a staff member to be responsible on a day-to-day basis for enforcing the data and security requirements associated with HNM HMIS.
2. Agency HMIS staff person shall serve as the primary contact between the Agency and the HNM HMIS Lead Agency (BVI).
3. Must have an email address
4. Must be technically proficient with a web-based Compass Rose since he/she will be responsible for maintaining the Agency's HMIS site.
5. Must enter client level data, user data and agency administration information for the Agency; thus is responsible for the quality and accuracy of the data.
6. Ensures the stability of the agency connection to the Internet and Compass Rose either directly or in communication with other technical professionals.
7. Submits Agency reports and submits data necessary to generate HUD require reports, i.e., APR and data necessary for the AHAR reports.
8. Monitors and enforces compliance with standards of client confidentiality ethical data collection, entry and retrieval at the Agency level.
9. Ensures that HIPAA and Federal Confidential requirements are met and are in accordance with their Agency standards.
10. Ensures privacy, safety and security requirements are maintained
11. Maintains technical requirements to run the software
12. Ensures staff has received the training provided by the HNM HMIS Lead Agency
13. Ensures relevant and timely communication with Lead agency
14. Compass Rose is a web-based software and therefore the Agency is required to have a computer, a valid username and password, and the ability to connect to the Internet using internet.
15. Compass Rose software and license fees are provided to the Agency at no cost. Hardware and connectivity issues not related to the HMIS software should be addressed by the Authorized Agency's internal IT staff.

**Responsibilities of the CoC:**

1. Work with Buffalo Valley, Inc., the HNM HMIS Lead Agency, to ensure the CoC has a single HMIS for the geographic area.
2. Works with HMIS Lead in requesting reports on performance on CoC and ESG projects



3. Works with HMIS Lead to ensure consistent participation of recipients and sub-recipients of CoC and ESG funding in the HMIS,
4. Ensure that the HMIS is administered in compliance with requirements prescribed by HUD.
5. Works with the HMIS Lead to ensure that P&P are compliant with HUD required HMIS requirements as stated in the CoC Program interim rule, 2010 HMIS Data Standards, and any other local HMIS requirements.
6. Reviews and updates the Governance Charter annually with the HMIS Lead.

**Policies and Procedures:**

Policies and procedures are attached.

\_\_\_\_\_  
CoC Chair

\_\_\_\_\_  
HMIS Lead Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date