

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

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

For Detailed Instructions click [here](#).

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

### **Instructions:**

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

**1A-1. CoC Name and Number:** AZ-502 - Phoenix, Mesa/Maricopa County CoC

**1A-2. Collaborative Applicant Name:** Maricopa Association of Governments

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

**1A-4. HMIS Lead:** Community Information and Referral

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

**Instructions:**

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes	Yes
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	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	No	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	No	No	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes

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

The CoC is overseen by a Board representing the community at large. Board members include local and state government, law enforcement, health care, crisis response, affordable housing, PHAs, youth providers, street outreach, advocates, formerly homeless individuals, providers, and the Valley of the Sun United Way. The Board is co-chaired by Vice Mayor Kevin Hartke from the City of Chandler and Darlene Newsome from UMOM New Day Centers. The Board meets monthly and sets policy and planning priorities for the Continuum. Nick Margiotta, City of Phoenix Police, brings expertise on the intersection of law enforcement and the unsheltered homeless population. Marisue Garganta, St. Joseph’s Hospital and Medical Center, brings expertise on the intersection of housing and healthcare. In addition to the Board, there are 18 committees, ad hoc committees, work groups, or special initiatives that provide input on preventing and ending homelessness.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Tumbleweed Center for Youth Development	Yes	Yes	No
Native American Connection - Homebase Youth Services	No	No	Yes
One N Ten	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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Arizona Coalition to End Sexual and Domestic Violence	Yes	No
UMOM New Day Centers	Yes	Yes
Save the Family Foundation of Arizona	Yes	Yes
A New Leaf	Yes	No
Sojourner Center	No	No
Chrysalis Shelter for Victims of Domestic Violence	No	No
House of Refuge East	Yes	No
Eve's Place	No	No
Doves	No	No
Chicanos Por La Causa	Yes	No

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

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

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

The CoC either identifies existing workgroups or creates new workgroups to carry out the work and strategies to prevent and end homelessness to meet the goals of Opening Doors. We have nine workgroups in place with a wide array of stakeholders, representing all homeless subpopulations, meeting each month to implement local strategies to meet the goals. Many individuals volunteer to serve on our Committee and workgroups, if a specific area of knowledge is missing then we will solicit for representation of that area on the group. For example, the 25 Cities Workgroup is responsible for developing action steps and strategies to meet the goals of ending homelessness among veterans. This group has a leadership team and a working team made of the key stakeholders in the community that can advance the work.

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

The CoC does not restrict applications from entities that have not previously received funds in prior CoC Program competitions. The CoC reviews all project applications in a consistent manner and would consider an application from any eligible applicant.

**1B-5. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	11	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5	45.45%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	11	100.00%
How many of the Con Plan jurisdictions are also ESG recipients?	5	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	0	0.00%
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	5	100.00%

**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

The CoC participates with the Consolidated Plan development by providing annual point in time count data, HMIS data, the goals and outcomes measures from the CoC Regional Plan to End Homelessness and the performance outcomes from the CoC Program Consolidated funding application, and other data as requested for the development of the Consolidated Plans throughout the CoC geographic area. In addition, the CoC lead agency reviews the draft Consolidated Plans from the jurisdictions to ensure consistency with goals and performance outcomes in the CoC.

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

The CoC Lead Agency convenes an ESG Collaborator's Work Group that meets on a monthly basis. The ESG Collaborator's group includes all ESG recipients in the CoC geographic area. The purpose of the group is to coordinate and collaborate with each other on ESG program performance evaluation, outcome measurement, development of standards and collaborative funding. The ESG Collaborator's group reviewed the performance standard and outcomes developed by the CoC and incorporated them, as appropriate, in the ESG funding protocol, provider contracts, and reporting requirements. The group recently aligned on emergency shelter program outcome measures and is working on aligning monitoring protocol and rapid re-housing measures. The CoC is not directly involved in the funding decisions but indirectly participates through the collaboration of measures and protocol.

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

The CoC operates a Coordinated Entry (CE) system for all people experiencing homelessness. The Access Points use a common assessment tool to determine the housing intervention for the client(s). Questions are asked to determine if domestic violence is a factor. If so, victim safety is assessed. Client(s) may be referred to the DV Centralized Screening (CS) system, the parallel system for victims of domestic violence. A common assessment tool is also used by CS to assess first for safety and second for the appropriate referral. Safety is always the first consideration for victims. Once safety is addressed, then the housing assessment tool is administered by CE and referrals are made based on need. Client choice is considered when making the referral, many housing options are presented and the client makes the choice. Many DV providers were involved in the development of the CE system to ensure that victim safety and connection to the DV system and an array of housing options.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
City of Phoenix	43.00%	Yes-Both
Maricopa County	16.00%	Yes-Public Housing
City of Mesa	58.00%	Yes-Both
City of Tempe	0.00%	Yes-HCV
City of Glendale	0.00%	Yes-Both

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

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

The following other housing opportunities exist within the CoC that target persons experiencing homelessness: housing through the Regional Behavioral Health Authority for persons with Serious Mental Illness as well as housing for persons without a Serious Mental Illness; housing through the SSSVF program, and Low Income Tax Credit program. The top 5 jurisdictions have prioritized section eight housing vouchers for persons experiencing chronic homelessness. The Funders Collaborative (City Phoenix, County, State, Valley of the Sun United Way) have also prioritized funding on a collaborative basis for chronically homeless persons.

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

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

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

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

N/A

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

### Instructions:

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

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

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

The Family Housing Hub serves as a single point of entry system for families experiencing homelessness in Maricopa County. The Family Housing Hub coordinates shelter and housing for 13 non profit agencies. The Welcome Center serves as the initial access point to engage single adult homeless individuals experiencing homelessness. The CoC approved the VI-SPDAT and Family VI-SPDAT as the common assessment tool for coordinated entry. Staff at the Family Housing Hub and Welcome Center, as well as other trained partners, administer the VI-SPDAT to determine which intervention best meets the needs of the individual or family. The access point then makes the referral to the housing and/or service provider based on the needs identified. People are first assessed for safety and, as appropriate, triaged to other systems of care for crisis or domestic violence.

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

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

VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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

## Instructions

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

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

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	50
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	5
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	45
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

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

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

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

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

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

In scoring the applications, the CoC gave 15 points out of possible 85 to applicants serving those with 2 or more conditions as reported on the APR. In addition, we gave 10 points to those currently practicing "housing first" or low barrier projects and 5 points to those committing to do so.

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

On September 23, 2015, the CoC made the local competition review, ranking, and selection criteria publicly available by mass email to our vast distribution list as well as posted on the Collaborative Applicant website. Website posting is attached. The CoC also held a launch session on September 25 in which the entire local process was described. Notice to attend the launch session was also made to stakeholders via email and through website posting. The following items were emailed and posted publicly: local timeline, local application, description of ranking and review process, score tool for ranking and review, and elements of the federal application.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)** 11/18/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** Yes

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

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

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

## Instructions

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

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

The CoC Board approved a performance evaluation tool that is used to measure and monitor performance of the CoC Program funding recipients. The CoC convenes a review panel of non-biased review members to annually review the performance of each program. The review panel reviews data from the APR, HMIS, and self-reports from the providers to determine how the project performs compared to other projects. Providers are involved in the performance review process as they develop the initial score of their project that is then reviewed, and sometimes adjusted, by the panel. The CoC provides feedback to each program on how it can improve. The CoC is applying for additional CoC Planning funds to hire a full-time staff to complete on-site program monitoring of CoC funded projects. If funded, this will enhance our monitoring process.

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

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

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

### Intructions:

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

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

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** pages 2-3, 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 Organizations (CHOs)?** Yes

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

Bowman Systems Service Point

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

Bowman Systems

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

### Instructions

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

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

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

### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$400,921
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$400,921</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**

<b>Funding Source</b>	<b>Funding</b>
City	\$2,000
County	\$0
State	\$7,500
<b>State and Local - Total Amount</b>	<b>\$9,500</b>

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

<b>Funding Source</b>	<b>Funding</b>
Individual	\$0
Organization	\$10,000
<b>Private - Total Amount</b>	<b>\$10,000</b>

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

<b>Funding Source</b>	<b>Funding</b>
Participation Fees	\$85,000
<b>Other - Total Amount</b>	<b>\$85,000</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$505,421</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

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

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/15/2015

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

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	2,090	412	1,609	95.89%
Safe Haven (SH) beds	25	0	25	100.00%
Transitional Housing (TH) beds	2,227	213	1,473	73.14%
Rapid Re-Housing (RRH) beds	825	0	825	100.00%
Permanent Supportive Housing (PSH) beds	3,825	0	3,816	99.76%
Other Permanent Housing (OPH) beds	1,678	0	692	41.24%

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

All CoC funded, ESG and Federal partner programs are actively using HMIS. The HMIS Lead works continuously to increase HMIS coverage and include non-HUD funded and faith based partners from the community.

The HMIS Lead just increased coverage with the local rescue mission. The HMIS Lead worked with the mission and the HMIS software vender to help the mission be part of HMIS and also maintain their autonomy as a faith-based mission.

The HMIS Lead strives to bring as many agencies on HMIS as possible and looks at all strategies to increase participation throughout the CoC.

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

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

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

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

**Instructions:**

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	4%	9%
3.3 Date of birth	1%	0%
3.4 Race	2%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	1%	0%
3.7 Veteran status	2%	1%
3.8 Disabling condition	3%	2%
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	46%	19%
3.15 Relationship to Head of Household	9%	0%
3.16 Client Location	4%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	10%	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"/>

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

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

**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?** Project

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

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" 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)**

All federal partners are already actively entering data into HMIS.

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

### Instructions:

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

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

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 02/23/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Yes

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/15/2015

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

**Instructions:**

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

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

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

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input 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)**

The sheltered PIT count data was collected in two ways, one for HMIS participating projects and one for non-HMIS participating projects. The HMIS Lead agency pulled all the sheltered PIT reports from HMIS for the HMIS participating projects. The non-HMIS participating projects either submitted a survey to the CoC Lead and/or HMIS Lead Agency or completed a survey via telephone with the HMIS Lead Agency. This methodology was used for all projects types on the PIT. The sub-population information was collected by both HMIS participating organizations and non-HMIS participating organizations.

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

The HMIS Lead Agency took the lead on the PIT data collection and tabulation in 2015. In prior years, the HMIS Lead primarily focused only on the HMIS participating projects data. This expansion to work with the non-HMIS participating agencies helped to make the tabulation and reporting process cleaner.

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

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

N/A

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

**Instructions:**

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

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

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

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

The expansion of the HMIS Lead's role in the PIT helped make the tabulation and reporting process cleaner. The HMIS Lead has the capacity to take on the role of data collection and reporting for the PIT increasing the validity of the numbers reported.

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

### Instructions:

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

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

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 02/23/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Yes

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/15/2015

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

**Instructions:**

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

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

Night of the count - complete census:	<input checked="" 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 its unsheltered PIT count methodology. (limit 1000 characters)**

Our CoC conducts the street count utilizing HUD recommended practices and a variety of methods based on local demographic and geographic characteristics. With 9,223 square miles to cover, and 27 municipalities involved, a combination of non-random sampling, extrapolation, and sample methods were used. The CoC includes 2 surveys to identify geographic and demographic data: an in-person interview using a survey; and, an observation survey for persons who refuse the survey. Trainings occurred between 4:00-8:00 p.m. in 2 hour time slots in Glendale, Mesa, Phoenix, and Scottsdale. Volunteers could choose the city in which they wanted for training and counting through the online volunteer form. The street count coordinator of each city was responsible for creating packets with surveys; a map of the volunteer's designated counting area, a name tag, and further instructions for the morning of the count. All volunteers began counting at 6:00 a.m. and ended at 10:00 a.m.

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

The count began one hour earlier and ended two hours later. Persons sleeping in the parking lot of an overflow shelter were counted in the unsheltered count in 2015 whereas they were counted as sheltered in previous counts. The count was conducted in February rather than January (with HUD approval) due to the January Super Bowl and NFL Experience in downtown Phoenix.

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

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

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

**Instructions:**

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

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

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

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

For the 2015 count, there were several improvements made: an online volunteer registration, increase of 300 + volunteers, development of a training video demonstrating how to identify someone experiencing homelessness and how to approach that person safely. The training video is now being used to train outreach professionals who approach persons experiencing homelessness on a daily basis. For 2015, municipal street count coordinators extended the time frame of the count in an effort to gain a more accurate count of families and youth since both subpopulations tend to be visible earlier or later in the day.

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

### Instructions

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

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

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

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

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	5,918	5,631	-287
Emergency Shelter Total	2,558	2,004	-554
Safe Haven Total	25	25	0
Transitional Housing Total	2,282	2,313	31
Total Sheltered Count	4,865	4,342	-523
Total Unsheltered Count	1,053	1,289	236

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	14,575
Emergency Shelter Total	12,019
Safe Haven Total	87
Transitional Housing Total	3,359

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

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

**(limit 1000 characters)**

The Coordinated Entry system is tracking data to understand factors that lead to homelessness and to assist the community in identifying risk factors leading to first time homelessness. Information is collected when people call in for assistance or through interviews. Diversion techniques are used to connect people, when appropriate, to family, friends, resources or referrals to prevention resources outside the homeless system. Access points are collecting data on primary reason for homelessness and the CoC can use this data for prevention. The CoC Board is presented with data from the Coordinated Entry system on a monthly basis, this includes diversion and prevention information.

**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)**

The CoC is working to reduce the length of time homeless through the Coordinated Entry system and quick placement into housing. The CoCs Coordinated Entry system is operated through the Family Housing Hub for families and the Welcome Center for singles. The Family Housing Hub generates monthly dashboard reports that are reviewed by the Coordinated Entry Oversight Work Group to evaluate housing placements versus those seeking services. The Welcome Center is working to onboard all providers to list housing inventory to facilitate the real time vacancy rates and speed housing placements. Once the system is fully built out, the Welcome Center will produce similar dashboard reports. In addition, two initiatives (25 Cities and zero: 2016) are using by-name lists to match individuals and families experiencing long-term homelessness with available beds. The by-name lists are reviewed weekly by a team of housing providers, outreach workers, and shelter/safe haven staff.

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

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

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	1,211
Of the persons in the Universe above, how many of those exited to permanent destinations?	957
% Successful Exits	79.03%

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	3,808
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?	3,537
% Successful Retentions/Exits	92.88%

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

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

The CoC CE is using the VI-SPDAT to determine the housing intervention to meet the need of those seeking assistance. The use of the tool allows the CE to make referrals to interventions that will lead to lower returns to homelessness. The CoC is using HMIS to track returns to homelessness and began this with our RRH programs. Data from HMIS was assessed, projects received their % of clients who returned to homelessness and how their program compared to others. Peer sharing groups were held with RRH programs to discuss challenges and share best practices that led to higher housing retention rates. In addition, PH retention is scored heavily in the annual performance evaluation process. The CE points are trained in diversion and connection to mainstream resources and routinely make referrals to resources to prevent homelessness.

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

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

Through various regional collaborations among workforce development program partners, community and faith based organizations the CoC has partnered to strengthen outreach to individuals experiencing homeless to enhance employment opportunities while maximizing continuum of care services. The employment approach recommended is a hybrid model of currently used practices in SOAR job readiness workshops, developing stronger employer relationships through Sector Strategies to understand their workforce needs, utilizing the Integrated Basic Education and Skills Training (IBEST) model to increase training and education attainments and developing on-job-training agreements (OJT) as strategy for work experience and entrance for gainful employment.

**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)**

A leadership team from the CoC participated in the Partnerships for Opening Doors convening to develop a strategy to connect homeless individuals and families with employment opportunities to ultimately gain or increase their income. We followed up with a local strategic planning session, which was facilitated jointly by Matthew Doherty, Barbara Poppe, and a CoC Board member - Amy Schwabenlender, Valley of the Sun United Way. A Steering Committee was formed and includes a CoC Board member, City of Phoenix Workforce, Maricopa County, and others charged with developing an action plan to increase income and employment for persons experiencing homelessness. One example of an action that has occurred: The City One Stops have an initial assessment developed by Maricopa County Community Colleges. The City and County both have an online assessment for interests and skills. The group is meeting monthly and developing a 90 day action outline.

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

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

Through work with law enforcement, hospitals and healthcare facilities, neighborhood groups, and transportation officials, two outreach providers, Southwest Behavioral Health and Community Bridges, target areas known to be frequented by those experiencing homelessness and reach out to new areas based on feedback from partners like those listed above. This ensures regional outreach coverage. The Arizona Street Outreach Collaboration meets regularly to discuss best practices, target areas of coverage, and identify collaborative opportunities. Outreach members attend Basecamp to train on an instant message/alert system to communicate the need for team response. Outreach teams are critical partners in our weekly by-name match meetings done through the 25 Cities and zero: 2016 initiatives. For those individuals that can be difficult to locate once housing placement is secured, outreach teams are key.

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

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

The CoC's planning group for the unsheltered PIT was responsible for implementation of the count and considered the vast geographic area in the CoC when assigning street count areas. It was determined, by the planning group and based on data from previous counts, that certain remote desert areas would not be assigned for volunteer coverage. This determination was made if the area is considered either too remote, too dangerous, or based on zero counts from previous years. Each year the planning group produces maps of all areas of the region and the coordinators hold meetings in which assignments of the areas are made.

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

**Objective 1: Ending Chronic Homelessness**

**Instructions:**

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	403	480	77
Sheltered Count of chronically homeless persons	85	222	137
Unsheltered Count of chronically homeless persons	318	258	-60

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

The unsheltered number of chronic homeless has decreased by 60. The reason for that decrease is a concerted effort to identify individuals and families experiencing chronic homelessness and connect those individuals and families with resources. The Human Services Campus has worked to open overflow space to increase shelter capacity to accommodate those individuals previously sheltered at the now closed Men’s Overflow Shelter and the open area referred to as the “parking lot.” This increased capacity has provided space for individuals living on the street as well. The increase in shelter capacity, coupled with concerted outreach efforts has decreased the unsheltered count and increased the sheltered. New data standards are helping to more clearly identify those experiencing chronic homeless and has contributed to the increase in the sheltered population as well.

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

In the local application process, the CoC incentivized PSH programs to prioritize beds that are turned over to the CH population. In 2014, 90% of CoC funded beds will be prioritized through referrals made by the coordinated assessment system and by agency commitments made to dedicate vacant beds to this population. Once the CoC has fully implemented regional Coordinated Assessment, referrals to PSH programs will prioritize 10 % of PSH beds to the chronic population. In addition, the CoC reallocated supportive service only projects and a transitional housing project this year to create 97 new beds for the chronically homeless. We may have reallocated beds dedicated to the chronic population in 2014/15 if performance indicates this is necessary. CSH will host a supportive housing institute in partnership with the Valley of the Sun United Way (VSUW) to create new permanent housing units, prioritizing CH. The CoC partners with the VSUW in the Partnership to End Chronic Homelessness and in goals to improve the allocation of resources to the chronic homeless population.

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

All strategies from 13/14 were achieved: the CoC incentivized PSH programs to prioritize beds that are turned over. 90% of CoC funded beds were prioritized by agency commitments made to dedicate vacant beds to CH. Referrals to PSH programs prioritized 10% of PSH beds to the chronic population. In addition, the CoC reallocated all SSO projects and four transitional housing projects to create new beds. CSH hosted a supportive housing institute in partnership with the Valley of the Sun United Way (VSUW) to create new permanent housing units, prioritizing CH. The CoC partners with the VSUW in the Partnership to End Chronic Homelessness and in goals to improve the allocation of resources to the chronic homeless population.

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

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	938	1,095	157

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

There was an increase of 157 PSH beds dedicated for use by CH persons in the CoC. This increase is due to either existing programs making commitments to dedicate beds to CH when there is turnover of the bed or by adding new PSH programs that dedicate their beds to CH. The CoC added a scoring section to the annual project performance evaluation and ranking process that gives additional points to PSH programs that agree to dedicate their beds for use by chronically homeless persons. This incentive has led to existing programs making changes to who their program serves.

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

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

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

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	1,704
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	282
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	234
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	82.98%

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

This question will not be scored.

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

The Coordinated Entry system utilizes the VI-SPDAT and the VI-F-SPDAT to prioritize individuals and families seeking services according to their acute needs. Those that are experiencing chronic homelessness will be flagged for follow up as part of the zero: 2016 initiative. HMIS provides data based on length of time homeless for those individuals who may not have been assessed through coordinated entry and those targeted by outreach teams. The zero: 2016 initiative will meet weekly to review by-name lists to match individuals with housing. Currently, this group is meeting under the 25 Cities initiative to accomplish the goal of ending veteran homelessness.

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

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

**Instructions:**

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

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

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

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

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

The CoC adopted a plan to address homelessness experienced by families. Major elements focus on diversion, exits to PH, maximizing resources, data-driven decisions, and sharing resources. In the area of strengthening diversion, the CoC will work to resolve a family's situation, with less than 10% of families returning with a future request for shelter. In the area of increasing exits to permanent housing, the CoC is focused on the immediacy of having families reintegrate into community and places of their own rather than extensive periods of time in programming or transition. In the area of maximizing resources, the CoC will address reinvesting funding into the parts of the service delivery continuum where there is the greatest demand and scrutinizing barriers to housing. The CoC is already working to increase the number of rapid rehousing units. Through this effort, we will be able to rapidly rehouse every family that becomes homeless within 30 days on the street or entering shelter.

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

	2014	2015	Difference
RRH units available to serve families in the HIC:	45	220	175

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

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	2,878	2,102	-776
Sheltered Count of homeless households with children:	2,869	2,102	-767
Unsheltered Count of homeless households with children:	9	0	-9

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

We attribute the decrease in the total number of homeless households with children to three factors. First, the successful implementation of the family coordinated entry system has streamlined connections with community resources. The Family Housing Hub quickly assesses each family’s needs utilizing the VI-F-SPDAT and connects families with the appropriate resource according to their score. Second, additional rapid re-housing units have provided more options for families in need. Third, some families are assisted with diversion services or self-divert after meeting with housing navigators.

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

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input 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 checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

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

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

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	1,030	1,042	12

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

N/A

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

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$2,499,096.00	\$2,999,342.00	\$500,246.00
CoC Program funding for youth homelessness dedicated projects:	\$1,314,796.00	\$1,301,648.00	(\$13,148.00)
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,184,300.00	\$1,697,694.00	\$513,394.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	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:	45
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	18

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

The CoC collaborates with McKinney-Vento education liaisons through inclusion on the CoC Committee. When creating the Committee, the CoC ensured that one of the categories from which to recruit was local McKinney-Vento education liaison. We current have a member who represents this category and is involved in the planning and decision-making of the CoC Committee. In addition, local education liaisons are invited to participate in the annual point in time count to ensure the CoC makes every effort to count families and youth. The State education coordinator is a member of the AZ Coalition to End Homelessness. McKinney-Vento liaisons are invited to the annual statewide conference to end homelessness and many attend.

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

The CoC follows the ESG guidelines on connecting families to all mainstream resources including educational services. The policies and procedures state that contractors must "assist all participants in obtaining mainstream services and benefits, including at least, but not limited to housing, health care, social services, employment, and education." Youth providers meet with juvenile justice, foster advocacy groups, and education representatives to identify participants who are eligible for CoC or ESG programs. We work to integrate the youth and educational partners into the CoC as a whole through the committee membership detailed above and the connection through the AZ Coalition to End Homelessness.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	353	455	102
Sheltered count of homeless veterans:	305	355	50
Unsheltered count of homeless veterans:	48	100	52

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

Our veteran services partners were very active in the PIT this year. Outreach teams were instrumental in conducting the PIT, canvassing areas where veterans congregate. This concentrated effort led to an increase in the number of street homeless. By increasing focus on veteran homelessness through the 25 Cities initiative, outreach teams are also working to identify more veterans in need of services. Moreover, the focus on outreach has resulted in an increase in the number of veterans connected with shelter since outreach teams work to encourage veterans to enter shelter. In addition, those that are awaiting more permanent housing resources are placed in shelter while awaiting those resources. Finally, we have worked to better identify those in shelter who may be veterans.

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

Through the 25 Cities initiative, CoC providers meet weekly with the VA, veteran service providers, PHAs, emergency shelters, and street outreach teams to review a by-name list of veterans in shelter or on the streets. Individuals on the list are assessed and referred to appropriate resources. Those veterans who qualify for VA resources are matched with HUD-VASH or SSVF providers. Veterans that do not qualify are referred to CoC-funded resources.

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

By meeting weekly with providers both CoC-funded and VA-funded, the 25 Cities initiative works to connect veterans with the most appropriate resource. If the veteran is not eligible for homeless assistance through the VA programs, the veteran is matched with a CoC provider.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	390	455	16.67%
Unsheltered count of homeless veterans:	0	100	0.00%

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** Yes

This question will not be scored.

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

The CoC is working to end veteran homelessness through the 25 Cities Initiative. The Initiative utilizes a by-name list to match homeless veterans in shelter or identified through street outreach teams to housing services. The VA is an active partner, as are veteran service providers, and CoC providers. The 25 Cities group meets weekly and maximizes resources by ensuring that veterans who qualify for veteran services are matched with veteran providers and those that do not qualify for veteran services are matched with CoC providers. In addition, the group tracks housing placements, new veterans in HMIS, and length of time awaiting housing placement.

## 4A. Accessing Mainstream Benefits

**Instructions:**

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

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

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

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	53
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	53
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

The Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program, and the Arizona Department of Economic Security have developed Health-e-Arizona Plus, a new and easily accessible on-line system to connect individuals and families to health coverage, benefits and services including AHCCCS Health Insurance, Kids Care, Nutrition Assistance and Cash Assistance benefits. Health-e-Arizona Plus works to connect to the Federal Insurance Market Place, which provides Premium Tax Credits and Cost Sharing Reduction programs to help low income Arizona with the cost of health insurance. State workers and trained Community Assistors help individuals and/or case managers navigate the system to connect individuals to benefits.

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

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

## 4B. Additional Policies

**Instructions:**

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

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

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	53
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	48
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	91%

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

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	53
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	44
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	83%

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

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

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

	2014	2015	Difference
RRH units available to serve any population in the HIC:	45	676	631

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

N/A

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

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

N/A

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

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

This response does not affect the scoring of this application.

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

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

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
CoC Governance and Performance Measurement	01/01/2015	4
HMIS Assessment	06/01/2015	4

## 4C. Attachments

**Instructions:**

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

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

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Evidence of the C...	11/17/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	CoC Rating and Re...	10/08/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Public Posting Re...	10/08/2015
05. CoCs Process for Reallocating	Yes	CoC Reallocation ...	11/18/2015
06. CoC's Governance Charter	Yes	CoC Governance Ch...	10/08/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	11/16/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio...	11/18/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	AZ-502 DRAFT HMIS...	11/13/2015
11. CoC Written Standards for Order of Priority	No	AZ-502 CoC Standa...	11/13/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

## **Attachment Details**

**Document Description:** Evidence of the CoC's Communication to Rejected Projects

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** CoC Rating and Review Process

## **Attachment Details**

**Document Description:** Public Posting Review and Rank Process  
AZ\*502

## **Attachment Details**

**Document Description:** CoC Reallocation Process

## **Attachment Details**

**Document Description:** CoC Governance Charter AZ-502

## **Attachment Details**

**Document Description:** HMIS Policies and Procedures

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** PHA Administration Plan (Applicable Sections Only)

## **Attachment Details**

**Document Description:** AZ-502 DRAFT HMIS COC MOU

## **Attachment Details**

**Document Description:** AZ-502 CoC Standards for Order of Priority

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** PHA Administrative Plan (Applicable Sections Only)

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	11/13/2015
<b>1B. CoC Engagement</b>	11/13/2015
<b>1C. Coordination</b>	11/18/2015
<b>1D. CoC Discharge Planning</b>	11/13/2015
<b>1E. Coordinated Assessment</b>	11/18/2015
<b>1F. Project Review</b>	11/18/2015
<b>1G. Addressing Project Capacity</b>	11/13/2015
<b>2A. HMIS Implementation</b>	11/13/2015
<b>2B. HMIS Funding Sources</b>	11/13/2015
<b>2C. HMIS Beds</b>	11/13/2015
<b>2D. HMIS Data Quality</b>	11/13/2015
<b>2E. Sheltered PIT</b>	11/13/2015
<b>2F. Sheltered Data - Methods</b>	11/13/2015
<b>2G. Sheltered Data - Quality</b>	11/13/2015
<b>2H. Unsheltered PIT</b>	11/13/2015
<b>2I. Unsheltered Data - Methods</b>	11/18/2015
<b>2J. Unsheltered Data - Quality</b>	11/13/2015
<b>3A. System Performance</b>	11/18/2015
<b>3B. Objective 1</b>	11/18/2015
<b>3B. Objective 2</b>	11/18/2015
<b>3B. Objective 3</b>	11/18/2015
<b>4A. Benefits</b>	11/18/2015
<b>4B. Additional Policies</b>	11/18/2015
<b>4C. Attachments</b>	Please Complete
<b>Submission Summary</b>	No Input Required

The latest Transportation Policy Committee e-update is available now.



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Regional Council  
Committees  
Projects

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Environmental Programs  
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Communications  
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Fiscal Services

# Continuum of Care Regional Committee on Homelessness

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## Committees

### Policy Committees

- Human Services and Community Initiatives Committee
- Management Committee
- Regional Council
- Regional Council Executive Committee
- Transportation Policy Committee
- Continuum of Care Regional Committee on Homelessness
  - » City Leaders Institute on Aging in Place
  - » Domestic Violence Protocol Evaluation Project
  - » Heat Relief Regional Network
  - » Point-In-Time Homeless Count
- Regional Domestic Violence Council
- Economic Development Committee
- Continuum of Care Board

### Technical Committees

- 9-1-1 Oversight Team
- Air Quality Technical Advisory Committee
- Bicycle and Pedestrian Committee
- Building Codes Committee
- Elderly and Persons with Disabilities Transportation Committee
- Human Services Technical Committee
- Intelligent Transportation Systems Program
- Population Technical Advisory Committee
- Public Safety Answering Point Managers Group
- Solid Waste Advisory Committee
- Standard Specifications & Details Committee
- Street Committee
- Technology Advisory Group
- Transit Committee
- Transportation Review Committee
- Transportation Safety Program
- Water Quality Advisory Committee

## Continuum of Care Background

The MAG Continuum of Care Regional Committee on Homelessness has worked with a diverse array of partners to develop regional solutions to end homelessness. Each year, the expertise of the Committee and community partners has resulted in more people being housed and supported in their quest for stability. Staffed by the Maricopa Association of Governments since 1999, the Continuum of Care has successfully competed well in the national application for funding. Over the years, the HUD funding award has increased and now supports more than 60 homeless assistance programs in 24 different agencies. This award has been an important and consistent source of funding for the community.

In response to the HEARTH Act, changes are being made to improve the efficacy of the Continuum of Care. These changes have been identified and championed by talented partners throughout the region. Thanks to the dedication of the people involved, the Continuum of Care is positioned to continue making a difference in the lives of those who are homeless.

The mission of the Continuum of Care, as defined in the HEARTH Act Interim Rule, is as follows:

- To promote communitywide goals to end homelessness.
- Provide funding to quickly rehouse homeless individuals (including unaccompanied youth) and families while minimizing trauma and dislocation to those persons.
- Promote access to, and effective utilization of, mainstream programs.
- Optimize self-sufficiency among individual and families experiencing homelessness.

The program is composed of transitional housing, permanent supportive housing for disabled persons, permanent housing, supportive services, and the Homeless Management Information System (HMIS).

### Duties of the Continuum of Care

The three major duties of a Continuum of Care, as defined in the HEARTH Act Interim Rule, are to:

1. Operate the Continuum of Care.
2. Designate an HMIS for the Continuum of Care.
3. Plan for the Continuum of Care.

## 2015 Point-In-Time Homeless Street Count

2015 Point-In-Time Homeless Street Count



## Calendar

### OCTOBER 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## Committee Contacts

**Chair:**  
Mattie Lord  
UMOM New Day Centers

**Vice Chair:**  
Jacki Taylor  
Save the Family Foundation of Arizona

**Human Services Manager:**  
**Brande Mead**  
Human Services

## Upcoming Events

10/14/2015, 9:30 a.m.  
Continuum of Care Regional Committee on Homelessness 10/14/2015 Meeting

11/04/2015, 9:30 a.m.  
Continuum of Care Regional Committee on Homelessness 11/04/2015 Meeting

12/09/2015, 9:30 a.m.  
Continuum of Care Regional Committee on Homelessness 12/09/2015 Meeting

[Read More ...](#)

## Related Committees

- Continuum of Care Board

## Related Projects

- City Leaders Institute on Aging in Place
- Domestic Violence Protocol Evaluation Project
- Heat Relief Regional Network
- Point-In-Time Homeless Count

**Arizona Horizon, February 24, 2015: Phoenix Area Homeless Count**


  
 Info
   
 Embed
   
 Share



*(Phoenix Area Homeless Count begins at 12:10)*

**FY 2015 Continuum of Care Program Funding Competition**

- **FY 2015 CoC Program NOFA**
- **2015 CoC Program Local Application**
- **Program Performance Report – Scorecard**
- **CoC NOFA Process Review and Rank**
- **Workgroup Summaries**
- **Intent to Apply for 2015 Bonus Project**

**FY 2014 Continuum of Care Program Funding Competition**

- **2014 Notice of Intent to Apply for HUD CoC Program PSH Bonus Project**
- **Permanent Supportive Housing Bonus (PSH Bonus) Project Information**
- **Continuum of Care Program FY2014 Local Application Process**
- **Identifying Projects that will Prioritize the Chronically Homeless in Non-Dedicated Permanent Supportive Housing Beds**
- **Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2014 Funds in the FY 2013 - FY 2014 Continuum of Care Program Competition**

**Goals**

- The mission of the Continuum of Care, as defined in the HEARTH Act Interim Rule, is as follows:
- To promote communitywide goals to end homelessness.
- Provide funding to quickly rehouse homeless individuals (including unaccompanied youth) and families while minimizing trauma and dislocation to those persons.
- Promote access to, and effective utilization of, mainstream programs.
- Optimize self-sufficiency among individual and families experiencing homelessness.

The program is composed of transitional housing, permanent supportive housing for disabled persons, permanent housing, supportive services, and the Homeless Management Information System (HMIS).

**Duties of the Continuum of Care**

**The three major duties of a Continuum of Care, as defined in the HEARTH Act Interim Rule, are to:**

1. Operate the Continuum of Care.
2. Designate an HMIS for the Continuum of Care.

3. Plan for the Continuum of Care.

**CoC Governance Structure**

The Continuum of Care will have a CoC Board, Continuum of Care Committee, Ad Hoc Stakeholder Groups, and HMIS Groups established to accomplish the responsibilities of the Continuum of Care, as defined in the HEARTH Act Interim Rule and available in the "Responsibilities of the Continuum of Care" section. **Please click here to view the Continuum of Care Governance Charter** for additional information.

**Continuum of Care Board**

The role of the Continuum of Care Board is to be the decision-making body for the CoC. Decisions will be made with input from the CoC Committee. **Click here for a list of Continuum of Care Board members** approved on August 25, 2014.

**Get e-mail updates when this information changes / Learn more...**

Meetings, Agendas and Minutes

- 11/04/2015, 9:30 a.m.**  
Continuum of Care Regional Committee on Homelessness 11/04/2015 Meeting
- 10/14/2015, 9:30 a.m.**  
Continuum of Care Regional Committee on Homelessness 10/14/2015 Meeting
- 09/16/2015, 9:30 a.m.**  
Continuum of Care Regional Committee on Homelessness 9/16/2015 Meeting  
[AGENDA](#) | [MINUTES](#) | [RESOURCES](#)
- 09/02/2015, 10:00 AM**  
Continuum of Care Regional Committee on Homelessness 9/2/2015 Meeting  
[AGENDA](#) | [RESOURCES](#)
- 08/12/2015, 9:30 a.m.**  
Continuum of Care Regional Committee

Resource Library

- Resources**
- Family Housing Hub Services Flier  (363 Kb)
  - Family Housing for Those in Crisis  (2 Mb)
  - FY 2014 Continuum of Care Program Funding Application Export  (519 Kb)
  - Permanent Supportive Housing Bonus (PSH Bonus) Project Information  (143 Kb)
  - 2014 Notice of Intent to Apply for HUD CoC Program PSH Bonus Project  (35 Kb)
  - Continuum of Care Program FY2014 Local Application Process  (36 Kb)
  - Identifying Projects that will Prioritize the Chronically Homeless in Non-



**HMIS**

**Homeless Management  
Information System**

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# **Maricopa County HMIS Policies and Procedures**

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## **Vision Statement**

The Maricopa County HMIS Project produces timely, accurate, and complete information for stakeholders to end homelessness in Maricopa County.

## **Background**

The Maricopa County HMIS implementation began with a community wide planning process in December 2001. The Maricopa Association of Governments, on behalf of the Continuum of Care Regional Committee on Homelessness and Community Information and Referral Services (CIR) of Maricopa County, convened a planning process to identify the high level requirements for the Maricopa Homeless Management Information System (HMIS) and to select a software vendor that would meet the requirements of the local community and the U.S. Department of Housing and Urban Development (HUD). Community Information and Referral Services is the HMIS Lead Agency and System Administrator for implementation of the Maricopa County HMIS project. This planning process, which included representatives of homeless provider agencies, city, county and state government agencies, private foundations, and private information technology experts, developed a design for the system and presented its recommendations to the Continuum of Care Regional Committee on Homelessness and its Planning Subcommittee for approval.

Following the approval, the planning participants developed a Request for Proposals, identified potential software vendors, and issued a public invitation to bid on the requirements. The resulting recommendation, also approved by the Continuum of Care Regional Committee on Homelessness and its Planning Subcommittee, was that CIR enters into negotiations with Bowman Systems, LLC for ServicePoint, and contract for co-location of the servers and database with Bowman Systems.

## **Introduction**

The Maricopa County Homeless Management Information System (HMIS) was developed to support the Maricopa County homeless providers and partner with agencies in their missions, by supplying them with the tools to meet the reporting requirements for their projects. The Maricopa County HMIS provides information to the U.S. Department of Housing and Urban Development (HUD), local nonprofits, state-level policy makers, federal partners and other advocates in the mission to end homelessness.

The Maricopa County HMIS is a client information database that provides a standardized assessment of client needs, creates individualized service plans, and records the use of housing and services. The fundamental goal of the Maricopa County HMIS is to use the data to determine the utilization of services of participating agencies, identify gaps in the local service continuum and develop outcome measurements, according to the HUD/Maricopa County CoC HMIS standards. The Maricopa County

HMIS can identify patterns in the utilization of assistance, as well as document the effectiveness of services for clients.

All this will be accomplished through data analysis of the actual experiences of persons experiencing homelessness, as well as the service providers who assist them in shelters and homeless assistance projects throughout the state. This data may also be analyzed to provide unduplicated counts and anonymous aggregate data to policy makers, service providers, advocates and consumer representatives. Statewide reporting is based on aggregate, non-identifying data; therefore, such data may be shared with the public without specific permission.

The Maricopa County HMIS uses a web-based software project from Bowman Systems called ServicePoint, which resides on a central server to facilitate data collection by homeless service organizations in Maricopa County. Access to the Maricopa County HMIS is limited to agencies and authorized staff members who have met the necessary training requirements and have signed the necessary privacy, data sharing (if applicable), security and licensing documentation (if applicable), as listed in this manual. As the guardians entrusted with personal data, agencies have both a moral and a legal obligation to ensure that data is being collected, accessed and used appropriately. All agencies must be vigilant to maintain client confidentiality, treating the personal data of Arizona's most vulnerable populations with respect.

Every Maricopa project that receives federal homeless project funds from HUD is required to enter data on persons served with those funds into the Maricopa County HMIS. Some projects funded through the U.S. Veterans Administration and the U.S. Department of Health and Human Services may be required to enter data into the Maricopa County HMIS, as well. In addition, the Maricopa County HMIS encourages agencies that do not receive federal funds to participate in the Maricopa County HMIS so that service provision in the Maricopa County Continuum of Care is coordinated and that data represents the broader network of service provision in the continuum.

The data standards also require organizations to comply with any federal, state and local laws that require additional confidentiality protections, including but not limited to:

- The Health Insurance Portability and Accountability Act of 1996 (45 CFR Parts 160 and 164);
- The Confidentiality of Alcohol and Drug Abuse Patient Records Rule (42 C.F.R. Part 2);
- The Violence Against Women Act (VAWA).

As these data standards are subject to change, all providers are responsible for monitoring for updates and being in constant compliance with all data standards.

## **Maricopa County HMIS**

Community Information and Referral Services (CIR) is the lead agency for the Maricopa County HMIS implementation in the Maricopa County Regional Continuum of Care.

- Maricopa County Regional Continuum of Care - AZ-502

To ensure the integrity and security of sensitive client confidential information and other data maintained in the database, CIR requires all participating agencies to sign the Maricopa County HMIS Partnership Agreement (Attachment A). All end users must sign a Code of Ethics Agreement (Attachment B) prior to being given access to the Maricopa County HMIS. All clients must sign a Client Acknowledgement Form (Attachment C) prior to entry of the individual's data into the system.

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## Terminology

Many of the terms used in the Maricopa County HMIS Policies and Procedures Manual may be new to many readers. It is important to understand the terms used to better understand the roles, responsibilities and liabilities of the Maricopa County HMIS.

**Advanced Reporting Tool (ART):** Bowman Systems partners with S.A.P. Business Objects to give users access to a wide variety of reports. The ART is used commonly for federal reporting and project customization of reports.

**Agency Administrator:** The person responsible for HMIS administration at the participating agency level and is the lead agency contact with CIR.

**Annual Homeless Assessment Report (AHAR):** The report to the U.S. Congress on the extent and nature of homelessness in America.

**Annual Performance Report (APR):** The HUD-required report used to track progress and accomplishments of COC-funded projects.

**Maricopa County Regional Continuum of Care:** The HUD recognized Continuum of Care comprised of homeless programs in Maricopa County, Arizona.

**Maricopa County Homeless Management Information System (HMIS):** The database used collectively by partnering agencies within the Maricopa County Continuum of Care to track client service records, coordinated assessment, service needs, progress and accomplishments of clients served.

**Maricopa Association of Governments (MAG):** The CoC lead entity for the Maricopa County Continuum of Care.

**Authentication:** The process of identifying a user to grant access to a system or resource based on a username and password.

**Bowman Systems:** Often referred to just as "Bowman", this is the company/vendor who wrote the Maricopa County HMIS software, ServicePoint, and which CIR maintains an annual contract for services.

**Client:** An individual who has inquired, is receiving, or has received, *services* from a participating Maricopa County HMIS project that collects or maintains personally-identifiable service information.

**Client Acknowledgement Form:** The form signed by clients authorizing or denying their client specific information be collected and shared via the Maricopa County HMIS project.

**Code of Ethics Agreement:** An agreement between participating agency users and CIR that allows access to Maricopa County HMIS.

**Continuum of Care (COC) Project:** Project receiving funding from HUD through the competitive COC application process. These projects are identified in the Maricopa County HMIS as COC projects.

**Executive Director:** A person who serves as the top executive official of a participating agency. This person may have a title of chief executive officer or president, etc.

**Housing Inventory Count (HIC):** The inventory of beds for persons experiencing homelessness, including seasonal and overflow beds.

**Participating Agency:** Any agency/project that enters client-level information into the Maricopa County HMIS.

**Point In Time (PIT):** The annual **count** of sheltered and unsheltered persons experiencing homelessness on a single night.

**Release of Information (ROI):** A statement signed by the client authorizing or denying the participating Maricopa County HMIS agency/project to give other participating agencies their personal information and information regarding the client's situation.

**ServicePoint:** A software package written by Bowman Systems, which tracks data about people in housing crisis to determine individual needs, provide a referral system and create aggregate data for reporting and planning. The software is web-based and uses a standard graphical user interface similar to Microsoft Windows.

**System Administrator:** Completes the functions of the administrating the Maricopa County HMIS software. CIR is the System Administrator for the Maricopa County HMIS.

**User:** An individual who has been granted access and uses Maricopa County HMIS. Users are the main guardians against violating a person's confidentiality.

## Roles and Responsibilities

### Community Information and Referral Services (CIR)

CIR is the lead agency for the implementation and maintenance of the Maricopa County HMIS.

#### CIR HMIS Management

**Policy:** CIR as the System Administrator and HMIS Lead Agency is responsible for the organization and management of the Maricopa County HMIS. CIR is responsible for all system-wide policies, procedures, communication and coordination of the Maricopa County HMIS.

**Procedure:** CIR will follow protocols established by Bowman Systems, LLC, in regard to unauthorized access, as established on pages nine (9) and ten (10) of the Bowman Systems Securing Client Data Policy Manual. An HMIS team member will notify Bowman Systems of any software issues within twelve (12) hours of being made aware of the issue and an investigation at the System Administrative level has taken place. All information received from Bowman Systems pertaining to use, access, reporting or live site system will be disseminated to Executive Directors or his/her designee within three (3) business days of receipt. No user, Executive Director or agency may contact Bowman System directly, without the express written consent of CIR. The HMIS Lead Agency/System Administer will contact Bowman System to coordinate system updates, software issues and other system administration functions.

## Maricopa County HMIS Documentation

This document includes the Maricopa County HMIS Policies and Procedures Manual, the Maricopa County HMIS Data Quality Plan, the Maricopa County Security and Privacy Plan, the Maricopa County HMIS Code of Ethics Agreement, the Maricopa County HMIS Partnership Agreement, the Client Acknowledgement Form and all other related forms.

**Policy:** CIR will provide the necessary manuals and forms for all users. These documents will be kept up-to-date and in compliance with all HUD policies and requirements. Agency Administrators will be responsible for downloading and distributing to end users within the agency the HUD Data Standards Manual available on CIR website [www.211arizona.org/HMIS](http://www.211arizona.org/HMIS) or the HUD Exchange website <https://www.hudexchange.info/>.

**Procedure:** CIR will review the Maricopa County HMIS Policies and Procedures Manual, the Data Quality Plan, the Security and Privacy Plan, the Code of Ethics Agreement, the Partnership Agreement, the Client Acknowledgement Form, the Agency Update Form and related forms annually and they will be updated based on HUD regulatory changes and requirements.

Agencies must submit an updated Agency Update Form when changes occur in the programs that necessitate updating. The beginning of each calendar year, the documents will be reviewed and updated. In the event HUD issues interim changes to the requirements, affected policies and procedures and any related documentation will be reviewed and updated at that time, as well. All changes will be communicated to participating agencies through the Maricopa HMIS Committee meetings, HMIS system (i.e., "System News") and electronically through the end user e-mail distribution list. All documents will be available for download at [www.211arizona.org/hmis](http://www.211arizona.org/hmis).

## Security Management

**Policy:** CIR as the System Administrator and HMIS Lead Agency will be responsible for the continuous monitoring of security and user access.

**Procedure:** Refer to Bowman Systems Securing Client Data Policy Manual (Attachment D).

### Training

**Policy:** CIR as the System Administrator and HMIS Lead Agency will provide timely training for all new users, continuing education and ART reporting in the most efficient and effective way possible.

**Procedure:** CIR will provide training to all users through the HMIS Training Academy offering online and in person trainings. CIR will also notify participating agencies and users of upcoming trainings through the System News available in ServicePoint and/or electronically. Agencies will be given no less than thirty (30) days advance notification of in person trainings on the calendar. CIR as the System Administrator will conduct all new user training, specialized training relevant to user position and report training. At no time will a participating agency contact Bowman directly for training. The System Administrator will send training confirmation responses to registered users within three (3) business days of online registration.

### Agency Management

**Policy:** CIR will set-up and terminate agencies, projects and users, as needed.

**Procedure:** Agencies will notify CIR of new projects and new users electronically or by telephone by contacting CIR HMIS Help Desk at [HMISsupport@cir.org](mailto:HMISsupport@cir.org) or (602) 908-3605.

### User Management

**Policy:** CIR will give appropriate levels of access to the system based on user's position in the participating agency, configuration of projects and designation by the Executive Director.

**Procedure:** CIR in consultation with the participating agency Executive Director or his/her designee will assign appropriate user levels when adding a new user. CIR will always assign the most restrictive access to users while still allowing efficient job performance to protect client confidentiality or privacy.

**System Availability**

**Policy:** Bowman Systems will provide a highly available Maricopa County HMIS and will inform users in advance of any planned interruption in service.

**Procedure:** Scheduled upgrades and maintenance will occur on Friday nights after 9:00 p.m. MST. CIR as the System Administrator will inform users of the exact date and time at least three (3) business days prior to scheduled upgrade via ServicePoint System News and direct e-mail to all end users on record. In the event of an unscheduled unavailability, CIR will contact the end users via email and inform them of the cause and the anticipated duration of the interruption of service. Users will be notified as quickly as possible of system unavailability, but in no case more than twenty-four (24) hours after service interruption.

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## Participating Agency

A participating agency is one that enters client-level data into the Maricopa County HMIS.

### Security Management

**Policy:** Agencies are responsible for ensuring all hardware and software used to access and/or store Maricopa County HMIS client-level data is in a secure location where access is restricted to authorized staff. Agencies must comply with the Maricopa HMIS Security and Privacy Plan.

**Procedure:** Agencies may be monitored for security by CIR through remote or on-site compliance visits. Failure to comply will result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

### Records Management

**Policy:** The participating agency must maintain appropriate documentation of any client Release of Information and Client Acknowledgement Form records obtained in a secure location for a period of five (5) years after the last date of client service and assure their subsequent destruction by shredding. In addition, agencies must keep Agency Update Forms, Agency Partnership Agreements, Data Sharing Agreements, Opt-out Requests, grievance documentation and all other HMIS related documentation in a secure location for a period of five (5) years.

**Procedure:** Records must be made available to the client, upon written request, within fourteen (14) business days. Compliance monitoring is completed by CIR, as requested by funders or required by regulation. Agencies will be required to show proof of compliance with the above policy at time of compliance monitoring. Failure to comply will result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

### Privacy Management

**Policy:** Agencies will be solely responsible for ensuring clients understand privacy. With the exception of agencies providing services solely to children and youth, all agencies must obtain a signed Client Acknowledgement Form from each client before entering data into the Maricopa County HMIS. Clients in Runaway and Homeless Youth (RHY) Programs and private programs that serve only children and youth will NOT be asked to provide a Client Acknowledgement Form. All HMIS agencies must post a Privacy Notice at all intake locations. A copy of the Privacy Notice will be made available to all clients at the client's request.

**Procedure:** A copy of the Privacy Notice and the current Client Acknowledgement Form can be found at [www.211arizona.com/HMIS](http://www.211arizona.com/HMIS). Clients may request to not share their data in the Maricopa County HMIS. In that case, clients would be entered by locking the record. Records may be locked by contacting CIR as the System Administrator. The Client Acknowledgement Form will be in effect for one (1) year from the date of signing. Upon Recertification of client, new Client Acknowledgement Form must be signed for all programs except those serving solely children and youth.

HMIS compliance monitoring when needed or required will be completed by CIR as the System Administrator for HMIS. Agencies will be required to show proof of compliance with the above policy at time of compliance monitoring. Failure to comply will result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

### Data Sharing

**Policy:** Data sharing of the HUD Universal Data Elements among participating Maricopa County HMIS agencies began in 2013. Agencies can share with other agencies with a signed MOU or Data Sharing Agreement indicating a desire to share data. All HOPWA projects are currently prohibited from participation in data sharing. All other data sharing policies and agreements will be noted in the Maricopa HMIS Data Sharing Policy.

**Procedure:** All projects, with exception of HOPWA and RHY will have the opportunity to share client-level data. The continuum wide client-level data sharing privileges in Maricopa County HMIS is currently the HUD Universal Data Elements (UDEs) only. Participating agencies have the opportunity to sign a Data Sharing Agreement or MOU with other agencies. All agreements need to detail items to be shared and signed by all parties. Verbal agreements are not acceptable. Agencies will comply with the Maricopa County Data Sharing Policy.

## Executive Director

The Executive Director or designee is responsible for ensuring their agency and all licensed users within their agency abide by all COC established regulations, standards, policies and procedures in regards to the Maricopa County HMIS and clients' rights.

### Documentation

**Policy:** Before any agency user is given access to the Maricopa County HMIS, the Executive Director or his/her designee must complete and submit the necessary original documentation to CIR as the System Administrator and HMIS Lead Agency to keep on file.

**Procedure:** The Executive Director or his/her designee **must** read, understand, and sign the Maricopa County HMIS Partnership Agreement bi-annually (50% of agencies each year). Read, understand, and sign each of the agency's users' Maricopa County HMIS Code of Ethics Agreements annually. Update the Agency Update annually when necessary.

In addition, the Executive Director must comply with approved Maricopa HMIS User Fees annually for Maricopa County HMIS participation. Invoices will be sent to all agencies during the first quarter each fiscal year. Failure to comply with payment of User Fees within 90 days of invoice will result in deactivation of all agency user accounts, unless CIR as the System Administrator is made aware and agrees to extenuating circumstances/payment plan option.

### Ultimately Responsible

**Policy:** The Executive Director or his/her designee is the person ultimately responsible for compliance with all policies and procedures in this manual; which includes but is not limited to: knowledge and understanding of client rights, grievance procedures, data sharing, agencies security and all actions and work conducted by licensed users in their agency, including those no longer employed at their agency.

**Procedure:** The Executive Director must verify and sign all reports or information distributed by their agency for submission or publications. The Executive Director or his/her designee must notify CIR within twenty-four (24) hours if a user should be removed from the Maricopa County HMIS by calling the CIR HMIS Help Desk at (602) 908-3605 or at [HMISsupport@CIR.org](mailto:HMISsupport@CIR.org).

The Executive Director is responsible for ensuring that all their agency HMIS users comply with the Code of Ethics agreement. Agencies with users who fail to comply with the Code of Ethics agreement may be suspended from the Maricopa County HMIS. Failure to comply may result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

## **Agency Administrator**

An Agency Administrator is the liaison between CIR as the System Administrator and HMIS Lead Agency and all of their agency users. Agency Administrators will be given the role of “Agency Administrator” in the Maricopa County HMIS.

All Agency Administrators must have an e-mail address that is valid and up-to-date and act as the single point of communication between CIR and all of their agency users.

## **System Management**

**Policy:** Agency Administrators will assist, as needed, the CIR as the System Administrator in report development and testing custom reports requested by the agency. Agency Administrators will also be responsible for disseminating all information to users within their agency.

**Procedure:** Agency Administrators will be made aware via e-mail from CIR as the System Administrator of all upcoming system and reporting changes. Agency Administrators are required to test and comment on all custom reports requested by the agency to the Maricopa County HMIS Help Desk at [HMISsupport@CIR.org](mailto:HMISsupport@CIR.org).

If a response from the Agency Administrator is needed, CIR will provide a deadline date for response, which will be no less than five (5) business days and no more than twenty (20) business days. The System Administrator will make the Agency Administrators aware when the final changes are implemented in the Maricopa County HMIS or ART reporting software. Agency Administrators will disseminate system and reporting changes to all other users within their agency within three (3) business days of final change.

When requesting a custom report agencies are required to submit a (Attachments H & I) or a report update form to CIR. These forms will then be reviewed by the CIR HMIS team for approval. If approved, the agency will then receive an estimated development time based on the complexity of the report. The agency might be asked to assist with the report development and validation process. The final report will not be released to the CoC until it has been fully tested by the CIR HMIS team and requesting agency.

When a report is requested by a group of agencies or initiative, meetings will be held during the report request process, development process, and validation process. All parties will be represented at the meetings to ensure that the needs of all agencies/initiatives are being represented in the custom report.

### Agency Management

**Policy:** The Agency Administrator(s) will be the sole user(s) able and responsible for updating, correcting and maintaining the provider information in the Maricopa County HMIS.

**Procedure:** Agency Administrators will have the privileges in the Maricopa County HMIS to change and update information regarding their agency and all projects for their agency. Agency Administrators will verify this information quarterly and make changes as necessary. Failure to comply by maintaining correct agency and project information in the Maricopa County HMIS may result in suspension of all agency licenses until corrections are made.

### Training

**Policy:** Agency Administrators have been selected by the Executive Director or his/her designee as the staff member with the skills beyond that of a basic user. Agency Administrators will be required to attend a separate training at least one (1) time per year (twelve (12) months) or as needed/requested by CIR.

**Procedure:** One (1) hour trainings will be scheduled throughout the calendar year by CIR as the System Administrator for Agency Administrators. The System Administrator may select topics in consultation with CIR and/or based on evaluation of the Maricopa County HMIS FAQs on the Help Desk. Users are responsible for checking dates, times and class agendas on the System News in ServicePoint. Failure to comply with continuing education of the Maricopa County HMIS may result in suspension of the user's Agency Administrator status until requirements have been fulfilled.

## User

A licensed Maricopa County HMIS user is responsible for ensuring their agency's client-level data is entered correctly and complies with all client rights, confidentiality and data sharing in compliance with COC regulations, standards, policies and procedures. Users will be assigned an appropriate user role in the Maricopa County HMIS.

### Client-Level Data

**Policy:** Users will not knowingly enter false or misleading information under any circumstances into Maricopa County HMIS regarding the agency, project, or client.

**Procedure:** Users will submit all reports and/or information to the Agency Administrator/Executive Director for verification prior to submission to CIR. CIR will analyze and verify all data contained in reports and/or information prior to final submission and/or publication. If issues concerning client-level data are raised, CIR may conduct an audit and complete a monitoring site visit. Failure of an agency or user to comply or proof of violation can result in deactivation of the user's license permanently.

### Ethical Data Use

**Policy:** Data contained in the Maricopa County HMIS will only be used to support the delivery of homeless and housing services. Each Maricopa County HMIS licensed user will affirm the principles of ethical data use and client confidentiality contained in the Maricopa County HMIS Policies and Procedures Manual and the Maricopa County HMIS Code of Ethics Form.

**Procedure:** Users will sign a Maricopa County HMIS Code of Ethics Form and receive user training before being given access to the Maricopa County HMIS. Any individual or participating agency misusing, or attempting to misuse, the Maricopa County HMIS will be denied access. Without limitation the failure to comply with the policies and procedures related to the Maricopa County HMIS, may subject the agency to discipline and termination of access to the Maricopa County HMIS.

### Data Sharing

**Policy:** At no time shall a licensed user alter, change or delete other agency's data when participating in data sharing agreements.

**Procedure:** If at any time, client data is in question/conflicting, the Maricopa County HMIS users **must**: 1) contact his/her own Agency Administrator and explain the data in question; and 2) either contact the agency that originally entered the data to receive clarification or ask the Agency Administrator to contact the agency that originally entered the data. If a resolution or conclusion cannot be reached between the users, the Executive Directors or designees of concerned agencies must come to a resolution regarding correct data entry. At any time, CIR as the System Administrator can be requested, in written form, to analyze audit trails for investigative purposes. If a resolution cannot be determined by the Executive Directors or designees of both agencies, one will be determined by CIR.

### Client Release of Information

**Policy:** Users are the first to safeguard client privacy through compliance with client confidentiality and data sharing policies.

**Procedure:** Users in all agencies with the exception of those that provide services to Runaway and Homeless Youth (RHY) must obtain a signed Client Acknowledgement Form for each client prior to entering data into Maricopa County HMIS. This can be a release or denial of sharing. If a client denies sharing, the user **must** contact CIR as the System Administrator prior to entering client-level data into the Maricopa County HMIS. The Client Acknowledgement Form is in effect for one (1) year from the date of signing. If the Client Acknowledgement has expired, the user **must** obtain a new release prior to updating records. Signed Client Acknowledgment forms **must** be secure and retained for five (5) years by the participating agency from the date of the last service for the client.

### Initial Training

**Policy:** All new users must have training with the CIR as the System Administrator and HMIS Lead Agency before entering data into HMIS. CIR and the agency requesting new user access will determine training date(s) within forty-eight (48) hours of user request for access to the system. Training must be completed within thirty (30) days of requesting HMIS user status.

**Procedure:** The CIR HMIS Training Academy is available for online and in person training. Online training is always available and accessible through the HMIS website [www.211arizona.org/HMIS](http://www.211arizona.org/HMIS). In person training will be conducted each month of the calendar year. Users must attend at least one (1) training prior to completing assigned tasks for course completion. If the user is unable to attend an in person training, a twenty-four (24) hour notice **must** be given to CIR. CIR as the System Administrator shall provide at least thirty (30) days advance notice of training opportunities.

### Continued Education Training

**Policy:** Users must attend at least one (1) Maricopa County HMIS Refresher Training course every year (twelve (12) months) to maintain the continuing skill set for data collection and reporting.

**Procedure:** CIR will schedule training options monthly throughout the year and publish information on the System News, monthly HMIS Committee meetings, as well as send notices directly to users. CIR as the System Administrator shall provide at least thirty (30) days advance notice of training opportunities. Online training is always available on the CIR website [www.211arizona.org/HMIS](http://www.211arizona.org/HMIS).

### Data Standards

**Policy:** Users must enter all data into the Maricopa County HMIS in accordance with the current HUD HMIS Data Standards and the Maricopa County Data Quality Plan.

**Procedure:** Users must review and understand the most current HUD HMIS Data Standards. The *HUD HMIS Data Standards: HMIS Data Manual* is available on the CIR website [www.211arizona.org/HMIS](http://www.211arizona.org/HMIS) and <https://www.hudexchange.info/>. Users must review and understand the most current Maricopa County HMIS Data Quality Plan available on the CIR website at [www.211arizona.org/HMIS](http://www.211arizona.org/HMIS). Failure to comply with these standards will result in the user's license being suspended by CIR until further investigation or training can take place.

## Clients

Maricopa County HMIS is a vehicle for information to be passed from participating agency to participating agency regarding client information, services, and referrals. The Maricopa County HMIS is geared to save clients time in re-telling their “story” and providing documentation. At no time should a client’s rights, confidentiality or requests be violated.

### Denial of Service

**Policy:** No client shall be denied a service for failure to release information for data sharing purposes or refusal to answer informational questions not required for service eligibility screening.

**Procedure:** Prior to collecting client-identifying information by the participating agency, clients **must** first sign the Client Acknowledge, acknowledging their request to share or deny the sharing of their information. If the client is returning to the Maricopa HMIS system after an absence of more than one (1) year, client data will be reviewed and updated.

### Access to Data

**Policy:** Clients may have access to their data at any time and can ask for detailed explanation of the information given to them.

**Procedure:** Clients may request a printed report of their data from the Maricopa County HMIS from a participating agency and requests for data must be made in writing. Agencies will **only** print and distribute information collected by their agency and not all the client’s data entered by other agencies and stored in the Maricopa County HMIS. Agencies must comply with client’s request within fourteen (14) business days. Clients can ask for and receive a verbal or written explanation of the report given to them by the agency within seven (7) business days of receipt. Clients may request, in writing and including a self-addressed envelope, a printed report from CIR containing all their data in the Maricopa County HMIS. CIR will have thirty (30) days to respond to such requests. Clients can ask for and receive a verbal or written explanation of the report given to them by CIR within seven (7) business days of receipt.

### Changing Information

**Policy:** Clients may request that participating agencies update incomplete and/or incorrect data. However, if an agency believes the request will result in inaccurate data, the agency may deny the request.

**Procedure:** If the agency chooses not to update the client's information, they must supplement their decision with additional information within the client notes section of the Maricopa County HMIS client record within seven (7) business days of request. Agencies **must** give a written explanation of the decision, which will be copied to the client's file within five (5) business days of decision. When an agency denies a client's request for updating their information, agencies must have a written explanation for refusal in client file within five (5) business days of denial.

### Denial of Access

**Policy:** Participating agencies and CIR reserve the right to deny a client's request to release his/her information if the information is being compiled in reasonable anticipation of litigation or comparable proceedings, contains personal information about another individual not related to the client and/or by disclosure would be reasonably likely to endanger the life or physical safety of any individual.

### Educating Clients of Privacy Rights

**Policy:** The client intake worker, user or case worker will work with the clients to understand their privacy rights, benefits of sharing data and what their data is used for once entered into the Maricopa County HMIS.

**Procedure:** The Executive Director or his/her designee will ensure that a "Privacy Notice" is posted in an area that is clearly visible to the client. The client must be informed of his/her rights under the privacy policy and should receive a copy of the policy, if requested. The client intake worker, user and case worker will be knowledgeable regarding data sharing policies, release of information policies and how to enter client-level data at the appropriate confidentiality level in the Maricopa County HMIS. CIR is not liable for client-level data that has been entered into the Maricopa County HMIS by a user in which the client's right to privacy was violated.

## Communication

### From CIR

**Policy:** CIR as the System Administrator and HMIS Lead Agency is responsible for relevant and timely communication with each participating agency, regarding all aspects of the Maricopa County HMIS, reporting and data standards. All users **must** provide contact information to receive HMIS communication.

**Procedure:** CIR is not responsible for a participating agency's loss of funds due to their negligence in adhering to any updated HMIS regulations regarding reporting and data collection. General system and training communications from CIR will be directed to all persons enrolled in CIR's HMIS End User distribution list. General communications from CIR will be sent through e-mail communication. Specific communications will be addressed to the person or people involved by direct e-mail communication. For emergency situations, communications will be directed through direct e-mail and the ServicePoint News system located on the home screen of the Maricopa County HMIS.

All FAQs, cheat sheets, documentation, policies, procedures, reporting matrix and general help will be located on the CIR website, [www.211arizona.org/HMIS](http://www.211arizona.org/HMIS). Agency Administrators are responsible for distributing that information to any additional users at their agency who may need to receive it, including, but not limited to, Executive Directors, client intake workers and data entry specialists.

### To CIR

**Policy:** Questions regarding Code of Ethics agreements, Agency Profile forms and Agency Partnership Agreements should be submitted to CIR. All request forms and update forms are to be submitted to CIR as the System Administrator and HMIS Lead Agency. Users are encouraged to submit HMIS questions through the HMIS help desk, [HMISsupport@CIR.org](mailto:HMISsupport@CIR.org)

**Procedure:** To receive the best customer service from the CIR as the System Administrator, agencies are encouraged to utilize the help desk at [HMISsupport@CIR.org](mailto:HMISsupport@CIR.org) or call the help desk at (602) 908-3605. The goal of CIR is to respond to all needs within one (1) business day of first contact.

## Maricopa County HMIS Help Desk

**Policy:** CIR as the System Administrator and HMIS Lead Agency maintains HMIS Help Desk support for assistance on requests including report issues, requests for system enhancements, technical support, helpful hints, training tips, documentation to download, password reset requests, etc.

**Procedure:** The HMIS Help Desk is available from 9:00 a.m. to 5:00 p.m., Monday through Friday, excluding CIR holidays. Help requests will be addressed in the order of receipt. Help requests will be addressed within twenty-four (24) business hours. All HMIS Help Desk requests received after 4:30 p.m. may be addressed the next business day. To receive the most complete response, requests asking for help to identify or resolve issues with reports **should** have the report in question attached to the request. Submission of HMIS report requests from project representatives will not be accepted though the HMIS Help Desk.

## Access

### CIR

**Policy:** CIR as the System Administrator and HMIS Lead Agency will have access to retrieve all data in the Maricopa County HMIS. CIR will not access individual client-level data for purposes other than direct client service-related activities, coordinated assessment, referral, reporting and maintenance, checking for data quality and responding to HMIS Help Desk requests.

**Procedure:** CIR as the System Administrator will be responsible for ensuring that no individual client data is retrieved or distributed for purposes other than direct client service, reporting, system maintenance, performing data quality checks and responding to Help Desk requests. CIR will oversee all reporting to HUD and the public.

All special research requests must be approved by CIR in coordination with requesting agency/initiative. Reports necessary for funding agreements (Annual Performance Reports, Consolidated Annual Performance and Evaluation Reports) may be run at the request of the agency or the request of a federal or state partnering agency.

### Agency Administrators

**Policy:** Agency Administrators will have the ability to access client-level data in all of their agency projects.

**Procedure:** Participating agency's designated Agency Administrator will have the ability to locate, change, add or remove client-level data from their agency's projects. The Agency Administrator will be able to generate reports for all of their agency's projects. The Agency Administrator will have access to the Annual Homeless Assessment Report. The Agency Administrator will have access to the Provider Information Profile section of the Maricopa County HMIS and will have the ability to change information located within their agency's projects.

### User Access

**Policy:** CIR as the System Administrator and HMIS Lead Agency will assign the most restrictive security settings to all other users not assigned as an Agency Administrator by the Executive Director or their designee.

**Procedure:** Maricopa County HMIS, in consultation with the agency Executive Director or their designee, will assign appropriate user levels when adding or changing user access. Users will not have the ability to delete or change another project's client-level data. Users will not always have the ability to generate reports for any and all agency projects based on types of user roles. Maricopa County HMIS will always assign the most restrictive access which allows efficient job performance in the interest of client security.

### Public Access

**Policy:** CIR, under the direction of the Maricopa County CoC Board, will address all requests for data from entities other than Maricopa County HMIS Participating Agencies. The public is not given access to the Maricopa HMIS system at any time.

**Procedure:** The Maricopa County HMIS can enter into data sharing agreements with outside organizations with CoC Board approval for:

- Research
- Data Matching
- Evaluation of Services/Planning.

When Maricopa CoC Board consent is received, CIR and the requested party must consent to a Research Data Sharing Agreement. Research Data Sharing Agreements will require that all parties certify that they will adhere to the strict standards of protecting client-level data employed by the Maricopa County HMIS.

## Security

### Bowman Systems

#### System Security

**Policy:** ServicePoint is supported by the most powerful system security measures available. Using 128-bit encryption, user authentication, and user access levels, ServicePoint ensures that data is protected from intrusion.

**Procedure:** Bowman Systems' employees, who have access to client-level data, are subject to a national background check, training on confidentiality requirements and must sign a confidentiality statement as part of their employee agreement. The system function logs the time and type of activity, as well as the name of the user who viewed, added, edited or deleted the information.

Servers are located in complexes with:

- Twenty- four (24) hour security personnel.
- Twenty- four (24) hour video surveillance.
- Dedicated and secured Data Center.
- Locked down twenty- four (24) hours per day.
- Only accessible by management-controlled key.
- No access is permitted to cleaning staff.
- State-of-the-art HVAC and fire suppression system.

#### Data Security

**Policy:** Bowman Systems ensures availability of customer data in the event of a system failure or malicious access by creating and storing redundant records. All data going across the Internet to the user's Web browser uses AES-256 encryption in conjunction with RSA 2048-bit key lengths.

**Procedure:** The traffic that flows between the server and the user's workstation is encrypted using the SSL certificate installed on CIR's dedicated servers. Database tape backups are performed nightly. Tape backups are maintained in secure offsite storage. Seven (7) days' backup history is stored on instantly accessible Raid 10 storage. One (1) month's backup history is stored offsite. Users have twenty-four/seven (24/7) access to Bowman Systems emergency line to provide assistance related to outages or downtime.

### Unauthorized Access

**Policy:** If an unauthorized entity were to gain access to the Maricopa County HMIS and client data, or if there were suspicion of probable unauthorized access, CIR as the System Administrator and HMIS Lead Agency, and Bowman Systems will take immediate action to protect the security of the system. Bowman Systems will adhere to the “Securing Client Data” manual (Attachment D).

**Procedure:** The system would be examined to determine the presence of system or data corruption. If the system has been compromised, the system would be taken offline. Using the previous night’s backup, a restored copy of the system data would be loaded onto another server and the system brought back online with the back-up copy. Comparing the back-up database to the database taken offline, an investigation would be launched to determine the extent of the unauthorized activity/corruption and the corrective action needed. Upon completion of the investigation, findings would be reported to CIR and options would be discussed. Upon CIR’s approval, corrective action would be initiated. Corrective action could include all or part of the following:

- The original hard drive would be completely erased and rebuilt, including a new operating system, SSL Certificate, applications and the back-up database.
- If applicable and feasible, lost data from the original database would be restored.

If Bowman Systems or its employees are determined to be at fault for unauthorized access, CIR may terminate the ServicePoint License and Service Agreement and pursue legal remedies.

## **Licensed Users**

A licensed user is a person who has signed and submitted a Maricopa County HMIS Code of Ethics Agreement and it is still in effect for the current year. If CIR as the System Administrator and HMIS Lead Agency is not notified of their termination from the agency within twenty-four (24) hours of termination, neither Bowman Systems or CIR as the System Administrator and HMIS Lead Agency will be liable for actions of a former agency employee with an active license. The Agency shall be liable and CIR may terminate access to the Maricopa County HMIS if it determines that the Agency acted carelessly in managing their licensed users.

### **User Access**

**Policy:** CIR as the System Administrator and HMIS Lead Agency will provide unique usernames and initial passwords to each licensed user. Usernames and passwords may not be exchanged or shared with other users.

**Procedure:** CIR as the System Administrator will provide directly to the user a unique username and initial password upon completion of training requirements as stated in this manual. CIR will have access to the list of usernames. CIR will perform an annual user audit for invoicing and licensing purposes. The sharing of usernames will be considered a breach of the Maricopa County HMIS User Agreement and the Partnership Agreement. Exchanging usernames seriously compromises security and accountability to clients. If a breach occurs, it may subject the agency to discipline and termination of access to the Maricopa County HMIS. CIR will randomly audit 2% of users a month to monitor that users are following the Maricopa HMIS Code of Ethics.

### **Passwords**

**Policy:** Users will have access to the Maricopa County HMIS via a username and password. Passwords will be reset every forty-five (45) days. Passwords must consist of at least eight (8) characters and include at least two (2) digits. Users must keep passwords confidential.

**Procedure:** On the forty-fifth (45<sup>th</sup>) day when the user logs in, the system will require the user to create a new password and enter it twice before accessing the database.

The sharing of passwords will be considered a breach of the Maricopa County HMIS User Agreement. If a breach occurs, CIR may subject the agency to discipline and termination of access to the Maricopa County HMIS.

**Password Recovery**

**Policy:** Agency Administrators may reset passwords. If the Agency Administrator is unavailable or otherwise unable to reset a password for an end user, CIR will reset a user's password in the event the password is forgotten.

**Procedure:** Users must request a password reset by submitting a request to the Maricopa County HMIS Help Desk at [HMISsupport@cir.org](mailto:HMISsupport@cir.org) or by calling the HMIS Help Desk at (602) 908-3605.

CIR will verify the user is active in the system prior to resetting a password. The reset information will be sent back to the user via the Help Desk. The user must enter the password given. The system will only accept this password one time. The system will require the user to create a new password and enter it twice before accessing the database.

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## Location of Data Access

### Remote Access

**Policy:** Users will ensure the confidentiality of client data, following all security policies in the Maricopa County HMIS Policies and Procedures Manual and adhering to the standards of ethical data use, regardless of the location of the connecting computer. The Executive Director or designee has the responsibility to assure the user is in compliance with this and all other policies, procedures, agreements and rules governing the Maricopa County HMIS.

All users that access the Maricopa County HMIS remotely must meet the standards detailed in the Privacy and Security policies and procedures (Attachment G) and may only access it for activities directly related to their job. Users may not access the system from unsecured networks (for example: coffee shops, restaurants, libraries and other public places).

Examples of allowable Remote Access:

- Personal laptops that were not purchased by the agency.
- Access to the Maricopa County HMIS on a private network other than that of the agency.
- Private home desktops.

**Procedure:** CIR may audit remote access by Maricopa County HMIS users. If a user is found to have accessed the Maricopa County HMIS through an unsecured network, the user license will be immediately suspended. CIR may impose additional sanctions on the agency including termination of access to the Maricopa County HMIS.

## Agency Data

### Data Retrieval

**Policy:** Maricopa County HMIS-participating agencies will have access to retrieve any individual client-level data and aggregate data for their own projects. Participating agencies will not have access to retrieve client-level or aggregate data for other participating agencies or system-wide.

**Procedure:** Agency Administrators using the ServicePoint available Reports or ART will only be able to extract data from those records to which they have access based on their level of security given by CIR. Whenever a user attempts to access an aggregate report for an unauthorized agency, the report will show "0" or be inaccurate due to the security level of the user. Both ServicePoint available Reports and ART will limit the user access and only report data from records to which the individual user has access.

### Extracted Data

**Policy:** Maricopa County HMIS-participating agencies have access to retrieve any individual client-level data and aggregate data for their own projects and download the information onto a local storage vessel. Users will maintain the security of any client data extracted from the database and stored locally, including data used in custom reporting.

**Procedure:** Any data printed or downloaded from Maricopa County HMIS is protected data and should be held in secured paper or electronic files. All extracted data falls within the same confidentiality procedures as electronically-stored data. CIR is not responsible for breaches in data once removed from the Maricopa County HMIS. If a participating agency's licensed user or Agency Administrator extracts data, the participating agency for which the licensed user works is responsible for any data breach on data extracted by the user and may result in termination of HMIS access by CIR.

### Compliance Security Review

**Policy:** Maricopa County HMIS-participating agencies are subject to random or scheduled compliance monitoring review by CIR as outlined in the HMIS Data Quality Plan.

**Procedure:** All agencies will be desk-monitored at least once a year for security risks and compliance with documentation. On-site monitoring will be conducted at least once yearly for agencies under contract with the Maricopa County CoC. Agencies not under contract with the Maricopa CoC will be monitored if they are deemed to be a high or medium security risk based on the annual desk monitoring.

## Maricopa County HMIS Data Sharing

Agencies are able to share client information with agencies outside of their network with appropriate client authorization. The Maricopa County HMIS is a vehicle through which agencies can share data outside of their own agency and network. County-wide reporting is based on aggregate, non-identifying data; therefore, aggregate, non-identifying data may be shared with the public without specific permission. These policies would be made clear to clients as part of the Client Acknowledgement and Release of Information form. Data sharing protocols will be further described in the Maricopa County HMIS Data Share Plan (Attachment F).

### Opt-In

**Policy:** All agencies and projects, with exception of HOPWA, domestic violence service providers and those that fall within Federal Regulation 42 CFR Part 2 (those that receive federal funds for substance abuse treatment services as a licensed treatment facility), may share client-level data with other Maricopa County HMIS-participating agencies by executing a written and approved Data Sharing Agreement or MOU. A copy of the Data Sharing Agreement or MOU must be signed by all parties and kept on file at CIR. Verbal agreements will not be accepted. The Maricopa County HMIS currently shares the HUD Universal Data Elements (UDEs) continuum-wide.

**Procedure:** The participating agency's Executive Director or designee is responsible for ensuring that all licensed users within the agency abide by all the policies and procedures stated within all signed documents including the Data Sharing Agreement or MOU. Each participating agency will retain a copy of the agreement and a master will be filed with CIR. All clients must have a valid Client Acknowledgement Form in their case file prior to users entering client-level data into the Maricopa County HMIS to indicate either approval or denial of sharing their data.

### Opt-Out

**Policy:** Agencies can request to be removed from data sharing. CIR as the System Administrator and HMIS Lead Agency and the Maricopa County CoC Board reserve the right to deny a request to opt-out of data sharing.

**Procedure:** Any agency Executive Director or designee wishing to opt-out of data-sharing must execute a Maricopa County HMIS Data Sharing Exit Agreement. CIR will make a final decision within seven (7) business days of receipt of agreement. Data share historically cannot be reversed due to software regulations.

If approved:

1. Agency will retain a copy of the agreement and a master will be filed with CIR.
2. CIR as the System Administrator will remove the data sharing privileges within three (3) days of approval.
3. Once data sharing is removed, agency users will no longer be able to grant permission based on appropriate client consent to share individual client information.
4. Authorized, licensed users will only be able to view their own agency's client data.
5. The client's ID, name, year of birth, veteran status and Social Security Number, alias, will remain at a global sharing level to limit duplicate clients in the system.

If denied:

1. Agency will retain a copy of the agreement and a master will be filed with CIR.
2. Agencies can appeal the decision to the CoC Board in a written statement within three (3) business days from receipt of decision.

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## Visibility Settings

**Policy:** All data sharing policies will be enforced by CIR as the System Administrator and HMIS Lead Agency.

**Procedure:** Each user's access to data will be defined by their user type, as described in the Access section of this manual. CIR will conduct at least annual file checks for appropriate client authorization and will conduct random monthly audit reports for 2% of all HMIS users.

## Client Denial to Share

**Policy:** If the client chooses not to have their data shared with other agencies and the agency participates in data sharing, the data **must** be locked in the system to restrict visibility to the agency which originally entered the information.

**Procedure:** The user **must** contact the Maricopa County HMIS Help Desk prior to entering client-level data into the Maricopa County HMIS. CIR as the System Administrator is responsible for locking client-level data with the correct visibility security settings. CIR will monitor for client denial to share in desk-monitoring and on-site monitoring.

## Scanned Document Management

**Policy:** CIR as the System Administrator and HMIS Lead Agency is responsible for organization and management of the Maricopa County HMIS. It is necessary to follow standardized procedures to upload documents to ensure uploaded information is useable system-wide.

**Procedure:** Documents uploaded to a client must have the naming standards of:

- Client ID#, Document Title, Date Saved
  - ✓ Example: 123456, Homeless Verification, 11/20/2013

File attachments may only be uploaded to the client profile screen under "File Attachments". Users may never remove documents of another agency and may only remove theirs when uploading an updated version. Unless otherwise noted by client denial, all file attachments will be shared by agencies sharing data.

## Data Shared Information

**Policy:** The sharing standard for each area of Maricopa County HMIS data entry is set forth in the Maricopa County HMIS Data Share Plan (Attachment F). The intent of the Maricopa County HMIS is to allow as much data sharing as appropriate and necessitated by clients' needs and services provided to meet those needs.

**Procedure:** The HUD Universal Data Elements (UDEs) are shared Continuum-wide. All other data sharing will be noted in the Maricopa County HMIS Data Share plan.

Data at no time is currently to be shared outside the agency regarding:

- HOPWA Projects
- RHY Projects
- Youth Under 18

## Data Quality

The data standards established by HUD and CIR are applied to all projects reporting client-level data in the Maricopa County HMIS. At no time do standards increase or decrease with the source of funding for the project. To have correct, accurate and reliable reporting in a timely manner, all projects **must** adhere to the policies and procedures established. Please refer to the Maricopa County HMIS Data Quality Plan available on the CIR website at [www.211arizona.org/HMIS](http://www.211arizona.org/HMIS)

## License Suspension and/or Replacement

**Policy:** At any time, CIR as the System Administrator and HMIS Lead Agency reserves the right to suspend a user's or agency administrator's license if having difficulty entering client-level data and providing accurate reports after appropriate trainings. CIR can recommend and require the Executive Director or designee to assign a different staff member or volunteer to attend training and become a participating agency user to enter client-level data.

## Violation of Data Quality and Integrity

**Policy:** In its discretion, CIR as the System Administrator and HMIS Lead Agency may report violations with the Maricopa HMIS Data Quality plan and breaches in data integrity to the CoC Lead and may result in termination of HMIS access by CIR.

**Procedure:** Such action will be conducted in accordance with the Maricopa County HMIS Policies and Procedures Manual.

## Licensing and Invoicing

CIR as the Maricopa County HMIS Lead Agency invoices all provider agencies annually in the first quarter of the fiscal year for HMIS user fees. Invoicing occurs after the annual user audit for each participating agency is completed. The annual user license fee is recommended by CIR based on the Bowman Systems software contract and approved by the Maricopa County CoC Board. The funds received for the annual user license assists with paying for the user license fees as part of the Bowman Systems contract and provides match for the HMIS Lead HUD grant.

### Annual Invoice

**Policy:** CIR will send an invoice to each Executive Director or designee of each agency or the appropriate staff at a partnering federal or state agency.

**Procedure:** Invoices will be mailed. Payments are due within thirty (30) days of receipt of invoice. Non-payment of licenses may result in suspension by CIR. CIR will make all project representatives aware of agencies that have had their user licenses suspended. The User Fee is a flat fee as determined by the software contract and therefore will not be pro-rated when new user licenses are purchased throughout the year

## Grievances

### From a Participating Agency or Client to the Maricopa County HMIS

**Policy:** Maricopa County HMIS participating agencies have the right to file a grievance against CIR as the System Administrator and HMIS Lead Agency. Clients have the right to file a grievance against a participating agency regarding the Maricopa County HMIS.

**Procedure:** CIR will respond within thirty (30) days to complaints from families, owners, employees and members of the public. All complaints must be submitted in writing and will be documented.

- Categories of Complaints
  - ✓ Complaints from clients: a client disagrees with an action or inaction of the Maricopa HMIS Lead.
  - ✓ Complaints from participating agencies or other HUD-funded programs: a Maricopa County HMIS-participating agency, a HUD-funded program or other federal-funded program disagrees with an action or inaction of the HMIS Lead.

The complaining party will submit the complaint in writing to CIR within seven (7) business days of the date of occurrence. It is CIR's objective to resolve disputes at the lowest level possible and to make every effort to avoid the most severe remedies. However, if this is not possible, CIR will ensure that applicants and participants will receive all of the protections and rights afforded by the law and applicable regulations.

## Participation Termination

### Initiated by the Participating Agency

**Policy:** In the event of termination of the Maricopa County HMIS Partnership Agreement, all data entered into the Maricopa County HMIS will remain an active part of the Maricopa County HMIS and the records will retain their original security settings.

**Procedure:** HUD-funded agencies are required to participate in the Maricopa County HMIS. For those participating agencies that are non-HUD-funded, the person signing the initiating Maricopa County HMIS Partnership Agreement will notify CIR with a date of termination in writing. In all cases of termination of the Maricopa County HMIS Partnership Agreement, CIR will deactivate all users from the agency on the date of termination stated by the agency. All client-level data entered into the Maricopa County HMIS will remain an active part of the Maricopa County HMIS and the records will retain their original security settings.

### Initiated by CIR

**Policy:** CIR as the System Administrator and HMIS Lead Agency will terminate the Maricopa County HMIS Partnership Agreement for non-compliance with the terms of that agreement.

**Procedure:** HUD-funded agencies are required to participate in the Maricopa County HMIS. For those that are terminated, this will be reported to the Maricopa County CoC Lead. For those participating agencies that are non-HUD-funded, CIR will notify the person signing the initiating Maricopa County HMIS Partnership Agreement with a date of termination in writing. CIR will give thirty (30) days written notice to the agency, regardless of funding source, to the attention of the person who initiated the agreement. CIR requires any Maricopa County HMIS violations to be rectified before the Maricopa County HMIS Partnership Agreement termination is final. CIR may also terminate the Maricopa County HMIS Partnership Agreement without cause upon thirty (30) days written notice to the participating agency.

In all cases of termination of the Maricopa County HMIS Partnership Agreement, System Administrator will make inactive all users from the agency on the date of termination. All client-level data entered into the Maricopa County HMIS will remain an active part of the Maricopa County HMIS, and the records will retain their original security settings.

## Projects in Maricopa County HMIS

### Adding a New Project in Maricopa County HMIS by Participating Agency

**Policy:** The Executive Director or designee will notify CIR as the System Administrator and HMIS Lead Agency thirty (30) days prior to implementation of a new project.

**Procedure:** At least thirty (30) days prior to anticipated implementation date, the Executive Director or designee will meet with CIR to fill out the New Project Form (Attachment J)

### Making Changes to Existing Projects in Maricopa County HMIS

**Policy:** The Executive Director or designee will notify CIR as the System Administrator and HMIS Lead Agency of programmatic changes.

**Procedure:** The Executive Director or designee will notify CIR of any applicable programmatic changes to existing programs which may have an effect on data collection, data entry, data quality or data reporting at least forty-five (45) business days prior to the implementation date of the change. Recommendations and timelines for the changes will be returned to the participating agency no more than ten (10) business days from receipt date of request. CIR will complete changes at least seven (7) business days prior to the implementation date for final approval from the participating agency.

## Additional Customization

**Policy:** The participating agency will be solely responsible for additional database customization costs. This includes the voluntary transfer of existing grant client-level data and custom build reports beyond that of CIR as the System Administrator and HMIS Lead Agency's scope of work.

**Procedure:** The Agency Administrator or Executive Director or designee will notify CIR of any applicable programmatic customization which may have an effect on data collection, data entry, data quality or data reporting at least forty (40) business days prior to the implementation date of the change. Proposed customization and/or changes must be submitted in writing.

If support from Bowman Systems is necessary to make the changes, CIR will communicate to Bowman the needs and scope of work for the participating agency. Recommendations and timelines for the changes will be returned to the participating agency no more than ten (10) business days from receipt date of request, including a Statement of Work from Bowman, if applicable. CIR will complete changes at least seven (7) business days prior to the implementation date for final approval from the participating agency. If a participating agency voluntarily transfers an existing grant to another agency, CIR will not pay for client-level data to be transferred. The agency requesting the transfer will be liable for any fees incurred.

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## Acknowledgement of Receipt of the Maricopa County HMIS Policies and Procedures Manual

By signing this form, you acknowledge receipt of the Maricopa County HMIS Policies and Procedures Manual from Community Information and Referral Services (CIR) as the System Administrator and HMIS Lead Agency. Your signature further certifies that you have read, understand and will abide by the policies and procedures, as detailed in this document, as well as accept any measures taken for violation of these practices. Please note, the Maricopa County HMIS Policies and Procedures Manual is subject to change.

\_\_\_\_\_  
Signature of Licensed User

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Printed Name of Executive Director

\_\_\_\_\_  
Date

**Return signed form to CIR:**

*Via e-mail:*

[HMISsupport@cir.org](mailto:HMISsupport@cir.org)

*Via mail:*

Community Information and Referral Services

Attn: HMIS

2200 North Central Ave, #211

Phoenix, AZ 85004

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ATTACHMENT A – Maricopa HMIS Partnerships Agreement

HMIS Partnership Agreement

This agreement is entered into on the \_\_\_\_<sup>th</sup> day of \_\_\_\_\_, 20\_\_ between Community Information and Referral Services, hereafter known as "CIR", and \_\_\_\_\_ (Agency Name) hereafter known as "Provider Agency" regarding access and use of the Maricopa Homeless Management Information System, hereafter known as the "Maricopa HMIS".

I. Introduction

Maricopa HMIS, a shared homeless database, allows authorized Provider Agencies throughout the geographic area of Maricopa County to input, use, and receive information concerning their own clients and to share information, subject to agreements, on common clients.

Maricopa HMIS Goals include:

- a) People who are homeless or are in need of homeless prevention assistance will receive improved coordinated care / services.
- b) Participating providers will improve their data collection and workflow with use of HMIS
- c) Participating providers will use the HMIS to meet all current external homeless/homeless prevention reporting requirements from HUD and non-HUD funding sources.
- d) The community will have timely, credible, quality data about services and people who are homeless or in threat of becoming homeless.
- e) 100% of homeless providers will participate in the HMIS. (Excluding Domestic Violence Providers)
- f) HMIS will be user-friendly for providers
- g) Community and provider agency stakeholders will have current accurate information about HMIS implementation and data regarding homelessness in Maricopa County

CIR administers Maricopa HMIS, contracts for an agency to house the HMIS database central server and coordinates Provider Agency access to the HMIS database. CIR shall protect Maricopa HMIS data from accidental or intentional unauthorized modification, disclosure, or destruction. Maricopa HMIS, when used correctly and faithfully, will improve knowledge about homeless people--their services and service needs, and may result in a more effective and efficient service delivery system.

## II. Confidentiality

- A. The Provider Agency will uphold relevant federal and state confidentiality regulations and laws that protect client records and will only release confidential client records with written consent by the client<sup>1</sup>, or the client's guardian<sup>2</sup>, unless otherwise provided for in regulations or laws.
1. The Provider Agency will abide specifically by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records if applicable. In general terms, the federal regulation prohibits the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Provider Agency understands the federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
  2. The Provider Agency will abide specifically, when applicable, with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and corresponding regulations passed by the Federal Department of Health and Human Services. In general, the regulations provide consumers with new rights to control the release of medical information, including the right: to give advance consent prior to disclosures of health information; to see a copy of health records; to request a correction to health records; to obtain documentation of disclosures of health information; to obtain an explanation of privacy rights and to be informed about how information may be used or disclosed. The current regulation provides protection for paper, oral and electronic information.
  3. The Provider Agency will abide by Arizona State Laws and Federal Laws related to confidentiality and security of medical, mental health and substance abuse information as found in Arizona Revised Statutes Title 12, Arizona Revised Statutes Title 36, 42 CFR Part 2 and other relevant statutes, rules and regulations as applicable.
  4. The Provider Agency will provide a verbal explanation of Maricopa HMIS and arrange, when possible, for a qualified interpreter or translator for an individual not literate in English or having difficulty understanding the consent form(s).
  5. The Provider Agency will not solicit or input information from clients into Maricopa HMIS unless specific information proves essential to provide services, to develop reports and provide data, and/or to conduct evaluations and research. Evaluation and research will only use de-identified client data except in the case when the Provider Agency evaluates and

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<sup>1</sup> Anyone who receives services from a Provider Agency.

<sup>2</sup> “Guardian” is anyone legally in charge of the affairs of a minor or of a person deemed incompetent, according to and defined in Title 14 of the laws of the State of Arizona. All references to “client” in this Agreement also apply to “client’s guardian.”

researches its own clients. In all cases, the Provider Agency shall maintain compliance with all state and federal laws regarding research, evaluation and confidentiality of individual client identities.

6. The Provider Agency will not divulge any confidential information received from the Maricopa HMIS to any organization or individual without proper written consent by the client (or guardian where appropriate) unless otherwise permitted by relevant regulations or laws.
7. The Provider Agency will ensure that every person issued a User Identification and Password to the Maricopa HMIS will comply with the following:
  - a. Read and abide by this Partnership Agreement
  - b. Read and sign the HMIS Code of Ethics form<sup>3</sup>
  - c. Create a unique User I.D. and password; and will not share or reveal that information to anyone by written or verbal means
8. The Provider Agency understands that individuals granted Agency Administrator access within each agency must become a Designated Maricopa HMIS Agency Administrator through specific training provided by the CIR. The Provider Agency understands that all client information will be encrypted on a file server physically located in a locked office with controlled access, at the offices of Bowman Systems, LLC located at 333 Texas Street, Suite 300, Shreveport, Louisiana 71101.
9. The Provider Agency agrees to submit payments in a timely fashion to CIR for annual HMIS User License fees in effect at the time of execution of the agreement.

CIR agrees to work with Provider Agency Administrators to reconcile any discrepancies on annually generated User License Invoices.

- B. The Provider Agency agrees to document a client's (or guardian's when appropriate) understanding and consent to enter client information into a central database and the reasons for this entry. Furthermore,
  1. An individual client (or guardian) must give implied or informed client consent by understanding and signing a consent form for the Provider Agency prior to the Provider Agency sharing any client information to another agency.

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<sup>3</sup> See Code of Ethics form

2. The completed consent form provides:
  - a. Informed client consent regarding basic identifying client data to be entered into a shared database
  - b. Release of non-confidential service transaction information to be shared for report purposes.
  - c. Client release to authorize the sharing of basic client identifying information among designated Maricopa HMIS Provider Agencies.
3. A client might deny authorization to share basic identifying information or other specified information via Maricopa HMIS. The Client Profile section within ServicePoint will be marked restricted. This allows only the entering Provider Agency access to client information and precludes the ability to share information.
4. Each Provider Agency is responsible for ensuring that its staff and users comply with the requirements for informed consent and client confidentiality.
5. The Provider Agency agrees to place all client consent forms related to Maricopa HMIS in a file to be located at the Provider Agency's business address and that such forms are made available to the CIR for periodic audits. The Provider Agency will retain these Maricopa HMIS related consent forms for a period of five years upon expiration, after which time the forms will be discarded in a manner ensuring un-compromised client confidentiality.
6. The Provider Agency understands that in order to update, edit, or print a client's record, the Provider Agency or SubProvider Agency must have on file current client consent form.

The Provider Agency agrees to enter the minimum data required in the Maricopa HMIS; however, this does NOT mean that a Provider Agency is required to share client identifiable information. A client's information may be restricted to overall access when the client refuses to allow his/her name, social security number or other personally identifiable information to be shared in the database.

7. The Provider Agency agrees to permit the Maricopa HMIS Project to initiate and administer the following data share with all HMIS participating agencies. A listing of participating agencies can be found on the Maricopa HMIS website at [www.211arizona.org/hmis](http://www.211arizona.org/hmis).

Data will be shared for the purpose of coordinated assessment and service coordination. The data shared will help decrease duplication of work between participating organizations,

increase the quality of the data being entered in HMIS, decrease the intake processes for homeless clients, and provide a more client centric data system. The data share will help the Continuum make clearer data based decisions while performing a more efficient delivery of service.

The Provider Agency agrees to share Continuum determined data share elements and Continuum determined coordinated assessment tools. A listing of the items can be viewed on the Maricopa HMIS website at [www.211arizona.org/hmis](http://www.211arizona.org/hmis).

8. The Provider Agency can also sign a Memorandum of Understanding (MOU) with other HMIS Providers in order to share additional data. The ability to share client level data will help each Provider Agency from duplicating received services.

The addition of new data elements into the data share after the MOU is signed will require written approval from each Provider Agency. An email will be sent by the Maricopa HMIS Project to each Provider Agency to detail the changes to the data share and request a return email to acknowledge the changes. This email response will be sufficient documentation of approval.

### III. Data Entry and/or Regular Use

- A. User Identification and Passwords are not permitted to be shared among users.
- B. If a Provider Agency has access to a client's basic identifying information, non-confidential service transactions and confidential information and service records, it will be generally understood that a client gave consent for such access. However, before a Provider Agency can update, edit, or print such information, it must have informed client consent in writing
- C. Provider Agency will not enter any fictitious or misleading client data on an individual or family in Maricopa HMIS.

- D. The Provider Agency will not misrepresent the number of clients served or the type of services / beds provided in Maricopa HMIS by entering known, inaccurate information (i.e. Provider Agency will not purposefully enter inaccurate information on a new record or to over-ride information entered by another agency).
  
- E. The Provider Agency will enter information into Maricopa HMIS according to agency and HMIS adopted standards and will strive for real-time, or close to real-time, data entry. Real-time or close to real-time is defined by either immediate data entry upon seeing a client, or data entry into Maricopa HMIS within one business day. This assumes that the Provider Agency has sufficient computers available for all staff performing data entry into Maricopa HMIS.
  
- F. The Provider Agency understands that with a current standard Maricopa HMIS client consent form on file, it can update, edit, and print a client's basic identifying information.
  
- G. Discriminatory comments by an employee, volunteer, or other person acting on behalf of the Provider Agency based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in Maricopa HMIS. Offensive language and profanity are not permitted in Maricopa HMIS. This does not apply to the input of direct quotes by a client IF the Provider Agency believes that it is essential to enter these comments for assessment, service and treatment purposes.
  
- H. The Provider Agency will utilize the Maricopa HMIS for business purposes only.
  
- I. The Provider Agency understands CIR will provide initial training and periodic updates to that training to assigned Provider Agency staff about the use of Maricopa HMIS. This information is to then be communicated to other staff using Maricopa HMIS within the Provider Agency.
  
- J. The Provider Agency understands CIR will provide a help desk with Technical-support according to the following:

Help Desk will be provided between 9:00 a.m. to 5:00 p.m. Arizona Time. Support telephone numbers and email addresses will be provided to Provider Agencies upon signing this Agreement. CIR will ensure that any support calls are responded to according to the Severity Code Response Time, provided that all available numbers and e-mail addresses have been accessed. Contact with the Help Desk will not incur any long distance charges.

In the event of non-response the Provider Agency should notify the System Administrator at CIR.

- K. The Provider Agency will keep updated virus protection software on agency computers that access Maricopa HMIS<sup>4</sup>.
- L. Transmission of material in violation of any United States federal or state law or regulation is prohibited and includes, but is not limited to: copyright material, material legally judged to be threatening or obscene, and material considered protected by trade secret.
- M. The Provider Agency will not use Maricopa HMIS with intent to defraud the federal, state or local government or an individual entity, or to conduct any illegal activity.
- N. The Provider Agency acknowledges that other agencies will periodically have access to de-identified data on the central database. To ensure the information generated by or through Maricopa HMIS presents an accurate picture of homelessness and services to homeless people in Maricopa region, the Provider Agency will enter data in a timely and accurate manner.
- O. Each Provider Agency assumes responsibility for (its) staff and users' compliance in regards to requirements for data entry and use of Maricopa HMIS. To assess the quality of data and reports generated by the system, CIR<sup>5</sup> will conduct periodic monitoring and reviews on data. These include and are not limited to the following:
  - 1. Quality of data entered by Provider Agency
    - a. Inappropriate and/or duplicate records
    - b. Untimely and/or inaccurate information

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<sup>4</sup> Provider Agency assumes financial responsibility for virus protection software.

<sup>5</sup> CIR may conduct these reviews or may accept a similar review by another organization as evidence of compliance by the Provider Agency.

c. Missing required data elements

2. Operation of the software
3. Reporting functionality

P. Provider Agency's must notify CIR in writing of any changes to User ID including, but not limited to, new personnel, and released or terminated personnel.

IV. Reports

- A. The Provider Agency understands that it will retain access to all identifying and statistical data on the clients it serves.
- B. The Provider Agency understands that it may have access to personally identifiable client information even if the Provider Agency has not served the client. The Provider Agency agrees to **not report or release** any identifiable client information on clients that the Provider Agency has not served.
- C. The Provider Agency will run its own reports from Maricopa HMIS. Each Provider Agency will receive required training and then have the ability to complete each Provider Agency's reporting needs.

V. Proprietary Rights and Database Integrity

- A. The Provider Agency and CIR understand Maricopa HMIS and CIR are custodians of data, and not owners of data. The database is jointly owned by the Provider Agency and the Continuum of Care Regional Committee on Homelessness.
  1. In the event Maricopa HMIS ceases to exist, CIR will notify Provider Agencies and provide a six month time period for the Provider Agencies to access and save specific client data, statistical data and frequency data from the entire system. Then, the centralized

server database will be purged or stored. If the latter occurs, the data will remain in an encrypted and aggregate state.

2. In the event CIR ceases to operate Maricopa HMIS, another organization will administer and take custodianship of the data. The CIR or its successor Agency will inform, in a timely manner, all Provider Agencies.
  3. If the Provider Agency ceases to exist, it shall notify and work with CIR to determine the appropriate disposition of Provider Agency's data, including the transfer of the data to a successor agency.
  4. If the Provider Agency chooses to withdraw from Maricopa HMIS, the Provider Agency shall notify CIR of intended withdrawal date. CIR shall allow sixty days for the Provider Agency to access and save agency specific client data, statistical data and frequency data from the entire system. The Provider Agency is financially responsible for extracting its data.
- B. The Provider Agency will not give or share assigned user identification and passwords to access Maricopa HMIS with any other organization, governmental entity, business, or individual.
- C. The Provider Agency will not cause in any manner, or way, corruption of Maricopa HMIS. Any unauthorized access or unauthorized modification to computer system information or interference with normal system operations, whether on the equipment housed by CIR or any computer system or network related to Maricopa HMIS will result in immediate suspension of services and CIR will pursue all appropriate legal action.
- D. The CIR<sup>6</sup> will ensure and conduct periodic monitoring and reviews with Provider Agencies to enforce informed and implied consent standards, HUD Standards, and Continuum of Care Regional Committee on Homelessness Standards including:
1. Appropriate documentation indicating client awareness and consent of data being entered into central database
  2. Consent to release certain information.

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<sup>6</sup> The CIR may conduct these reviews or may accept a similar review by another organization, designated by CIR, as evidence of Provider Agency compliance.

3. Appropriate entry of universal and programmatic data elements as defined by HUD
4. Adherence to HMIS Policies and Procedures including Security Standards.

## VI. Hold Harmless

- A. CIR makes no warranties, expressed or implied. The Provider Agency, at all times, will indemnify and hold CIR harmless from any damages, liabilities, claims, and expenses that may be claimed against CIR or the Provider Agency, or for injuries or damages to CIR or the Provider Agency arising from Provider Agency's participation in Maricopa HMIS, or arising from any acts, omissions, neglect or fault of the Provider Agency or its agents, employees, licensees, or clients, or arising from the Provider Agency's failure to comply with laws, statutes, ordinances or regulations applicable to it or the conduct of its business. CIR shall not be liable to the Provider Agencies for damages, losses, or injuries to the Provider Agencies or another party unless such is the result of negligence or willful misconduct of CIR or its agents, employees, licensees or clients.
- B. The Provider Agency makes no warranties, expressed or implied. CIR, at all times, will indemnify and hold the Provider Agency harmless from any damages, liabilities, claims, and expenses that may be claimed against CIR or Provider Agency, or for injuries or damages to CIR, the Provider Agency, or another party arising from participation in Maricopa HMIS, or arising from any acts, omissions, neglect, or fault of CIR or its agents, employees, licensees, or clients, or arising from CIR's failure to comply with laws, statutes, ordinances or regulations applicable to it or the conduct of its business. Thus CIR will also hold the Provider Agency harmless for negative repercussions resulting in the loss of data due to delays, non-deliveries, mis-deliveries, or service interruption caused by CIR or a Provider Agency's negligence or errors or omissions, as well as natural disasters, technological difficulties, and/or acts of God. The Provider Agency shall not be liable to CIR for damages, losses, or injuries to CIR or another party unless such is the result of negligence or willful misconduct of the Provider Agency or its agents, employees, licensees or clients.
- C. The Provider Agency agrees to keep in force a comprehensive general liability insurance policy with combined single limit coverage of not less than one million dollars (\$1,000,000). Said insurance policy shall include coverage for theft or damage of the Provider Agency's Maricopa HMIS-related hardware and software.

## VII. CIR Responsibilities

- A. CIR agrees to enter into a contract and maintain the services of the ServicePoint software according to the terms and conditions of the contract with the Software Provider.
- B. CIR agrees to maintain a Project Manager who will provide training, implementation, help desk and support to the Provider Agency and SubProvider Agencies.

#### VIII. Dispute Resolution and Appeals

- A. If the Provider Agency disagrees with any element of this Agreement it shall make every effort to address and resolve those issues with the Chief Executive Officer of the CIR.
- B. If CIR and the Provider Agency are unable to reach a solution, either party may raise the issue to the HMIS Advisory Board for a solution.
- C. The HMIS Advisory Board will make every effort to resolve the issue; however, if the issue cannot be adequately resolved at this level, the HMIS Advisory Board shall recommend a process to reach resolution.

#### IX. Terms and Conditions

- A. The parties hereto agree that this Agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this Agreement.
- B. Neither party shall transfer or assign any rights or obligations without the written consent of the other party.
- C. The exception to this term is if allegations, or actual incidences, arise regarding possible, or actual, breeches of this agreement. Should such situation arise, the CIR may immediately

suspend access to the Maricopa HMIS until the allegations are resolved in order to protect the integrity of the system.

1. When the CIR becomes aware of a possible or actual incident, it shall make a reasonable effort to address its concerns with the Executive Director of the Provider Agency prior to taking action.
  2. If CIR believes that the breach by a Provider Agency is such that it may damage the integrity of the central database and the information in the central database for the Provider Agency or any other Agency, it may take immediate steps to suspend the Provider Agency's access to HMIS prior to addressing the concerns with the Director of the Provider Agency. CIR will then address the concern with the Director of the Provider Agency to resolve the issue.
  3. Action with a Provider Agency may include the provision of training and technical assistance, fines, suspension of access to the central database or other appropriate measures to ensure that the data integrity is maintained.
- D. If a Provider Agency believes that action taken is not appropriate, or it cannot meet the conditions of the decision, it may appeal the action to the HMIS Advisory Board. If the Advisory Board and the Provider Agency cannot reach agreement, a representative of the Advisory Board, CIR and Provider Agency shall address the issue before the Continuum of Care Regional Committee on Homelessness. Decisions by the Continuum of Care Regional Committee on Homelessness are final; however, every attempt will be made by all parties to reach a reasonable accommodation for the Provider Agency.
- E. This agreement may be modified or amended by written agreement executed by both parties with 30 days advance written notice.

F. Use of Maricopa HMIS constitutes acceptance of these Terms and Conditions.  
**IN WITNESS WHEREOF**, the parties have executed this Agreement on the year and day first above written.

**COMMUNITY INFORMATION AND  
REFERRAL SERVICES**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**PROVIDER AGENCY**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

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**ATTACHMENT B – Code of Ethics**

**Code of Ethics for Persons Using the CI&R/HMIS**

As a User (agency staff or agency volunteer) of the HMIS who enters information into the HMIS or views electronic information in the HMIS, I agree to the following:

\_\_\_\_\_ I understand that my User ID and Password give me access to the Maricopa HMIS.

\_\_\_\_\_ My User ID and Password are for my use only and I will not share, or allow them to be shared, with any person for any reason.

\_\_\_\_\_ I will take all reasonable means to keep my User ID and Password physically secure to prevent its use by any other person.

\_\_\_\_\_ I understand that the only individuals who can view information in the Maricopa HMIS are authorized users and the clients to whom the information pertains.

\_\_\_\_\_ I understand that not all users can view all information.

\_\_\_\_\_ I will only view, obtain, disclose, or use the database information that is necessary to perform my job.

\_\_\_\_\_ If I am logged into the Maricopa HMIS and must leave my work area for any length of time, I must log-off the Maricopa HMIS and close the Internet browser before leaving the work area.

\_\_\_\_\_ A computer that has Maricopa HMIS open and running shall never be left unattended by the person with the authorization to use that computer.

\_\_\_\_\_ Failure to log off the Maricopa HMIS appropriately may result in a breach in client confidentiality and system security.

\_\_\_\_\_ I will obtain and file a hard copy of such client consent forms as are required by my agency, state and/or federal law and the Maricopa HMIS.

\_\_\_\_\_ I understand that I must save data at regular intervals because the system will log off at 15-minute intervals without automatically saving the information that I have entered.

\_\_\_\_\_ I agree to enter data into the Maricopa HMIS in accordance to the policies of my agency and the standards of the Maricopa HMIS.

\_\_\_\_\_ I agree that I will not enter in the HMIS discriminatory comments made by or about an employee, volunteer, or other person based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual. I understand that offensive language and profanity are not permitted in the Maricopa HMIS. This does not apply to the input of direct quotes by a client IF the Agency believes that it is essential to enter these comments for assessment, service and treatment purposes.

\_\_\_\_\_ I agree to use the HMIS ONLY for business purposes related to serving the clients of my agency.

\_\_\_\_\_ If I notice or suspect a security breach, I shall immediately notify the designated HMIS Contact person in my agency or the CI&R System Administrator.

\_\_\_\_\_ As a Maricopa HMIS user, I will treat other Member Agencies and their staff with respect, fairness and

good faith.

\_\_\_\_\_ As a Maricopa HMIS user, I will treat clients and potential clients of my agency and other agencies with respect, fairness and good faith in obtaining and entering their data.

\_\_\_\_\_ As a Maricopa HMIS user, I will maintain high standards of professional conduct.

\_\_\_\_\_ As a Maricopa HMIS user, I recognize that my primary responsibility is to my client.

\_\_\_\_\_ I understand that I may be subject to personnel action, including but not limited to termination from employment or volunteer status, from my employer for failure to comply with this Code of Ethics. I have read, understand and agree to comply with all of the statements above.

---

Agency User Name and Job Title Date

---

Agency / System Administrator Name Date

DRAFT

**ATTACHMENT C – Client Acknowledgement Form**

**COMMUNITY INFORMATION AND REFERRAL SERVICES  
MARICOPA HMIS PROJECT**

**CLIENT ACKNOWLEDGEMENT OF DATA ENTRY**

**INTO THE MARICOPA HOMELESS MANAGEMENT INFORMATION SYSTEM**

The Maricopa Homeless Management Information System (HMIS) is used by homeless provider agencies to record information about clients that they serve. This information helps the agencies to plan for and provide services to clients. This information also can be shared among agencies, if you, the client, agree in order to improve the coordination and delivery of your services. A list of the agencies participating in sharing data can be found on the HMIS Website at: <https://211arizona.org/hmis>

By signing this document you:

- Acknowledge that demographic information about you and your family will be entered into the Maricopa Homeless Management Information System (HMIS) database.
- Allow basic demographic information about you / your family to be viewed by other homeless provider agencies that are assisting you and your family. Sharing of this information will allow you to be served by other agencies without repeating basic information about yourself / your family. A list of the information being shared can be found on the HMIS Website at: <https://211arizona.org/hmis>
- Understand that no information such as health, medical needs, mental health, and/or domestic violence will be shared about you without your specific written approval.

If there is a reason that providing your name/name of other members of your family would place you/your family member at risk, please check here to request that this information not be shared with other agencies

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Other Party

(If client is minor or otherwise requires guardian)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship to Client

ATTACHMENT D



# **BOWMAN SYSTEMS SECURING CLIENT DATA**

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## SECURING CLIENT DATA

Bowman Systems is committed to maintaining optimum client data security by meeting and exceeding industry standard practices. As a leader in software and Information Technology (IT) services for the health and human services industry, Bowman Systems considers data security as the cornerstone of all of its development efforts. In 1999, Bowman Systems pioneered its secured data-sharing model, enabling multi-agency collaboratives to collaborate while safeguarding client data (*ServicePoint* 1.0). In 2000, Bowman Systems was the first web-based client data system to offer integrated database-level encryption. Again, in 2001, Bowman Systems pioneered its integrated Audit Trail system before the HIPAA requirement.

Bowman Systems has always held conviction that our products be fully web based and that we own and operate our own data center. We seek to provide best of class data center services to ensure data security and regulatory compliance, and continuously expand and invest in our data center to include physical security, network security, redundant power, redundant HVAC, fire suppression systems and full time staff to manage all of the afore mentioned.

This document outlines the measures taken by Bowman Systems to secure all client data on each of our customer's *ServicePoint* sites. The steps and precautions taken to ensure that data is stored and transmitted securely are divided into six main sections – Access Security, Site Security, Network Security, Disaster Recovery, HIPAA Compliance, and Unauthorized Access.

### ACCESS SECURITY

Access Security begins at Bowman Systems with a focus on the following areas:

- Bowman Systems Employees
- Bowman Systems Access to *ServicePoint*
- Audit Trails
- Customer Access to *ServicePoint*.

#### *Bowman Systems Employees*

Bowman Systems' designated Security Officer assures employees are held to the highest standards when it comes to both company and customer data security. Employees who have access to client data are subject to a national background check, training on confidentiality requirements (company, HIPAA, HUD), and must sign a confidentiality statement as part of their employee agreement.

#### *Bowman Systems Access to ServicePoint*

- Only a limited number of Bowman Systems' staff has access to a customer's *ServicePoint* site and client data. Access occurs only when you request an installation, import of data, implementation upgrade, or require assistance by support staff to troubleshoot a problem.



- ▶ The contract between the customer and Bowman Systems legally compels Bowman Systems to hold all client data stored in the customer's database in strict confidence. Bowman Systems will take all reasonable precautions to prevent the disclosure to outside parties of such information, except as may be necessary by reason of legal, accounting or regulatory requirements.
- ▶ Access to the customer's system data by Bowman Systems support staff can be monitored by running an *Audit Report* (see Automated Audit Trail below).

### Audit Trail

- ▶ *ServicePoint* automatically tracks caller, client, and resource related activity by the use of an audit trail. This system function logs the time and type of activity, as well as the name of the user who viewed, added, edited, or deleted the information.
- ▶ All changes to Resource records are automatically tracked by the User (updates, as well as, date and time the updates were made). In addition, there is a Date of Official Update that is set when the Resource record has been formally reviewed. This section includes not only date and time of the Official update but also which User performed the action, which organization requested the Official Update, and a notes field for describing the reason for the update (such as Annual Review, Agency Request, etc).
- ▶ • To retrieve information created by the audit trail, an *Audit* report can be generated in the Reporting section of *ServicePoint*. Access to client audit information is limited to System Administrator and Agency Administrator access levels.

### Customer Access to ServicePoint

- ▶ To ensure authorized access, each user is issued a user name and password for entrance into the *ServicePoint* application.
  - ◆ Each *ServicePoint* user is required to have a unique User ID to log into the application.
  - ◆ Passwords must be 8 to 16 characters in length and must contain at least two numbers.
  - ◆ The system allows only one login per password at a time. A user cannot log into the system on two terminals at the same time using a single password.
  - ◆ Passwords automatically expire every 45 days requiring the user to create a new password.
  - ◆ A prompt appears when you need to choose a new password.
  - ◆ The same password cannot be used consecutively.
  - ◆ To enforce password security, *ServicePoint* will not allow a browser to save a password. In addition, if FOUR consecutive logon attempts with the incorrect password are made the user account will need to be reset by your System Administrator. This security feature prevents access to the site by a password generator.
  - ◆ Passwords are stored as hashed values in the *ServicePoint* database
- ▶ *ServicePoint* has an automatic logout function for users who have been idle for a pre-determined period. (The default setting is 30 minutes.) This function decreases potential viewing and/or manipulation of client data by unauthorized individuals. Although the default setting is 30



minutes, each installation can request Bowman Systems to set the system timeout for a length that meets their particular policies and procedures.

- ◆ To limit who can view and/or modify the customer's client data, individuals are assigned one of sixteen (16) User Access Levels. Each user level has certain security restrictions applied to it. Each user level has access to certain *ServicePoint* features and the ability to view certain pieces of client information. The System Administrators II can see all data, even when it is closed.
- ◆ Each level grants different access rights to the various sections (ClientPoint, ResourcePoint, SkanPoint, ShelterPoint, Admin etc.) of the application.

## SITE SECURITY

Site security is a high priority since it not only helps protect the customer's stored client data, but also protects the equipment used to host the customer's data. To ensure the protection and service reliability for the customer's system, Bowman Systems has instituted the following security levels:

### *Building Security*

Bowman Systems' offices are located in a large commercial complex with the following perimeter security systems:

- ◆ 24-hour security personnel
- ◆ 24-hour video surveillance
- ◆ Building fire suppression system
- ◆ After-hours Key Card entry to building
- ◆ After-hours Key Card elevator access
- ◆ Locked stairwells during non-business hours.

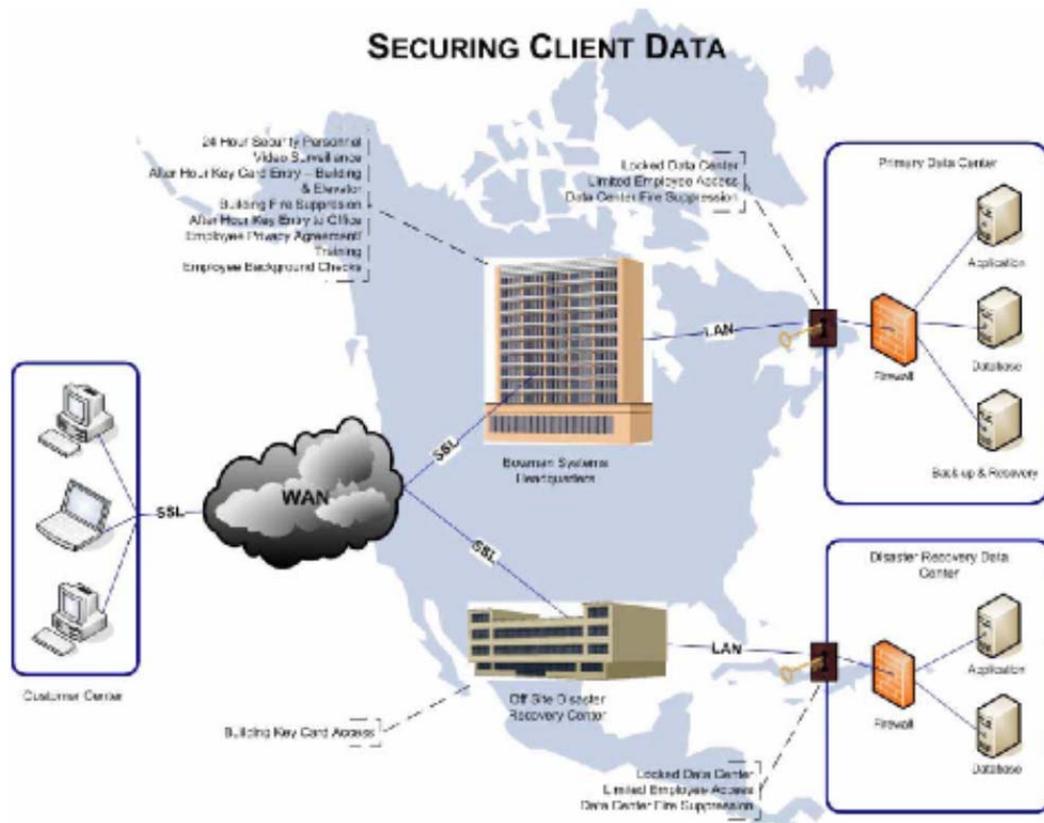
### *Bowman Systems Headquarters Security*

The Bowman Systems offices and data centers include the following additional levels of security.

- ◆ After-hours key entry to offices
- ◆ Dedicated and secured Data Center
  - ◆ Locked down 24-hours per day
  - ◆ Two separate, fully redundant HVAC systems for server areas
  - ◆ Only accessible by management controlled key
  - ◆ Protected by a state of the art, non-liquid automatic fire suppression system
  - ◆ No access is permitted to the office cleaning staff



- ♦ Accessed by key personnel only (e.g. Information Technology and Management staff). Access is required for nightly data backups, new installations, upgrades and maintenance.



## NETWORK SECURITY

Database security includes protection of client data residing on the database server and as it is transmitted over the internet through the application server. The security measures in place ensure that client data is only available and accessed by authorized users.

There is a nightly backup of the *ServicePoint* system that is comprised of a backup of the database and a backup of the application code. Our standard protocol includes nightly tape backup of the client's database that is carried three miles off-site and stored in a fireproof facility. Bowman Systems maintains redundant power for all on-site servers via building power and building generator and redundant bandwidth provided via two separate upstream providers. Our data center contains a state-of-the-art, non-destructive fire-suppression system. Bowman Systems also utilizes RAID 5 (Redundant Array of Independent Disks) to mirror the hard drives, provide faster data throughput and ensure reliable data.



- ◆ Multiple broadband connections, fully load balanced for reliability and speed.
- ◆ Reliable Enterprise class Cisco switches and routing equipment.
- ◆ A natural gas powered generator capable of powering the facility indefinitely and UPS backups to supply uninterrupted power. This system is tested monthly (in such a way that power is not interrupted) to ensure reliability.
- ◆ Two separate, fully redundant HVAC systems for server areas.
- ◆ A non-liquid automatic fire control system.
- ◆ A physically secure building with keycard access, video surveillance and 24 x 7 security guard controlled access.

### Data Security

To ensure availability of customer data in the event of system failure or malicious access, redundant records are created and stored in the following manner:

- ◆ Nightly database backups.
- ◆ Offsite storage of backups
- ◆ 7 day backup history stored locally on instantly accessible RAID storage
- ◆ 24 hours backed up locally on instantly-accessible disk storage
- ◆ 1 month backup history stored off site
- ◆ 24 x 7 access to Bowman Systems emergency line to provide assistance related to “outages” or “downtime”.

### Firewalls

To enhance security further, firewalls are in place on all servers hosted by Bowman Systems. As detailed below, there are multiple levels of firewall security:

- ◆ The *ServicePoint* application and database servers are separate from the Bowman Systems internal network.
- ◆ Bowman Systems utilizes an industry standard Intrusion Detection System to pinpoint unauthorized attempts at accessing its network and to shield the customer’s data in the event of such an attempt.
- ◆ Only regular and secured HTTP traffic are permitted through to the Bowman Systems application servers.
- ◆ As a security policy, specifics on the type of equipment, protocols, and procedures in use are never revealed.
- ◆ Database servers are only accessible via an internal network connection from our application servers.



## Encryption

### SSL Encryption

SSL encryption ONLY encrypts the data going across the internet to the end-user's web browser. Bowman Systems uses AES-256 encryption (Advanced Encryption Standard, 256-bit) in conjunction with RSA 2048-bit key lengths. A description can be found at [http://en.wikipedia.org/wiki/Key\\_size](http://en.wikipedia.org/wiki/Key_size).

When an end-user accesses their site, an SSL (encrypted) negotiation is performed between the server at Bowman Systems datacenter and the end user's web browser. The traffic that then flows between the server and the end user's workstation is encrypted using the SSL certificate installed on that server. This prevents anyone that is sitting in between our server here and the end user's workstation from being able to intercept potentially sensitive data. The AES-256 is the method in which the data is encrypted. There are various forms of SSL encryption. The key length make it more difficult to decrypt the encrypted data.

### PUBLIC KEY INFRASTRUCTURE (PKI) (OPTIONAL)

As an option, Private Key Infrastructure (PKI) is available for those needing additional security frameworks. PKI is an additional layer of security on TOP of our standard SSL certificates. It is still SSL encrypted, however, this method of encryption requires a matching server certificate / client certificate pair in order to unencrypt the data that is sent from the end user's *Servicepoint* site to their Web Browser. Without the appropriate PKI client certificate installed on the end-user's workstation, their web browser will not be able to unencrypt the data and therefore will not be able to access the site. The PKI Client Certificate cannot be installed on a workstation without the appropriate password that accompanies the certificate. This allows the customer to regulate exactly who can and who cannot access their *Servicepoint* site.

### Database Encryption (Optional)

The data in *ServicePoint* encrypted databases are encrypted with AES-128.

## DISASTER RECOVERY

Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability for hosted *ServicePoint* applications, Bowman Systems offers the following disaster recovery options.

### Basic Disaster Recovery Plan

The basic Disaster Recovery Plan is included in the standard *ServicePoint* contract and includes the following:

- ◆ Nightly database backups.
- ◆ Offsite storage of backups
- ◆ 7 day backup history stored locally on instantly accessible RAID storage



- ▶ 1 month backup history stored off site
- ▶ 24 x 7 access to Bowman Systems emergency line to provide assistance related to “outages” or “downtime”.
- ▶ 24 hours backed up locally on instantly-accessible disk storage

**Standard Recovery:** All customer site databases are stored online, and are readily accessible for approximately 24 hours; backups are kept for approximately one (1) month. Upon recognition of a system failure, a site can be copied to a standby server, and a database can be restored, and site recreated within three (3) to four (4) hours if online backups are accessible. As a rule, a site restoration can be made within six (6) to eight (8) hours. On-site backups are made once daily and a restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.

All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies, and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup units that in turn are all connected to electrical circuits that are connected to a building generator.

All client data is backed-up online and stored on a central file server repository for 24 hours. Each night a encrypted backup is made of these client databases and secured in an offsite datacenter.

Historical data can be restored from backups as long as the data requested is 30 days or newer. As a rule, the data can be restored to a standby server within 6-8 hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.

For power outage, our systems are backed up via APC battery back-up units, which are also in turn connected via generator-backed up electrical circuits. For a system crash, Non-Premium Disaster Recovery Customers can expect six (6) to eight (8) hours before a system restore with potential for some small data loss (data that was entered between the last backup and when the failure occurred) if a restore is necessary. If the failure is not hard drive related these times will possibly be much less since the drives themselves can be repopulated into a standby server.

All major outages are immediately brought to the attention of executive management. Bowman Systems support staff helps manage communication or messaging to customers as progress is made to address the service outage. Bowman Systems takes major outages seriously, understands, and appreciates that the customer becomes a tool and utility for daily activity and client service workflow.

### **Premium Disaster Recovery Plan (Optional)**

The *optional* Premium Disaster Recovery plan includes all of the Basic Plan features plus several additional levels of support to enhance disaster recovery capability. Additional features included are as follows:

- ▶ Off site on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection



- Near-Instantaneous backups of application site (no files older than 15 minutes)
- Minute-level off site replication of database in case of a primary data center failure
- Priority level response (ensures downtime will not exceed 4 hours)

## HIPAA COMPLIANCE

HIPAA compliance is a requirement for many agencies that use *ServicePoint*, particularly as the compliance relates to the HIPAA standards for security. The following five (5) methods ensure that *ServicePoint* is fully compliant with HIPAA data center standards:

- Network Security includes firewalls, certification servers, VPN access, and Operating System authentication.
- Encryption (optional – pricing is available upon request) is a database level security which encrypts confidential information located in the database tables.
- Audit Trails log and report on users who have viewed, updated, or deleted client records.
- Client Record Privacy Options allow or restrict access to all or part of a client file, including individual fields (data level).
- Automatic timeout logs a user out of the system after a specified period, thereby decreasing the potential viewing or manipulation of client data by unauthorized individuals.

## UNAUTHORIZED ACCESS

If an unauthorized entity were to gain access to a customer's system and client data or if there were suspicion of probable access, Bowman Systems would take the following steps:

- The system would be examined to determine the presence of system or data corruption.
- If the system has been compromised, the system would be taken offline.
- Using the previous night's backup, a restored copy of the system data would be loaded onto another server, and the system brought back on line with the back-up data.
- Comparing the back-up database to the database taken offline, an investigation would be launched to determine the extent of the unauthorized activity/corruption, and the corrective action needed.
- Upon completion of the investigation, findings would be reported to the customer and options would be discussed.
- Upon customer approval, corrective action would be initiated. Corrective action could include all or part of the following:
  - ◆ The original hard drive would be completely erased and rebuilt, including a new operating system, SSL Certificate, application(s), and the back-up database.
  - ◆ If applicable and feasible, lost data from the original database would be restored.

ATTACHMENT E – Maricopa HMIS Data Quality Plan



**MARICOPA HMIS PROJECT  
DATA QUALITY AND MONTORING PLAN**

The Maricopa Homeless Management Information System (HMIS) is a program funded by the U.S. Department of Housing and Urban Development (HUD) and managed by Community Information and Referral Services (CIR). The Maricopa HMIS Project is designated to CIR by the Maricopa County Continuum of Care Regional Committee on Homelessness (CoC).

### **Definition of Data Quality**

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the same information in the real world. However, to meet the HMIS goal of presenting accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be our goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services.

*Enhancing HMIS Data Quality July 2005*

*U.S. Department of Housing and Urban Development*

*Office of Community Planning and Development*

### **Importance of Data Quality for HMIS Goals**

“There has never been an overall review or comprehensive analysis on the extent of homelessness or how to address it. The Committee believes that it is essential to develop an unduplicated count of homeless people and an analysis of their patterns of use of assistance ...including how they enter and exit the homeless assistance system and the effectiveness of assistance.” *2001 Congressional Directive*

These goals are not only important on the federal level but also critical for understanding homelessness and program planning at the local level.

### **Pattern of Homeless Service Utilization**

People who are homeless often use more than one of the programs that are available to help them access housing, resolve their crisis, support them, and link them with other services. Accurate program entry and exit dates and information on residence prior to program entry are critical in determining service use patterns that assess average length of stay and movement among different homeless programs. The collection of accurate identifying information at each program is also necessary in order to identify the extent to which clients appear in multiple programs, how clients move through the system, and to detect cycles of homelessness.

### **Effectiveness of the Homeless Service System**

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

I. Data Quality Plan

A. Data Quality Benchmarks

As stated in the 2009 HMIS Data Quality Standards issued by HUD, all contributory Homeless Assistance programs need to follow HUD determined data quality benchmarks. These benchmarks are determined by HUD and are required for all Continuums throughout the nation. The goal of the benchmarks is to attain consistent data from all Continuums. The benchmarks in the following areas have been determined.

1. Timeliness of Data

To be most useful for reporting, an HMIS database should include the most current information on the clients served by participating homeless programs. To ensure the most up to date data, information should be entered as soon as it is collected. All Client data will be entered by the fifth day after occurrence.

- a. Client information is entered within 5 days following the occurrence in which the client was served
- b. Client information is updated regularly at exit or annual assessment – per requirements relative to each universal and program specific data elements.

2. Data Accuracy

Information entered into the HMIS database needs to be valid and accurately represent information on the people that enter any of the programs contributing data to the HMIS database. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is worse than incomplete information, since with the latter, it is at least possible to acknowledge the gap. Thus, it should be emphasized to clients and staff that it is better to enter nothing (or preferably “don’t know” or “refused”) than to enter inaccurate information.

- a. 95% of data entered into the HMIS database must reflect what clients are reporting
- b. Staff entering information into the HMIS database must enter information as stated by the client. Every program must enter data on clients in the same way over time, regardless of which staff person is recording the data in HMIS.

3. Data Completeness

For accurate reporting purposes by the Maricopa HMIS Project, data needs to be as complete as possible, and should contain all required information on all clients served in a program during a specified time period. The goal of achieving HUD defined required HMIS coverage and participation by all local programs is essential for ensuring that the records are representative of all the clients served by these programs.

- a. 100% of all HUD funded homeless assistance programs in Maricopa County must participate in the Maricopa HMIS Project
- b. 100% of all clients entered will have complete HUD Universal Data Elements
- c. 98% of clients will have complete program data elements entered
- d. 98% will have services entered, if services are required
- e. 98% of clients that exit will have data entered with exit destinations
- f. 10% is the maximum allowance for null or missing data
- g. 5% is the maximum allowance for “don’t know” and “refused” responses of all answered questions
- h. 75% of all beds in non-HUD funded residential homeless assistance programs located in Maricopa County must participate in the Maricopa HMIS Project

#### 4. Training

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

- a. User training will cover how to collect data, how to pass data from front-line staff to data entry staff, how to log questions about the data and how to resolve those questions, how to give feedback, and expectations for participating in user meetings. Some of these issues may be program specific, so they may need to be addressed by custom or specialized training rather than as part of the system-wide software training.
- b. All users must attend a minimum of one training session annually.

#### B. Consistency Among Agencies

The Maricopa HMIS Project staff should ensure consistent data collection and quality across all of its participating programs. This can be achieved through some or all of the following mechanisms.

1. Continue HMIS Data Quality Group

The Data Quality Group is charged with making sure data quality remains prominent in CoC decision-making. Any recommendations will be reported by this group to the HMIS User Group.

2. Continue HMIS User Group meetings

The HMIS User Group meetings keep HMIS users abreast of HMIS efforts across the CoC. This helps maintain momentum, identify user concerns and software needs, share solutions to common problems and best practices, and provides opportunities to review and refine data quality processes.

3. Continue HMIS Advisory Board meetings:

The HMIS Advisory Board advises and supports the Maricopa HMIS Project and CoC's operations. The HMIS Advisory Board makes final approval of all recommendations to be brought to the CoC.

4. Conduct routine analyses/comparisons between programs:

Comparisons among CoC programs can serve as a healthy competition to meet the standards set by the CoC and can also serve to identify best practices in data quality and general usage.

5. Define parameters for data definitions:

The HMIS User Group is uniquely positioned to ensure common parameters (or meaning) to questions in the HMIS database. For example, is asthma a physical disability? Is PTSD a mental illness or a separate category? If there is confusion around questions that the Maricopa HMIS Project Team or software documentation cannot answer easily, the Data Quality Group can discuss and agree upon a convention. This information should be shared throughout the CoC (and also with the software provider).

6. Monthly and/or Quarterly reports will be generated from the HMIS database to verify timely data entry and quality assurance:

Quarterly reports to the Advisory Board and to the CoC are a way to strengthen agencies compliance and promote a culture where data collection and quality is taken seriously and completed.

7. Programming queries and generating regular data quality reports:

The Maricopa HMIS Project team can play an important role by providing agencies with standard queries or tools to help them verify their agency's data quality. Similarly, these reports can be run on the overall system data to identify data errors.

8. Institutionalize a feedback loop to agencies:

The Maricopa HMIS Project team and the Data Quality Group can create a process for all agencies to submit data quality issues in order to remediate discrepancies between program performance and standards. The Data Quality Group can use this information to help the Maricopa HMIS Project assess the quality of data and establish consistency between HMIS participating programs.

II. Monitoring Plan

Information entered into HMIS must be entered in a timely manner. It is required that all information be entered into Maricopa HMIS Project within 5 days of the occurrence. The programs entering information into the Maricopa HMIS Project must update client information at exit from the program or during regular assessment updates. It is important that information is kept up to date in the Maricopa HMIS database for data quality for reporting.

A. Report Utilization

Data Quality reports will be used to assess individual program data quality. The HMIS project team will be responsible for developing Data Quality reports. The individual programs will be able to access the reports relevant to their programs. This will enable each program to monitor their data and improve data quality on an individual basis. It is recommended that each program run data quality reports on a monthly basis to meet the required HUD benchmarks.

B. Implementation Plan

1. Month 1: Goal: Assess Baseline Compliance Rate = 85% of HMIS Participating Agencies Achieve Data Quality Benchmark Compliance

- a. All data entered by providers up to current month
  - b. Program data quality reports provided to the HMIS Data Quality Group for initial review
  - c. Data quality reports reviewed by the HMIS Data Quality Group
  - d. Providers correct data errors in HMIS database
  - e. Revised aggregate data quality reports generated and published to the HMIS website
  - f. Data quality progress report developed
  - g. Assess training needs and post training schedule/plan on HMIS website
2. Month 4: Goal: Increase Baseline Compliance Rate = 88%
    - a. Initiate Quarterly Compliance Rate Report reviewed by the HMIS Data Quality Group
    - b. Initiate Quarterly Compliance Rate Report will be posted to the HMIS website
  3. Month 7: Goal: Increase Baseline Compliance Rate = 90%
  4. Month 10: Goal: Increase Baseline Compliance Rate = 92%
  5. Month 12: Goal: Increase Baseline Compliance Rate = 95%
    - a. Annual Compliance Rate Report reviewed by the HMIS Data Quality Group and submitted to and approved by the HMIS Advisory Board
    - b. Annual Compliance Rate Report will be posted to the HMIS website
    - c. Compliance Rate Report will be posted to the HMIS website
    - d. Presentation of data quality progress report at general CoC meeting – Annually
    - e. When a 95% compliance rate is achieved, the goal will be to achieve 98% compliance rate for all data entered in HMIS
- C. Reporting Requirements

HUD is requiring as part of the HUD data standards specific reports for data quality. Maricopa HMIS will produce the reports as required by HUD. These reports will change as HUD's regulations change.

1. The first report is a null/missing values report. These reports show what percentages of fields are left blank or marked "don't know" or "refused." It compares those numbers to the potential number if all client records had all required fields complete. The report will show the amount of

null/missing information in the HMIS database. This report can reflect the null or missing values for different program types across the CoC.

2. The second required report is an unduplicated data quality report. This report helps determine if clients are entered into the HMIS database more than once. To achieve high quality data it is important that there is only one record per client. If a client is counted multiple times the information in the report will be incorrect.
  3. A bed utilization report is required showing the percentage of beds or units filled on any given night. This report can show HUD and the CoC how the Maricopa HMIS Project programs are using their beds. The bed utilization report will also show programs that are reporting an overutilization or underutilization of beds. For example, an agency that shows a repetitive 105% or higher occupancy rate, or an agency that shows a 60% or lower occupancy rate, would present an inconsistent bed utilization.
  4. A timeliness report is required to monitor the data timeliness benchmark. This report will show that data is being entered in a timely manner. It will also show differences in dates. For example, the timeliness report will show the gap in time between when the client entered the program and the date that the data was entered into the HMIS database.
- D. Programs will comply with HUD Data Standards including Program Elements, Universal Data Elements, Self-Sufficiency Matrix and User Training as stated in the CoC Program Performance Report.
  - E. As required in the HEARTH ACT, the Maricopa HMIS Project will work in conjunction with the CoC to ensure data coverage to meet the minimum bed coverage rates and service volume coverage rates as established by HUD.
  - F. Maricopa HMIS Project programs are subject to site visits from the Project team to ensure overall HMIS compliance.

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## HMIS Data Quality Depth of Data Elements

### Name:

- First and Last Name not the same
- Suffix properly formatted
- No numerals in name fields (except Suffix)
- Suffixes not in last name field
- First name is not "Husband"; "Wife"; "Woman"; "Man"; "Baby"; "Girl"; "Boy" of similar

### Social Security Number/Quality Code:

- SSN has all numbers and no dashes
- 9 digits when quality code indicates complete
- Less than 9 digits when quality code indicates partial
- All digits not the same; all numbers not sequential(123456789)

### Date of Birth:

- Earlier than current date
- Earlier than program entry date
- Later than 90 years from present
- Not minor in Adult shelter/Adult in youth shelter

### Ethnicity/Race:

- Primary and secondary race not the same

### Gender:

- Men not pregnant
- No male in woman's shelter/woman in men's shelter

### Veteran Status:

- Client under 18 not veteran
- All veterans in veteran shelter
- Those receiving veteran's pension marked as veteran

### Disabling Condition:

- Those receiving SSDI for themselves are marked as having a disability
- Those indicating substance abuse, mental health, physical disability, developmental disability, HIV/AIDS marked as having disability

Residence prior to program entry

- Self-report not contradicted by other HMIS data

Zip Code of Last Permanent Address/Quality Code

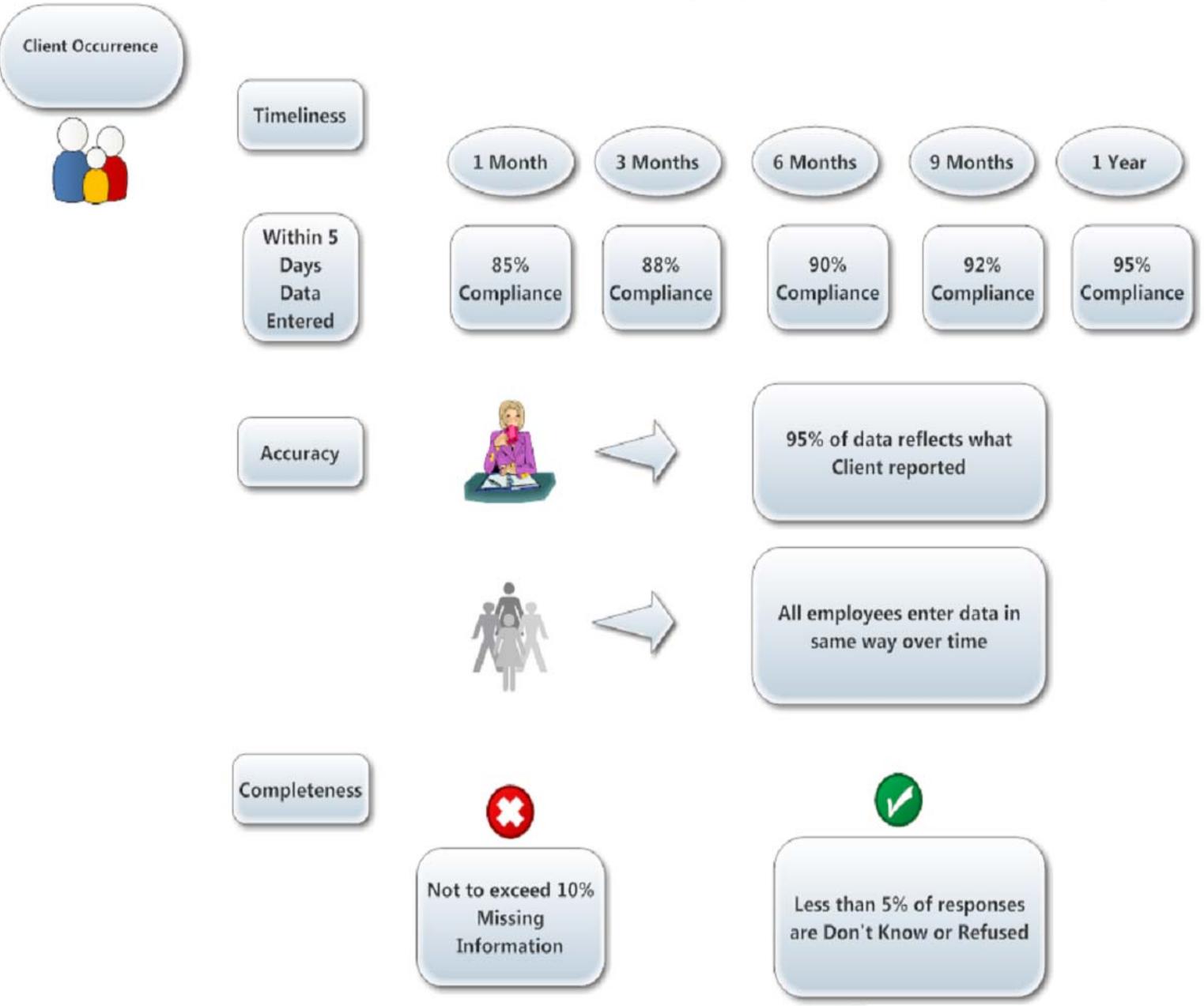
- Zip code complete if quality code marked as complete
- Zip code five or nine characters
- Zip code is valid
- Zip code has only numbers

Program Entry Date/ Program Exit Date

- All clients have a program entry date
- Program entry date later than birth date
- Program entry date prior to Exit date
- Entry and exit date not the same in residential shelter
- Length of program enrollment outliers are reasonable considering program type

Household ID

- No single person in family shelter
- No family in individual shelter
- One Head of Household per family



**ATTACHMENT F – Maricopa HMIS Data Share Plan**

In Development

DRAFT

**ATTACHMENT G – Maricopa Privacy and Security Plan**

DRAFT – Not been approved by CoC

DRAFT

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**ATTACHMENT H – Report Request Form**

**HMIS REPORT REQUEST FORM**

Organization Name: \_\_\_\_\_ Date \_\_\_\_\_

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**Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**General Information:**

Report Name: \_\_\_\_\_

Purpose of the Report: \_\_\_\_\_

Project(s) included in the report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**ATTACHMENT I – Report Update Form**

**HMIS REPORT UPDATE OR ISSUE REQUEST FORM**

Organization Name: \_\_\_\_\_ Date \_\_\_\_\_

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**Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**General Information:**

Report Name: \_\_\_\_\_

Requested Completion Date: \_\_\_\_\_

(Specify the date on which the report is needed)

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ATTACHMENT J – New Project/Project Update Form

HMIS NEW PROJECT/PROJECT UPDATE INFORMATION FORM

Date \_\_\_\_\_

Organization Name: \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

New Project Name (How it will appear in HMIS): \_\_\_\_\_

**Type of Program:**

- HUD Funded CoC
- HOPWA
- PATH
- ESG
- SSVF
- RHY
- Faith Based
- Other \_\_\_\_\_

**Project Type:**

- Emergency Shelter
- Transitional Shelter
- Permanent Supportive Housing
- Permanent Housing
- Outreach
- Rapid Rehousing
- Homeless Prevention
- Service Only

Does the project need any of the following ServicePoint resources?

- Services
- Referrals
- ShelterPoint (Bed Tracking)

Please name the Users who will need access to the project:

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\_\_\_\_\_  
HMIS Provider Organization Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CIR Internal Approval

\_\_\_\_\_  
Date

Send request to: [HMISsupport@cir.org](mailto:HMISsupport@cir.org)