

CITY OF KNOXVILLE

REQUEST FOR PROPOSALS

Homelessness Outreach Social Services

**Proposals to be Received by 11:00:00 a.m., Eastern Time
May 15, 2018**

Submit Proposals to:
City of Knoxville
Office of Purchasing Agent
City/County Building
Room 667-674
400 Main Street
Knoxville, Tennessee 37902

CITY OF KNOXVILLE
Request for Proposals
Homelessness Outreach Social Services

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City of Knoxville
Request for Proposals
Homelessness Outreach Social Services

I. Statement of Intent

The City of Knoxville is seeking proposals from responsible, qualified social service organizations to provide the services of two (2) outreach social workers to deliver direct outreach and engagement to unsheltered persons experiencing homelessness in the Knoxville community. A particular focus is to be given on reaching and serving unsheltered persons occupying the area around the intersection of Broadway and Magnolia Avenue.

The City intends to award a contract for the term of one (1) year with two (2) optional one-year renewals. The City anticipates a contract being awarded as soon as practicable following the evaluation of proposals.

II. RFP Time Line

Availability of RFPApril 19, 2018

Deadline for questions to be submitted in writing to the
Procurement SpecialistMay 8, 2018

Proposals Due Date May 15, 2018

This timetable is for the information of submitting entities. These dates are subject to change. **However, in no event shall the deadline for submission of the proposals be changed except by written modification from the City of Knoxville Purchasing Division.**

III. Background

The City of Knoxville’s Office on Homelessness is responsible for coordination of community efforts to implement Knoxville’s Plan to Address Homelessness (see Exhibit A attached to this document.) This plan is centered on the principle that homelessness is an unacceptable circumstance for anyone in our community, and focuses our community’s aspirations to prevent, reduce, and end homelessness. It includes a comprehensive set of strategies to pursue those goals for all local populations currently facing homelessness or at risk for homelessness. To aid in the coordination of the plan’s implementation, the Mayor’s Roundtable on Homelessness meets quarterly. The Roundtable convenes the leadership of government, agencies, ministries, and other community partners to share updates, coordinate efforts, and to hold one another accountable for pursuing the positive outcomes called for in the plan.

IV. General Conditions

4.1 The following data is intended to form the basis for submission of proposals to provide a Homelessness Outreach Social Services for the City of Knoxville.

4.2 This material contains general conditions for the procurement process, the scope of service requested, contract requirements, instructions for submissions of proposals, and submission forms that must be included in the proposal. The RFP should be read in its entirety before preparing the proposal.

4.3 All materials submitted pursuant to this RFP shall become the property of the City of Knoxville.

4.4 To the extent permitted by law, all documents pertaining to this Request for Proposals shall be kept confidential until the proposal evaluation is complete and a recommendation submitted to City Council for review. No information about any submission of proposals shall be released until the process is complete, except to the members of the Evaluation Committee and other appropriate City staff. All information provided shall be considered by the Evaluation Committee in making a recommendation to enter into an agreement with the selected consultant.

4.5 Any inquiries, suggestions or requests concerning interpretation, clarification or additional information pertaining to the RFP shall be made **in writing and be in the hands of the Procurement Specialist, Julie Smith Maxwell, by the close of the business day on May 8, 2018.** Questions can be submitted by letter, fax (865-215-2277), or email to jmaxwell@knoxvilletn.gov. The City of Knoxville is not responsible for oral interpretations given by any City employee, representative, or others. The issuance of written addenda is the only official method whereby interpretation, clarification, or additional information can be given. If any addenda are issued to this Request for Proposals, the Purchasing Division will post them to the City's website at www.knoxvilletn.gov/proposals. Submitting organizations are strongly encouraged to view this website often to see if addenda are posted. Failure of any proposer to receive such addendum or interpretation shall not relieve such Proposer from any obligation under his proposal as submitted. All addenda so issued shall become part of the Contract Documents.

4.6 The City of Knoxville reserves the right to (a) accept or reject any and/or all submissions of proposals; (b) to waive irregularities, informalities, and technicalities; and (c) to accept any alternative submission of proposals presented which, in its opinion, would best serve the interests of the City. The City shall be the sole judge of the proposals, and the resulting negotiated agreement that is in its best interest, and its decision shall be final. The City also reserves the right to make such investigation as it deems necessary to determine the ability of any submitting entity to perform the work or service requested. Information the City deems necessary to make this determination shall be provided by the submitting entity. Such information may include, but is not limited to, current financial statements by an independent CPA, verification of availability of equipment and personnel, and past performance records.

4.7 Included in the Contract Documents is an affidavit that the undersigned has not entered into any collusion with any person with respect to this proposal. The qualifier is required to submit this affidavit with the submission. Also included is the Diversity Business Program contracting packet. Submissions must indicate on the enclosed form whether or not the proposer/qualifier intends to use subcontractors and/or suppliers from one of the defined groups. Proposers/Qualifiers are advised that the City tracks use of such use, but it does not influence or affect evaluation or award.

4.8 Subsequent to the Evaluation Committee's review and the Mayor's recommendation of a firm(s), Knoxville City Council approval may be required before the final contract may be executed.

4.9 All expenses for making a submission of proposal shall be borne by the submitting entity.

4.10 Any submission of proposals may be withdrawn up until the date and time for opening of the submissions. **Any submission not so withdrawn shall, upon opening, constitute an irrevocable offer for a period of 120 days to the City of Knoxville for the services set forth in the Request for Proposals until one or more of the submissions have been duly accepted by the City.**

4.11 Prior to submitting their proposals, proposers are to be registered with the Purchasing Division by setting up a Vendor Self-Service Account. Instructions for registering on-line are available at www.knoxvilletn.gov/purchasing. **Proposals from un-registered proposers may be rejected.**

4.12 **NO CONTACT POLICY:** After the posting of this solicitation to the Purchasing Division's website, any contact initiated by any proposer with any City of Knoxville representative concerning this proposal is strictly prohibited, unless such contact is made with the Purchasing Division representative listed herein or with said representative's authorization. Any unauthorized contact may cause the disqualification of the proposer from this procurement transaction. Proposals must include a notarized No Contact/No Advocacy Affidavit (to be found in the "Submission Forms" section of this document).

4.13 **INCLEMENT WEATHER:** During periods of inclement weather, the Purchasing Division will enact the following procedures with regard to solicitations and weather delays:

- If City offices are closed due to inclement weather on the date that proposals/proposals/qualifications/letters of interest are due into the Purchasing Office, all solicitations due that same day will be moved to the next operational business day.
- The City of Knoxville shall not be liable for any commercial carrier's decision regarding deliveries during inclement weather.

4.14 **The successful proposer's pricing must be clear and complete.** Any erasures, strike-overs, and/or changes to prices written in numerals should be initialed by the proposer. Failure to initial may be cause to reject the proposal as irregular and disqualified from consideration. **All items required in the specifications must be included in the total proposal price.** Any option prices must be clearly labeled as such so as not to be confused with the grand total.

V. Scope of Service

The City of Knoxville is seeking proposals from responsible, qualified social service organizations to provide the services of two (2) outreach social workers to deliver direct outreach and engagement to unsheltered persons experiencing homelessness in the Knoxville community. A particular focus is to be given on reaching and serving unsheltered persons occupying the area around the intersection of Broadway and Magnolia Avenue.

The purpose of this effort is to engage individuals, who may be unaware of or resistant to, appropriate services, shelters, and housing options available in assisting them towards ending their homelessness; as well as, additional services to address related concerns and needs. The objective is to help these individuals overcome service resistance and other barriers, such that, they engage with appropriate social and shelter services; and ultimately achieve successful permanent housing placements.

Due to the challenges particular to this population, the level of engagement required shall be professional and persistent, but flexible. Outreach workers shall seek out and engage with homeless persons where they are, in order to develop the level of trust and rapport necessary to conduct a process of intake and assessment, in order to identify appropriate referrals to services, shelters, and housing resources. Persistent and repeated engagement with individuals will be necessary in order to encourage them to accept the referrals and begin the process of accessing shelter, appropriate social services, and housing options.

Outreach, case management, referrals and placements are to follow and meet the standards of *Knoxville's Plan to Address Homelessness: Case Management Standards of Care*, as adopted and periodically updated by the Mayor's Roundtable on Homelessness (see Exhibit B attached to this document.)

Intake, assessments, and referrals will be conducted through the Knoxville-Knox County Continuum of Care's Coordinated Entry System, and the program will fully participate in Knoxville's Homeless Management Information System (KnoxHMIS). Program progress, outcomes, and performance will be measured by data recorded in KnoxHMIS.

The selected provider will employ qualified staff to provide: triage and evaluation in the field; conduct evidenced-based evaluations and refer to appropriate treatment services and/or other essential services; provide information and referral, agency linkage, advocacy, and follow-up services; provide direct service delivery in the community within flexible hours; develop and implement appropriate treatment planning; provide crisis intervention and emergency services; and coordinate with partner agencies and organizations to facilitate referrals to appropriate services and resources.

The selected organization must employ persons with at least a bachelor's degree in social work, psychology, or a related field; with sufficient knowledge of and/or demonstrated experience in the areas of cultural diversity, human development, etiology and treatment of mental illness, alcohol and drug abuse, physical and sexual abuse, suicide, and mental retardation. Social workers must be able to conduct outreach and engagement in the field, in order to reach unsheltered homeless persons where they are.

VI. Contract Requirements

Submitting entities, if selected, must be willing to sign a contract with the City which will include certain provisions, among which are the following:

6.1 Contract Documents. The contract shall consist of (1) the RFP; (2) the proposal

submitted by the contractor to this RFP; and (3) the contract. In the event of a discrepancy between the contract, the RFP and the submitted proposal, the terms that provide the greater benefit to the City and/or impose the greater obligation to the contractor will prevail.

6.2 Administration. The contract will be administered by the City of Knoxville Community Development Department.

6.3 Invoices. Invoices for services will be submitted to the City in accordance with the contract terms.

6.4 Independent Contractor. The relationship of contractor to the City will be that of independent contractor. The contractor will be solely and entirely responsible for its acts and for the acts of its agents, employees, servants and subcontractors done during the performance of the contract. All services performed by the contractor shall be provided in an independent contractor capacity and not in the capacity of officers, agents, or employees of the City.

6.5 Assignment. The contractor shall not assign or transfer any interest in this contract without prior written consent of the City of Knoxville.

6.6 Indemnification and Hold Harmless. The successful proposer will be required to sign a contract with the City which contains the following indemnification clause. This indemnification clause will not be altered in any way. Failure to agree with this indemnification clause in the contract may result in the City moving to the next responsible responsive proposer.

Contractor shall defend, indemnify and hold harmless the City, its officers, employees and agents from any and all liabilities which may accrue against the City, its officers, employees and agents or any third party for any and all lawsuits, claims, demands, losses or damages alleged to have arisen from an act or omission of Contractor in performance of this Agreement or from Contractor's failure to perform this Agreement using ordinary care and skill, except where such injury, damage, or loss was caused by the sole negligence of the City, its agents or employees.

Contractor shall save, indemnify and hold the City harmless from the cost of the defense of any claim, demand, suit or cause of action made or brought against the City alleging liability referenced above, including, but not limited to, costs, fees, attorney fees, and other expenses of any kind whatsoever arising in connection with the defense of the City; and Contractor shall assume and take over the defense of the City in any such claim, demand, suit, or cause of action upon written notice and demand for same by the City. Contractor will have the right to defend the City with counsel of its choice that is satisfactory to the City, and the City will provide reasonable cooperation in the defense as Contractor may request. Contractor will not consent to the entry of any judgment or enter into any settlement with respect to an indemnified claim without the prior written consent of the City, such consent not to be unreasonably withheld or delayed. The City shall have the right to participate in the defense against the indemnified claims with counsel of its choice at its own expense.

Contractor shall save, indemnify and hold City harmless and pay judgments that shall be rendered in any such actions, suits, claims or demands against City alleging liability referenced above.

The indemnification and hold harmless provisions of this Agreement shall survive termination of the Agreement.

6.7 Termination. The City may terminate this Agreement at any time, with or without cause, by written notice of termination to the Contractor.

If the City terminates this Agreement, and such termination is not a result of a default by the Contractor, the Contractor shall be entitled to receive as its sole and exclusive remedy the following amounts from the City, and the City shall have no further or other obligations to the Contractor: the amount due to the Contractor for work executed through the date of termination, not including any future fees, profits, or other compensation or payments which the Contractor would have been entitled to receive if this Agreement had not been terminated.

The City may, by written notice of default to the Contractor, terminate the whole or any part of this Agreement if the Contractor fails to perform any provisions of this Agreement and does not cure such failure within a period of ten (10) days (or such longer period as the Purchasing Agent may authorize in writing) after receipt of said notice from the Purchasing Agent specifying such failure. If this Agreement is terminated in whole or in part for default, the City may procure, upon such terms and in such manner as the Purchasing Agent may deem appropriate, supplies or services similar to those terminated.

6.8 Insurance. When applicable and prior to the commencement of the contract, contractor must, at its sole expense, obtain and maintain in full force and effect for the duration of the Agreement and any extension hereof at least the following types and amounts of insurance for claims which may arise from or in connection with this Agreement. Contractor shall furnish the City of Knoxville with properly executed certificates of insurance which shall clearly evidence all insurance required by the City. All insurance must be underwritten by insurers with an A.M. Best rating of A-VIII or better. Such insurance shall be at a minimum the following:

- A. **Commercial General Liability Insurance;** occurrence version commercial general liability insurance, and if necessary umbrella liability insurance, with a limit of not less than two million dollars each occurrence for bodily injury, personal injury, property damage, and products and completed operations. If such insurance contains a general aggregate limit, it shall apply separately to the work/location in this Agreement or be no less than \$3,000,000.

Such insurance shall:

- (a.) Contain or be endorsed to contain a provision that includes the City, its officials, officers, employees, and volunteers as additional insureds with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. The coverage shall contain no special limitations on the scope of its protection afforded to the above-listed insureds. Proof of additional insured status up to and including copies of endorsements and/or policy wording will be required.

(b.) For any claims related to this project, Contractor's insurance coverage shall be primary insurance as respects the City, its officers, officials, officers, employees, and volunteers. Any insurance or self-insurance programs covering the City, its officials, officers, employees, and volunteers shall be excess of Contractor's insurance and shall not contribute with it.

(c.) At the sole discretion of the City, dedicated limits of liability for this specific project may be required.

- B. **Automobile Liability Insurance;** including vehicles owned, hired, and non-owned, with a combined single limit of not less than \$1,000,000 each accident. Such insurance shall include coverage for loading and unloading hazards. Insurance shall contain or be endorsed to contain a provision that includes the City, its officials, officers, employees, and volunteers as additional insureds with respect to liability arising out of automobiles owned, leased, hired, or borrowed by or on behalf of Contractor.
- C. **Workers' Compensation Insurance.** Contractor shall maintain workers' compensation insurance with statutory limits as required by the State of Tennessee or other applicable laws and employers' liability insurance with limits of not less than \$500,000. Contractor shall require each of its subcontractors to provide Workers' Compensation for all of the latter's employees to be engaged in such work unless such employees are covered by Contractor's workers' compensation insurance coverage.
- D. **Other Insurance Requirements.** Contractor shall:
- Prior to commencement of services, furnish the City with original certificates and amendatory endorsements effecting coverage required by this section and provide that such insurance shall not be cancelled, allowed to expire, or be materially reduced in coverage except on 30 days' prior written notice to the City Attorney of Knoxville; P.O. Box 1631; Knoxville, Tennessee 37901. Proof of policy provisions regarding notice of cancellation will be required.
 - Upon the City's request, provide certified copies of endorsements and policies if requested by the City in lieu of or in addition to certificates of insurance. Copies of policies will only be requested when contracts are deemed to be extremely or uniquely hazardous, include a dollar amount that is significant to the overall budget of the City or a City Department, or the coverage(s) may not follow standard insurance forms. A policy will only be requested after the City's Risk Manager has reviewed the contract and proof of coverage has been provided. Should the certificate of insurance refer to specific coverage wording or endorsements(s), proof of such policy wording or endorsement(s) will be required.
 - Replace certificates, policies, and endorsements for any such insurance expiring prior to completion of services.

- Maintain such insurance from the time services commence until services are completed. Failure to maintain or renew coverage or to provide evidence of renewal may be treated by the City as a material breach of contract.
- If Contractor cannot procure insurance through an insurer having an A.M. Best rating of A-VIII, Contractor may, in the alternative, place such insurance with insurer licensed to do business in Tennessee and having A.M. Best Company ratings of no less than A. Modification of this standard may be considered upon appeal to the City Law Director.
- Require all subcontractors to maintain during the term of the Agreement Commercial General Liability insurance, Business Automobile Liability insurance, and Workers' Compensation/Employer's Liability insurance (unless subcontractor's employees are covered by Contractor's insurance) in the same manner as specified for Contractor. Contractor shall furnish subcontractors' certificates of insurance to the City without expense immediately upon request.
- Large Deductibles; Self-Insured Retentions. Any deductibles and/or self-insured retentions greater than \$50,000 must be disclosed to and approved by the City of Knoxville prior to the commencement of services. Use of large deductibles and/or self-insured retentions may require proof of financial ability as determined by the City.
- Waiver of Subrogation Required. The insurer shall agree to waive all rights of subrogation against the City, its officers, officials, and employees for losses arising from work performed by Contractor for the City. Proof of waiver of subrogation up to and including copies of endorsements and/or policy wording will be required.
- Occurrence Basis Requirement. All general liability policies must be written on an occurrence basis, unless the Risk Manager determines that a claims made basis is reasonable in the specific circumstance. Use of policies written on a claims made basis must be approved by the City. Risk Manager and retroactive dates and/or continuation dates must be provided to the City prior to commencement of any work performed. Professional Liability and Environmental Liability (Pollution Coverage) are most commonly written on a claims made basis and are generally acceptable in that form.

6.9 Ethical Standards. Attention of all firms is directed to the following provisions contained in the Code of the City of Knoxville: Chapter 24, Article II, Section 24-33 entitled "Debts owed by persons receiving payments other than Salary;" Chapter 2, Article VIII, Division 11. the Contractor hereby takes notice of and affirms that it is not in violation of, or has not participated, and will not participate, in the violation of any of the following ethical standards prescribed by the Knoxville City Code:

A. Section 2-1048. Conflict of Interest.

It shall be unlawful for any employee of the City to participate, directly or indirectly, through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard,

rendering of advice, investigation, auditing or otherwise, in any proceeding or application, request for ruling or other determination, claim or controversy or other matter pertaining to any contract or subcontract and any solicitation or proposal therefore, where to the employee's knowledge there is a financial interest possessed by:

- (1) the employee or the employee's immediate family;
- (2) A business other than a public agency in which the employee or member of the employee's immediate family serves as an officer, director, trustee, partner or employee; or
- (3) Any person or business with whom the employee or a member of the employee's immediate family is negotiating or has an arrangement concerning prospective employment.

B. Section 2-1049. Receipt of Benefits from City Contracts by Council Members, Employees and Officers of the City.

It shall be unlawful for any member of council, member of the board of education, officer or employee of the city to have or hold any interest in the profits or emoluments of any contract, job, work or service, either by himself or by another, directly or indirectly. Any such contract for a job, work or service for the city in which any member of council, member of the board of education, officer or employee has or holds any such interest is void.

C. Section 2-1050. Gratuities and Kickbacks Prohibited.

It is unlawful for any person to offer, give or agree to give to any person, while a City employee, or for any person, while a City employee, to solicit, demand, accept or agree to accept from another person, anything of a pecuniary value for or because of:

- (1) An official action taken, or to be taken, or which could be taken;
- (2) A legal duty performed, or to be performed, or which could be performed; or
- (3) A legal duty violated, or to be violated, or which could be violated by such person while a City employee.

Anything of nominal value shall be presumed not to constitute a gratuity under this section.

Kickbacks. It is unlawful for any payment, gratuity, or benefit to be made by or on behalf of a subcontractor or any person associated therewith as an inducement for the award of a subcontract or order.

D. Section 2-1051. Covenant Relating to Contingent Fees.

(a) Representation of Contractor. Every person, before being awarded a contract in excess of ten thousand dollars (\$10,000.00) with the City, shall represent that no other person has been retained to solicit or secure the contract with the City upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except for bona fide employees or bona fide established commercial, selling agencies maintained by the person so representing for the purpose of securing business.

(b) Intentional Violation Unlawful. The intentional violation of the representation specified in subsection (a) of this section is unlawful.

E. Section 2-1052. Restrictions on Employment of Present and Former City Employees. Contemporaneous employment prohibited. It shall be unlawful for any City employee to become or be, while such employee, an employee of any party contracting with the particular department or agency in which the person is employed.

For violations of the ethical standards outlined in the Knoxville City Code, the City has the following remedies:

- (1) Oral or written warnings or reprimands;
- (2) Cancellation of transactions; and
- (3) Suspension or debarment from being a Contractor or subcontractor under City or City-funded contracts.

The value of anything transferred in violation of these ethical standards shall be recoverable by the City from such person. All procedures under this section shall be in accord with due process requirements, included but not limited to a right to notice and hearing prior to imposition of any cancellation, suspension or debarment from being a Contractor or subcontractor under a City contract.

6.10 Firms must comply with the President's Executive Order No. 11246 and 11375 which prohibit discrimination in employment regarding race, color, religion, sex or national origin. Firms must also comply with Title VI of the Civil Rights Act of 1964, Copeland Anti-Kick Back Act, the Contract Work Hours and Safety Standards Act, Section 402 of the Vietnam Veterans Adjustment Act of 1974, Section 503 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, all of which are herein incorporated by reference.

6.11 Firms shall give consideration to the inclusion of minority firms or individuals in this project, and shall advise the City in this proposal of their efforts to do so.

6.12 Firms shall give consideration to the use of environmentally sustainable best practices, and shall advise the City in this submittal of qualifications of their efforts to do so.

6.13 Federal, State, and Local Requirements. Each submitting entity is responsible for full compliance with all laws, rules and regulations which may be applicable.

6.14 Licenses. Before a contract is signed by the City, the submitting entity, if selected, **must** provide the City Purchasing Division with a copy of its valid business license **or** with an affidavit explaining why it is exempt from the business licensure requirements of the City or county in which it is headquartered. If a contract is signed, the contractor's business license shall be kept current throughout the duration of the contract, and the contractor shall inform the City of changes in its business name or location. The contractor must be a licensed professional as required by the state of Tennessee, see T.C.A. Sections 62-2-101 et. seq., for any services in this contract requiring such licensure.

6.15 Funding. The City's performance and obligation to pay under this contract is subject to funding contingent upon an annual appropriation.

6.16 Governing Law and Venue. This Agreement shall be governed by and construed in accordance with the substantive laws of the State of Tennessee and its conflict of laws provisions. Venue for any action arising between the City and the Contractor from the Agreement shall lie in Knox County, Tennessee.

6.17 Subcontracts to the Agreement. Contractor shall not enter into a subcontract for any of the services performed under this Agreement without obtaining the prior written approval of the City.

6.18 Amendments. This Agreement may be modified only by a written amendment or addendum that has been executed and approved by the appropriate officials shown on the signature page of the Agreement.

6.19 Captions. The captions appearing in the Agreement are for convenience only and are not a part of the Agreement; they do not in any way limit or amplify the provisions of the Agreement.

6.20 Severability. If any provision of the Agreement is determined to be unenforceable or invalid, such determination shall not affect the validity of the other provisions contained in the Agreement. Failure to enforce any provision of the Agreement does not affect the rights of the parties to enforce such provision in another circumstance, nor does it affect the rights of the parties to enforce any other provision of this Agreement at any time.

6.21 No Benefit for Third Parties. The services to be performed by the Contractor pursuant to the Agreement with the City are intended solely for the benefit of the City, and no benefit is conferred hereby, nor is any contractual relationship established herewith, upon or with any person or entity not a party to the Agreement. No such person or entity shall be entitled to rely on the Contractor's performance of its services hereunder, and no right to assert a claim against the City or the Contractor, its officers, employees, agents, or contractors shall accrue to the Contractor or to any subcontractors, independently retained professional consultant, supplier, fabricator, manufacturer, lender, tenant, insurer, surety, or any other third party as a result of this Agreement or the performance or non-performance of the Contractor's services hereunder.

6.22 Non-Reliance of Parties. Parties explicitly agree that they have not relied upon any earlier or outside representations other than what has been included in the Agreement. Furthermore, neither party has been induced to enter into this Agreement by anything other than the specific written terms set forth herein.

6.23 Force Majeure. Neither party shall be liable to the other for any delay or failure to perform any of the services or obligations set forth in this Agreement due to causes beyond its reasonable control, and performance times shall be considered extended for a period of time equivalent to the time lost because of such delay plus a reasonable period of time to allow the parties to recommence performance of their respective obligations hereunder. Should a circumstance of force majeure last more than ninety (90) days, either party may by written notice to the other terminate this Agreement. The term "force majeure" as used herein shall mean the following: acts of God; strikes, lockouts or other industrial disturbances; acts of public enemies; orders or restraints of any kind of the government of the United States or of the State or any of

their departments, agencies or officials, or any civil or military authority; insurrections, riots, landslides, earthquakes, fires, storms, tornadoes, droughts, floods, explosions, breakage or accident to machinery, transmission pipes or canals; or any other cause or event not reasonably within the control of either party.

6.24 EEO/AA. The City of Knoxville is an EE/AA/Title VI/Section 504/ADA/ADEA Employer.

6.25 By submitting a proposal, the submitting entity agrees to all terms and conditions established in this RFP, including its contract requirements.

VII. Instructions to Submitting Entities

All submissions of proposals shall comply with the following instructions. These instructions ensure that (1) submissions contain the information and documents required by the City RFP and (2) the submissions have a degree of uniformity to facilitate evaluation.

7.1 General

Submission forms and RFP documentation may be obtained on or after April 19, 2018, at no charge from:

City of Knoxville Purchasing Division
City/County Building
400 Main Street, Room 667
Knoxville, Tennessee 37902

between 8:30 a.m. and 4:30 p.m. (Eastern Time), Monday through Friday or by calling 865/215-2070. Forms and RFP information are also available on the City web site at www.knoxvilletn.gov/purchasing where it can be read or printed using Adobe Acrobat Reader software.

7.2 Submission Information

Proposals shall include five (5) hard copies (one original and four duplicates—**mark the original as such**) and one electronic copy of the proposal (.pdf format on CD only—**mark the storage device with the company name**); the electronic version shall be an exact duplicate of the original, and the electronic version will be the official document exhibited in the contract. **Electronic submissions must be included with the sealed submissions; do not email your submission.**

IMPORTANT NOTE: A minimum of one of the submitted proposals must bear an original signature, signed in ink (duplicated signatures substituted for original ink signatures may result in rejection of the proposals). This document is the official, original submission; the required copies may have copied signatures. The signature must be entered above the typed or printed name and title of the signer. All proposals must be signed by an officer of the company authorized to bind the firm to a contract.

Proposals will be received until 11:00:00 a.m. (Eastern Time) on **May 15, 2018**. Each proposal must be submitted in a sealed envelope addressed to:

City of Knoxville Purchasing Division
City/County Building
400 Main Street, Room 667
Knoxville, TN 37902

IMPORTANT NOTE: Each mailing envelope or carton containing a proposal or multiple copies of the proposal must be sealed and plainly marked on the outside “Homelessness Outreach Social Services.” Proposers are reminded that the Purchasing Division receives many proposals and proposals for any number of solicitations; **unlabeled submissions are extremely difficult to match to their appropriate solicitations and therefore may be rejected.**

Any proposals received after the time and date on the cover sheet will not be considered. It shall be the sole responsibility of the submitting entity to have the proposal delivered to the City of Knoxville Purchasing Division on or before that date.

Late proposals will not be considered. Proposals that arrive late due to the fault of United States Postal Service, United Parcel Service, DHL, FEDEX, any delivery/courier service, or any other carrier of any sort are still considered late and shall not be accepted by the City. Such proposals shall remain unopened and will be returned to the submitting entity upon request.

7.3 Format

The City is committed to reducing waste. Submissions of qualifications must be typed on 8.5 x 11 inch wide white paper, printed on both sides. **DO NOT BIND** the document; instead, staple or binder clip the submission together and place in a sealed envelope (see Paragraph 7.2). Pages must be consecutively numbered. A table of contents must be included in the proposal immediately after the title page, and each of the following numbered sections must be tabbed.

Proposals shall be structured as follows. Numbered items listed below should have a numbered tab page:

1. Title Page
2. Table of Contents
3. Submission Forms:
 - A. Form S-1
 - B. Non-Collusion Affidavit
 - C. No Contact/No Advocacy Affidavit
 - D. Iran Divestment Act Certification of Noninclusion
 - E. Diversity Business Enterprise Program
 - F. Drug-Free Workplace Affidavit
 - G. Child Crime Affidavit
4. Body of Proposal: Information which addresses the scope of service provided and the evaluation criteria listed below.

NOTE: All required submission forms may be found in this solicitation document.

7.4 Evaluation of Proposals

All qualified submissions received by the deadline will be analyzed by the Evaluation Committee according to the criteria outlined in these specifications. Failure to comply with the provisions of the RFP may cause any proposal to be ineligible for evaluation. Each submittal of proposals will be initially analyzed and judged according to the evaluation criteria below. The maximum score is 100 points.

The City reserves full discretion to determine the capability of proposing entities. Proposers, if asked, will provide, in a timely manner, any and all information that the City deems necessary to make such a decision. In addition to materials provided in the written responses to this RFP, the Committee may request additional material, information, references, a site visit, or a live test demonstration from the submitting entity or others.

The Evaluation Committee may or may not decide to interview any or all proposing entities at a time and date determined by the City in order to address questions and more fully ascertain how the solution to this project satisfies the evaluation criteria. Firms and/or teams responding to this Request for Proposals shall be available for interviews with the Evaluation Committee. Discussions may be conducted with responsible submitting entities for purposes of clarification to assure full understanding of and conformance to the RFP requirements. Selection shall be based on the firms' qualifications applicable to the scope and nature of the services to be performed per this request for proposals. Determination of firms' qualifications shall be based on their written responses to this Request for Proposals and information presented to the Evaluation Committee during oral interviews, if any.

In addition to materials provided in the written responses to this Request for Proposals, the Committee may request additional material, information, or references from the submitting entity or others.

Provided it is in the best interest of the City of Knoxville, the firm or team determined to be the most responsive to the City of Knoxville, taking into consideration the evaluation factors set forth in this Request for Proposals, will be selected to begin contract negotiations. The firm or team selected will be notified at the earliest practical date and invited to submit more comprehensive information if necessary. If no satisfactory agreement can be reached with the "most responsive firm," the City may elect to negotiate with the next best and most responsive firm or team.

VIII. Evaluation Criteria

An evaluation team, composed of representatives of the City, will evaluate proposals on a variety of quantitative and qualitative criteria. Upon receipt of proposals, the City will review to determine whether the proposal is acceptable or non-acceptable based on the criteria outlined below.

The criteria and the associated weights upon which the evaluation of the proposals will be based

include, but are not limited to, the following:

- 1. Approach – 30 points:** Proposer shall provide details outlining the approach for achieving the goals listed within the “Knoxville’s Plan to Address Homelessness”.
- 2. Experience of Firm – 25 points:** Proposal shall include information regarding organization’s experience working with homeless population.
- 3. Qualifications of Proposed Employees – 25 points:** Proposer shall provide qualifications of proposed social workers, whether currently employed staff or anticipated positions to be hired. Include (anticipated) experience, educational background, and job description.
- 4. Pricing/Cost – 20 points:** Please provide cost of proposed services.

Submission Forms

**CITY OF KNOXVILLE
REQUEST FOR PROPOSALS
Homelessness Outreach Social Services**

Submission Form S-1

**Proposals to be Received by 11:00:00 a.m., Eastern Time; May 15, 2018; in Room 667-674,
City/County Building; Knoxville, Tennessee.**

IMPORTANT: Proposals shall include five (5) hard copies (one original and four duplicates—**mark the original as such**) and one electronic copy of the proposal (.pdf format on CD only—**mark the storage device with the company name**); the electronic version shall be an exact duplicate of the original, as the electronic version will be the official document exhibited in the contract. **Electronic submissions must be included with the sealed submissions; do not email your submission.** Proposals shall clearly indicate the legal name, address and telephone number of the submitting entity (company, firm, partnership, individual). A minimum of one of the submitted proposals must bear an original signature, signed in ink (duplicated signatures substituted for original ink signatures may result in rejection of the proposals). This document is the official, original submission; the required copies may have copied signatures. The signature must be entered above the typed or printed name and title of the signer. All proposals must be signed by an officer of the company authorized to bind the firm to a contract.

Please complete the following:

Legal Name of Proposer: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Contact Person: _____

Email Address: _____

Signature: _____

Name and Title of Signer: _____

Note: Failure to use these response sheets may disqualify your submission.

NON-COLLUSION AFFIDAVIT

State of _____

County of _____

_____, being first duly sworn, deposes and says that:

- (1) He/She is the _____ of _____, the firm that has submitted the attached Proposal;
- (2) He/She is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
- (3) Such Proposal is genuine and is not a collusive or sham Proposal;
- (4) Neither the said firm nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other vendor, firm or person to submit collusive or sham proposal in connection with the contract or agreement for which the attached Proposal has been submitted or to refrain from making a proposal in connection with such contract or agreement, or collusion or communication or conference with any other firm, or, to fix any overhead, profit, or cost element of the proposal price or the proposal price of any other firm, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against the City of Knoxville or any person interested in the proposed contract or agreement; and
- (5) The proposal of service outlined in the Proposal is fair and proper and is not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the firm or any of its agents, representatives, owners, employees, or parties including this affiant.

(Signed): _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

My Commission expires _____

No Contact/No Advocacy Affidavit

State of _____

County of _____

_____, being first duly sworn, deposes and says that:

(1) He/She is the owner, partner, officer, representative, or agent of _____
_____, the Proposer that has submitted the attached Proposal;

(2) The Proposer _____ swears or affirms that he/she will
aproposale by the following “No Contact” and “No Advocacy” clauses:

a) **NO CONTACT POLICY:** After the posting of this solicitation to the Purchasing Division's website, any contact initiated by any proposer with any City of Knoxville representative concerning this proposal is strictly prohibited, unless such contact is made with the Purchasing Agent (Boyce H. Evans) or Procurement Specialist (Julie Smith Maxwell). Any unauthorized contact may cause the disqualification of the proposer from this procurement transaction.

b) **NO ADVOCATING POLICY:** To ensure the integrity of the review and evaluation process, companies and/or individuals submitting proposals for any part of this project, as well as those persons and/or companies representing such proposers, may not lobby or advocate to the City of Knoxville staff including, but not limited to, members of City Council, Office of the Mayor, Department of Community Development, or any other City staff.

Any company and/or individual who does not comply with the above stated “No Contact” and “No Advocating” policies may be subject to having their proposal rejected from consideration.

Signed: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, 2_____.

My commission expires: _____

IRAN DIVESTMENT ACT

Certification of Noninclusion

NOTICE: Pursuant to the Iran Divestment Act, Tenn. Code Ann. § 12-12-106 requires the State of Tennessee Chief Procurement Officer to publish, using creditable information freely available to the public, a list of persons it determines engage in investment activities in Iran, as described in § 12-12-105. Inclusion on this list makes a person ineligible to contract with the state of Tennessee; if a person ceases its engagement in investment activities in Iran, it may be removed from the list. A list of entities ineligible to contract in the State of Tennessee Department of General Services or any political subdivision of the State may be found here:

https://www.tn.gov/content/dam/tn/generalservices/documents/cpo/cpo-library/public-information-library/List_of_persons_pursuant_to_Tenn._Code_Ann._12-12-106_Iran_Divestment_Act_updated_7.7.17.pdf

By submission of this proposal, each Proposer and each person signing on behalf of any Proposer certifies, and in the case of a joint proposal each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each Proposer is not on the list created pursuant to T.C.A. § 12-12-106.

Vendor Name (Printed)	Address
By (Authorized Signature)	Date Executed
Printed Name and Title of Person Signing	

NOTARY PUBLIC:

Subscribed and sworn to before me this _____ day of _____, 2_____.

My commission expires: _____

DIVERSITY BUSINESS ENTERPRISE (DBE) PROGRAM

The City of Knoxville strongly encourages prime contractors to employ diverse businesses in the fulfillment of contracts/projects for the City of Knoxville.

The City of Knoxville's Fiscal Year 2017 goal is to conduct 3.33% of its business with minority-owned businesses, 9.21% of its business with woman-owned businesses, and 45.5% with small businesses.

While the City cannot engage (pursuant to state law) in preferential proposalding practices, the City does **strongly encourage** prime contractors to seek out and hire diverse businesses in order to help the City meet its goals as stated above. As such, the City encourages prime contractors to seek out and consider competitive sub-proposals and quotations from diverse businesses.

For DBE tracking purposes, the City requests that prime contractors who are proposalding, proposing, or submitting statements of qualifications record whether or not they plan to employ DBE's as sub-contractors or consultants. With that in mind, please fill out, sign and submit (with your proposal/proposal) the following sub-contractor/ consultant statement.

CITY OF KNOXVILLE DIVERSITY BUSINESS DEFINITIONS

Diversity Business Enterprise (DBE's) are minority-owned (MOB), women-owned (WOB), service-disabled veteran-owned (SDVO), and small businesses (SB), who are impeded from normal entry into the economic mainstream because of past practices of discrimination based on race or ethnic background. These persons must own at least 51% of the entity and operate or control the business on a daily basis.

Minority: A person who is a citizen or lawful admitted permanent resident of the United States and who is a member of one (1) of the following groups:

- a. African American, persons having origins in any of the Black racial groups of Africa;
- b. Hispanic American, persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race;
- c. Native American, persons who have origin in any of the original peoples of North America ;
- d. Asian American, person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

Minority-owned business (MOB) is a continuing, independent, for profit business that performs a commercially useful function, and is at least fifty-one percent (51%) owned and controlled by one (1) or more minority individuals.

Woman-owned business (WOB) is a continuing, independent, for profit business that performs a commercially useful function, and is at least fifty-one percent (51%) owned and controlled by one (1) or more women.

Service Disabled Veteran-owned business (SDOV) is a continuing, independent, for profit business that performs a commercially useful function, owned by any person who served honorably on active duty in the armed forces of the United States with at least a twenty percent (20%) disability that is service connected. Meaning such disability was incurred or aggravated in the line of duty in the active military, naval or air service, and is at least fifty-one percent (51%) owned and controlled by one (1) or more service disabled veteran.

Small Business (SB) is a continuing, independent, for profit business which performs a commercially useful function and has total gross receipts of not more than ten million dollars (\$10,000,000) average over a three-year period or employs no more than ninety-nine (99) persons on a full-time basis.

Subcontractor/Consultant Statement
(TO BE SUBMITTED IN THE PROPOSAL/PROPOSAL ENVELOPE)

We _____ do certify that on the
(Proposer/Proposer Company Name)

(Project Name)
\$ _____
(Amount of Proposal)

Please select one:

Option A: Intent to subcontract using Diverse Businesses

A Diversity business will be employed as subcontractor(s), vendor(s), supplier(s), or professional service(s). The estimated **dollar value** of the amount that we plan to pay is:

\$ _____.
Estimated Amount of Subcontracted Service

Diversity Business Enterprise Utilization			
Description of Work/Project	Amount	Diverse Classification (MOB, WOB, SB, SDOV)	Name of Diverse Business

Option B: Intent to perform work “without” using Diverse Businesses

We hereby certify that it is our intent to perform 100 % of the work required for the contract, work will be completed without subcontracting, or we plan to subcontract with non-Diverse companies.

DATE: _____ COMPANY NAME: _____

SUBMITTED BY: _____ TITLE: _____
(Authorized Representative)

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NO: _____

Child Crime Affidavit

State of _____

County of _____

_____, being first duly sworn, deposes and says that:

(1) He/She is the owner, partner, officer, representative, or agent of _____
_____, the Bidder that has submitted the attached Bid;

(2) The Bidder _____ will abide by the following if chosen as
the successful bidder:

The Bidder _____ agrees not to allow any employee or
volunteer who is awaiting trial or has been convicted of a felony crime involving the sexual
exploitation of children, sexual offenses involving children or violent crimes to participate in this
Agreement at sites where children may be present. Failure by the Bidder to comply with this
requirement is grounds for immediate termination of the Agreement.

Signed: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, 2_____.

My commission expires: _____

DRUG-FREE WORKPLACE AFFIDAVIT

State of _____

County of _____

_____, being duly sworn, deposes, and says that:

- (1) He/She is a principal officer of _____, the firm that has submitted the attached Proposal, his or her title being _____ of the firm; and
- (2) He/She has personal knowledge of the policies of the above-named firm with respect to the maintenance of a drug-free workplace; and
- (3) He/She certifies that all provisions and requirements of the Tennessee Drug-Free Workplace Program, as established by Tenn. Code Ann. §§ 50-9-101 et. seq., have been met and implemented.

(Signed)

(Title)

Subscribed and sworn to before me this ____ day of _____, 20__.

Title _____

My Commission expires _____

Knoxville's Plan to Address Homelessness



Knoxville's Plan to Address Homelessness

April, 2014

Revision 2014.2

City of Knoxville, Tennessee
Madeline Rogero, Mayor

Michael Dunthorn
Project Manager, Office on Homelessness, Community Development Department
City of Knoxville
400 Main Street, Room 520
Knoxville, TN 37932
mdunthorn@cityofknoxville.org
(865) 215-3103

Introduction

This plan is Knoxville's response to the issue of homelessness. It offers a new beginning and builds on what has been learned from past successes and challenges and moves this community forward with a new, comprehensive plan in response to this serious issue.

At its core, this plan is about accountability. The pages that follow will detail goals and strategies that call upon all members of the community to be accountable to one another as we take action to address one of the most challenging and least glamorous issues that any city can face. We will pursue efforts that are designed to create changes for the better that are systemic and long-term. We will reach out to help those in need, while raising expectations that people will also make their own best efforts to help themselves.

We will pursue cost-effective efforts to prevent homelessness from happening in the first place. We will follow strategies that responsively meet immediate, emergency needs, but then offer individuals and families forward momentum by moving out of crisis-mode and shifting the focus to quickly re-establishing housing, services, and employment. Finally, we will pursue strategies that are demonstrated to break repeated cycles of crisis and homelessness, and instead lead to stable housing and the re-establishment of healthy connections to the community as a whole.

This document is in two parts – a Goals section, followed by a Work Plan. A third part, the Implementation Plan, will be developed and continually updated as implementation of this plan gets under way. The Implementation Plan will further flesh out the action steps, who is accountable for them, and progress made in pursuit of this plan's goals. Specific performance measures will be developed, and this information will be used to create regular reporting and updates to stakeholders and the community at large.

Learning from experience

As a mid-sized American city, Knoxville is not unique or alone in struggling with the issue of homelessness. Across the country, every community must face this issue, and every city our size and larger must determine how to meet the difficulties presented by chronic homelessness, visible on our streets; family homelessness, which is less visible but more prevalent under recent economic trends; and homelessness among veterans who have served our country in wars past and present as well as the peacetime in between.

Knoxvillians have always stepped forward to offer assistance to those in need, in both small and significant ways. We have always done so because that is simply what a

great community does. Whatever the problem, when someone is seen to be in need, someone else in this community will step forward to help. This is true here and in towns and cities across the county. Over the past decades as the nationwide problem of homelessness increased and became more visible, individuals and organizations in small towns and big cities in every state have stepped forward to meet the need.

More recently, many cities began to pursue initiatives to bring together all those dedicated individuals and organizations in better coordinated efforts to not only meet the immediate needs of the homeless, but to seek to actually end homelessness, and particularly to address the issue of long-term chronic homelessness.

In 2006, Knoxville joined that nationwide effort and began implementing its own Ten Year Plan to End Chronic Homelessness. Much was achieved through that effort, but not without continued challenges and considerable controversy. Under that plan, individuals, agencies, ministries and others were brought together to work cooperatively on strategies that would move chronically homeless individuals off of the streets and into permanent housing. There, they could get the help they needed to address the causes of their homelessness, to maintain permanent housing, and to re-connect with the greater community. A lot was accomplished through this effort, but not without significant debate, particularly around the development of new permanent supportive housing. Due to those disagreements, that plan was ultimately suspended, and through a public input process known as Compassion Knoxville, the community at large took the time and effort to step back and review its concerns about homelessness and to consider what to do about it.

In 2010, the US Interagency Council on Homelessness adopted Opening Doors, the federal homelessness plan. In 2012, The US Department of Housing and Urban Development issued regulations governing the Continuum of Care (CoC) program, which is the key federal initiative that offers nationwide funding and support for local efforts to address homelessness. The CoC rules, along with several other related new regulations were issued by HUD to implement the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, which is the overarching federal law addressing homelessness.

Finally, in 2013, Mayor Madeline Rogero convened The Mayor's Roundtable on Homelessness, a group of local agency and ministry leaders, to consider all these things and to work with the city's Office on Homelessness to develop a set of meaningful goals and strategies for a new collaborative effort to address homelessness in Knoxville.

A great deal has been learned from these successes and challenges. It is clear that homelessness will not simply disappear on its own. People in our community want to respond to the issue in a proactive and intelligent way. This community can do more than simply react to the short-term needs of the homeless. Individuals, agencies,

ministries, community members and others can work in concert, bringing different motivations, philosophies, and viewpoints together to pursue common goals. It is clear that listening to different voices helps everyone to better understand and define those common goals.

Moving Forward to a New Community Plan on Homelessness

From this, it is evident that Knoxville must work cooperatively through a community plan that sets strategies focused on achieving common goals to address homelessness, and that doing this will serve our city well. Making such a coordinated effort will achieve far better results than slowly reverting back to the uncoordinated, inconsistent, and unfocused alternative. This document assembles all these moving parts and ties the related threads together to offer a blueprint for a comprehensive, accountable, and workable community plan on homelessness that Knoxville can support as this community seeks to move forward together.

The following core principles will lead us to five broad goals for addressing the issue of homelessness in Knoxville. Each of those goals is described in detail in the following pages. Finally, a Work Plan is at the back of this document, detailing specific actions and initiatives to be undertaken in pursuit of those goals. This plan is meant to be a living document. As goals are met and new challenges arise, the plan will be revised to reflect our accomplishments and address new challenges.

Central Principles

While there has been much discussion over whether it is actually possible to end homelessness, a central principle of this effort is the belief that homelessness is not an acceptable circumstance for anyone in our community. As such, any plan that seeks to significantly address the issue of homelessness must at least aspire to prevent, reduce, and end homelessness.

The philosophical debate will continue as to whether it is ultimately possible to get to a point where we have actually ended homelessness. Perhaps, though, it can be agreed that there are very few imaginable circumstances where homelessness is desirable or even acceptable – not for the individuals or families who would experience homelessness, and not for the community at large.

If we as a community agree that homelessness is not acceptable, then we are called to take action and to be accountable to one another as we work together to improve on

our present circumstances, where there are still families and individuals living on our streets and in temporary shelters, living in untenable situations with no achievable plan to find and obtain a permanent and sustainable place to live.

Past experience with the issue of homelessness has made it quite clear, however, that agreeing that “we should do something about it” is not enough. As a community, we must work together toward a common set of achievable goals, and we must be accountable to one another as we do it. As we aspire to prevent, reduce, and end homelessness, the Knoxville community will work collaboratively and accountably toward achievable goals that will help more people avoid homelessness and will help others shorten the duration of any experience of homelessness, and finally, will help more people achieve stable, permanent housing, while reconnecting with the broader civic community.

Goals

To work toward our aspiration to prevent, reduce and end homelessness in Knoxville, this plan’s goals generally fall within five categories. Some concepts and initiatives within the plan will address only one of the five, but many will encompass several or all of these primary goals.

Below is a discussion of these goals. A work plan at the back of this document offers detailed action steps to be taken in pursuit of these goals.

This plan on homelessness calls for the Knoxville community to work together to

1. Provide leadership, collaboration and civic engagement,
2. Improve the crisis response system,
3. Create and maintain access to a variety of decent, appropriate, affordable permanent housing,
4. Increase economic opportunities, and
5. Improve health and stability.

These goals are structured to deal with the primary issues our community faces as we work to address homelessness in Knoxville.

I. Provide Leadership, Collaboration and Civic Engagement

Central to the entire effort is leadership, collaboration, and civic engagement. This effort cannot succeed without the political will of our community's leadership, willful collaboration among the providers and stakeholders, and a robust civic engagement that takes into account the interests of those who need assistance, those who provide assistance, and those who live and work in neighborhoods and communities throughout Knoxville. Homelessness is an issue that affects the entire community, and addressing the issue requires a response from the entire community.

- Political Will – This community can prevent, reduce, and end homelessness by carrying out the initiatives outlined in this plan. To successfully implement this plan, our elected political leadership must commit to these goals and strategies and must actively lead the community through the sometimes difficult decisions that will be required, taking into careful account the rights, needs, and wishes of all stakeholders who will be affected.
- Collaboration – One of the key successes of this community's prior plan on homelessness has been improved collaboration among the various service providers, ministries, and agencies that play a role in addressing this issue. Building on that collaboration better serves those in need by creating a more understandable and responsive system from which to seek assistance. A higher level of collaboration is also more accountable to taxpayers, donors and other funders by eliminating unnecessarily duplicative services and reducing opportunities for some to waste limited resources by "gaming the system."
 - o City of Knoxville – At the direction of the Mayor, the City of Knoxville's Community Development Department Office on Homelessness (OOH) will carry out a central role in convening and coordinating the stakeholders who are tasked with implementing this plan. Other city departments will work with Community Development to provide ongoing public information, seek ongoing community input, and to pursue accountability for and from all community stakeholders.
 - o The Mayor's Roundtable on Homelessness – The level of collaboration and coordination needed for success will require the full commitment of the executive leadership and boards of directors of all the organizations that work to address this issue. These organizational leaders must collaborate and consult with one another on a level that exceeds what was accomplished under the previous plan. The tendency to compete with one another and to press forward independently based on differing philosophical approaches and other concerns must be tempered by a commitment to pursue the goals in this plan in a way that comprehensively addresses the needs of clients and respects the needs

of the entire Knoxville community. The roundtable will provide an environment for open conversation, where policies are proposed, discussed and agreed upon, and organizations commit to designated functions and the pursuit of specific goals.

- o The Knoxville-Knox County Coalition for the Homeless – The Coalition is a collaborative grouping of agencies, organizations, ministries and individuals that has been in continuous operation since 1986, when it was first appointed by the Knoxville Mayor and the Knox County Executive. The Coalition has served as a networking forum to address the issue of homelessness. It has commissioned and conducted an extensive biennial study of homelessness in this community since the group formed. It has also functioned as the Continuum of Care (CoC) planning organization for this community, in response to the homeless funding programs offered by the US Department of Housing and Urban Development (HUD). The Coalition also called for the creation of a community homelessness plan and worked with the City and County to create and implement the Ten Year Plan to End Chronic Homelessness.

The Coalition must now play a central collaborative role in the implementation of this new community homelessness plan. As part of this plan, the Coalition can provide several important functions:

- As noted above, HUD’s Continuum of Care program requires a collaborative body to govern the CoC grant locally. The Homeless Coalition should continue to serve this function.
 - Second, the Coalition provides the opportunity for front-line and mid-level coordination, plus it can serve a conduit for front-line feedback to the Mayor’s Roundtable.
 - Third, in cooperation with the Mayor’s Roundtable, the Coalition can be empowered to provide working groups to develop detailed community-wide standards, policies and collaborative initiatives.
- o Knoxville Homeless Management Information System (KnoxHMIS) – KnoxHMIS is central to this community’s collaborative efforts to address homelessness. This multi-agency database is operated by the University of Tennessee College of Social Work Office of Research and Public Service (SWORPS). It functions as a virtual “no wrong door” entry into this community’s system of services. With KnoxHMIS, client data and demographics are collected once and then shared and updated by participating agencies throughout the service system. HMIS can be used to facilitate referrals and document individual client progress within the system.

HMIS also serves as a repository of demographic and statistical information, allowing individual agencies to track program outcomes and allowing the community as a whole to track its progress in implementing this plan. HMIS will conduct ongoing research of these outcomes, in order to help guide continuous improvement and accountability as this plan is implemented. HMIS will provide regular reporting of this information to service providers, community leaders, funders, and the community at large.

HMIS must continue to be resourced as a key component of this plan. Participating agencies must continue to work with KnoxHMIS to improve and increase the system's use and usability as a tool of practice for serving clients and monitoring outcomes and accountability. Practical means must also be found to connect HMIS with secondary or more mainstream service providers whose primary work is not focused on the homeless, but who interface regularly with those who are homeless or at risk of homelessness.

- Civic Engagement – In order to succeed, this initiative must seek out input and participation from the broader community on an ongoing basis. The issue of homelessness affects the entire community, and the solutions to the problem will require the participation and engagement of the entire community.
 - o Community Faith-Based Organizations – This effort must continue and expand partnerships with faith-based organizations. The faith community has always been on the front lines in addressing the issue of homelessness, and that must continue to be recognized, encouraged and embraced. The faith community represents significant time, talent and treasure that can be applied to the strategies in this plan. We will seek increased collaboration and coordination with the faith community in a way that works from common ground while respecting individual beliefs and traditions.

The faith community is a significant and still under-utilized resource. We must meet the challenge of determining how our engaged and giving faith community can best contribute to a coordinated effort. An ongoing menu of options and opportunities should be created, running the gamut from small, one-time activities and interactions, all the way to significant, long-term commitments of the faith community's time, talent and treasure.

- o Neighborhoods, Businesses and Civic Organizations – Implementing the strategies within this plan also relies on collaborative efforts to seek input and support from neighborhoods, the business community and other stakeholders who are affected by the status quo, and who must play a

role in the community's solutions to the problem of homelessness. Common ground must be found that balances the need for appropriate, affordable housing and community services with the need for all communities to be safe and secure, and that respects both property rights and the right to fair housing. We will create a communications plan in order to effectively provide ongoing information for community leaders and the public, and to provide a means for receiving information and listening to concerns and ideas from the public. We will also coordinate with the Neighborhood Advisory Council to seek ongoing input on this plan and its implementation.

To the greatest extent possible, we will seek to coordinate the allocation of resources, prioritizing government funding to encourage interagency collaboration, and to discourage duplication of services. We will also encourage private, independent funders to set the same priorities in order to support the goals of this community plan.

II. Improve the Crisis Response System

Those who face homelessness or who are at risk for homelessness are, by definition, experiencing an immediate crisis. Our community must respond with a system that helps these individuals and families meet the immediate needs presented by that crisis, but the system cannot stop with that. The response must also employ social services, emergency shelter and transitional housing to help people to quickly emerge from their crisis situation and give them the help, hope, and resources to quickly move forward on the path back to a stable and permanent living situation.

- Provide services and resources designed to prevent homelessness – Often, the least traumatic and most cost-effective interventions are those that help to prevent individuals and families from ever becoming homeless. In many cases, strategic but relatively small interventions can help people stop what would be a downward spiral, and instead point them on a trajectory of stable, more independent living. We will pursue initiatives under this plan that identify and address the most critical and most common problems that cause people to lose their housing.
- Seek to rapidly re-house individuals and families who are homeless – Becoming homeless is traumatic enough, but with every day that someone remains homeless, he or she can continue to lose what few remaining resources and connections to the community that he or she may have. Under this plan, we will pursue strategies that seek to make anyone’s experience of homelessness as brief as possible. By helping people establish individual plans that connect them with services and housing as quickly as possible, hope and personal stability can help people reconnect with their community and rebuild their own lives.
- Provide for effective coordination of services – This repeats the same broad theme overarching this entire plan, and it is especially important as it relates to the crisis response system. A lack of coordination in the crisis response system can be extremely damaging to people who are at-risk of or experiencing homelessness. This system is the initial safety net that provides outreach, social services, and emergency shelter for people experiencing a crisis in their lives. The system must help them meet their most immediate needs and then must quickly re-direct them toward resources designed to help them re-establish permanent housing and long-term stability.

Because the crisis response system is the starting point for most people facing homelessness, the importance of coordinated services cannot be understated. The crisis response system sets the tone for everything that follows. For each person entering this system, it is important that they not only see that this community cares and wants to help, they must also see that there can be a clear path forward to a better, more stable life. Agencies and ministries fully

cooperating to create this system will not only give people hope through the vision of a clear path forward, they can also raise expectations by showing that the system offers forward movement, not perpetual crisis.

With this plan we will pursue strategies that coordinate services across agencies and ministries, so that people are prevented from falling through the cracks, and so that more people are able to meet their immediate needs and quickly begin on a path to permanent housing and personal stability.

- Provide targeted assistance to address the specialized needs of specific populations – Each person or family seeking emergency assistance comes to the system with different circumstances and a different set of personal challenges. Whether serving families with children, military veterans, the elderly, individuals and families with pets, persons with addictions, or persons with serious and persistent mental illness, shelter, services, and transitional housing is needed to serve very specific needs. Under this plan, we will seek to assess the needs of each individual and family and create individualized plans that make appropriate connections to emergency resources are best able to address the needs as identified.

III. Create and Maintain Access to a Variety of Decent, Appropriate, Affordable Permanent Housing.

By definition, a person or family experiencing homelessness is a person or family that lacks access to permanent housing. For people experiencing homelessness and people who are at risk for homelessness, the critical factor is sustainable access to permanent housing. For many, the affordability of permanent housing represents a primary barrier to sustainable access to housing.

- Maintain and improve the existing stock of affordable housing – Affordable housing is key to both preventing homelessness for people who are at risk of losing their housing, and to ending homelessness for those who are living on the streets and in temporary shelter. No single housing option can meet the requirements of every person or family who needs a permanent place to live. There is currently a limited number of affordable housing units available in this community, and there are a limited number of types and options of affordable housing available. We must maintain the existing stock of affordable housing, and also raise quality standards for affordable and very affordable housing.

The challenges lie not only with affordability of the housing itself, but also with the condition of the housing, how well it meets the specific needs of individuals and families, and whether or not all these factors add up to a situation that is sustainable in the long term for those living in the housing. Factors that affect

the appropriateness and sustainability of affordable housing include the physical condition of the housing unit, whether it is energy efficient enough to make utilities affordable, whether or not transportation is available, and whether or not the individual or family of tenants have sufficient resources to maintain and live normally in an affordable housing unit. This plan will identify actions to address these and other related issues.

- Incentivize the creation of a variety of affordable and very affordable housing options - There currently are not enough units of affordable and very affordable housing available in this community. Housing affordability must take into consideration not only the direct cost of housing, but also other closely related factors such as energy efficiency and the availability of appropriate, affordable transportation. There is also a diverse set of needs for different types of affordable housing, such as larger homes and apartments for families with children, housing that is accessible for people with disabilities, or housing connected to supportive services for the elderly or people with mental illnesses. There is also a lack of availability of very affordable permanent housing coupled with a high level of supportive services for persons with serious and persistent mental illness. These individuals do not qualify for long-term inpatient mental health treatment, but are unable to sustain themselves in more typical permanent supportive housing. This plan will pursue a variety of strategies to encourage the creation of a variety of different types of affordable permanent housing.
- Retain and create affordable housing options for military veterans and their families – As Americans, we owe a special debt of gratitude to people who have served this country in the military services. While homelessness is an unacceptable circumstance for anyone in this community, that is doubly true for military veterans and their families. In this plan, we will work to prevent and end homelessness for veterans and their families using the housing and resources available for all, plus we will pursue specialized housing and resources available specifically for veterans and their families.

IV. Increase Economic Security

The ability to sustain oneself in housing depends on having sufficient resources to pay for housing and basic needs for living. Loss of income and other economic resources is a major contributing cause of homelessness and a significant barrier to ending it. With this plan we seek to help each individual or family gain access to needed financial resources, while helping them move as far as possible along the financial spectrum toward self-sufficiency. It is also important to consider the significant impact of the costs of transportation. Local surveys indicate that low-income households can spend in excess of one-third of income on transportation. With the availability of public transit options, it is important to prioritize not only the availability of housing along transit routes, but also employment and job training services. While acknowledging that each individual and family's ability to fully gain economic independence is different, we recognize both that limited resources and a respect for personal dignity point toward the goal of reaching toward personal self-sufficiency.

Individuals and families who are homeless or at risk of homelessness exist in a world where a stumble or a shortfall in almost any facet of life can create a cascading effect where seemingly insurmountable problems arise, one after the other. An illness without access to health care can cause the loss of a job, which can cause a loss of housing, which can precipitate loss of basic possessions and even personal identification and documents. The causes of these problems and the order in which they arise will vary with each person or family, but each creates an inter-relating set of barriers to reversing the trend and regaining stability. Efforts and initiatives in this plan will seek to prevent, stop, and reverse these cascading effects.

- Maximize access to targeted job training and placement programs - First, we will seek to improve the processes of helping homeless individuals and families gain access to employment assistance programs specifically designed to serve the homeless. Homelessness entails and creates circumstances that make access to employment especially challenging. We will work to continue and build upon programs that address those specialized needs.
- Maximize access to mainstream job training and placement programs – While homelessness does create special challenges, it is also important that people experiencing homelessness are able to access the resources available to help anyone gain access to employment. Available income can also be maximized by considering transit routes not only for housing, but for job training and placement. This plan will implement initiatives designed to help connect people to these resources.
- Maximize access to income benefits and social services resources for which homeless and at-risk families and individuals may be eligible - People with disabling conditions and other challenges can be eligible for various programs,

benefits and resources that help with income or offer other sorts of financial stability. For those individuals and families, gaining access to those resources can provide the means to obtain their own permanent housing and can help them establish a more stable living situation, so that they are less likely to need help via emergency homeless shelters and services. We will pursue strategies to help those who are eligible to more quickly and successfully gain access to those stabilizing resources.

V. Improve Health and Stability

Physical and behavioral health problems are a major contributing factor to homelessness and are also a significant barrier to ending homelessness. For those with very little income and who are homeless or at risk of homelessness, access to medical care, mental health care, and addiction treatment services can be especially difficult. Under this plan, we will pursue strategies designed to improve access to these services, which will enhance personal health and stability needed to gain and maintain permanent housing.

- Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness - Under this plan we will seek to significantly increase access to both primary and behavioral health care services. By coordinating the efforts of this plan with local, state and national healthcare initiatives, we will significantly improve the long-term outcomes for the individuals and families we help.
- Advance health and housing stability for specific populations, including families; seniors; youth aging out of foster care; military veterans and their families; and individuals and families experiencing chronic homelessness - Where specialized healthcare resources are available for specific populations, this plan will offer strategies for connecting and integrating those resources with other specialized and mainstream resources in order to effect the best outcomes for these populations.
- Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and the criminal justice system - Far too frequently, repeating cycles of incarceration, hospitalization and homelessness create a perpetual loop of dysfunction. People caught in that loop are unable to break free and improve their situation, and the community pays a significant price as the cycle repeats. Under this plan, we will pursue strategies that break these cycles, and help people gain access to medical and behavioral healthcare that is structured to help them stabilize their health and housing for the long-term.

Conclusion

Knoxville has already made considerable progress in improving our community-wide efforts to address homelessness. The past few years have clearly demonstrated that being proactive yields better results and that cooperation and coordination conserves and maximizes limited resources and increases our effectiveness. Even through the recent challenges and controversies, we have seen that the Knoxville community wants to solve this problem, and expects that it be done cooperatively and with accountability. The goals and strategies in this plan will help us to do just that. Knoxville is a great community, and this is what great communities do.

Work Plan

This work plan addresses each of the goals identified in Knoxville's Community Plan on Homelessness and identifies specific strategies and steps to take in order to achieve those goals.

As the plan is implemented, individuals, agencies and organizations will take responsibility for implementing each of the action steps. The Office on Homelessness will work with these implementers to establish timelines for implementation and will measure and report ongoing progress.

Goal 1:

Provide leadership, collaboration and civic engagement

1. The Mayor's Office commits to lead the development, coordination, implementation, and monitoring of this plan.
 - 1.1. The Mayor provides funding and staff for the Office on Homelessness (OOH) to support the Mayor's Roundtable on Homelessness and to implement the community plan on homelessness.
 - 1.2. The Mayor appoints and convenes the Mayor's Roundtable on Homelessness (The Roundtable).
 - 1.3. The Mayor meets with Roundtable member agency Boards of Directors as needed to sustain collaboration.
 - 1.4. OOH staff coordinates community education efforts and serves as the central point of contact for the community.
 - 1.5. OOH issues regular reports on progress toward plan implementation.
 - 1.5.1. OOH issues quarterly reports, with metrics, making them available to neighborhood, business, and civic organizations.
 - 1.5.2. OOH issues an annual report to City Council to review progress toward plan implementation and recommendations updates, additions and modifications to the plan for future implementation.
 - 1.5.3. OOH staff provides the quarterly and annual reports to the Neighborhood Advisory Council and meets periodically with the Council to seek input on plan implementation.

- 1.6.OOH provides staff support for the Homeless Coalition’s annual Continuum of Care application to the US Department of Housing and Urban Development.
2. City Council provides oversight and assistance to this plan’s implementation.
 - 2.1.City Council reviews, provides input and adopts this plan as the City of Knoxville’s response to homelessness.
 - 2.2.City Council receives and reviews the quarterly and annual reports on progress toward the plan’s implementation.
 - 2.3.City Council uses this plan’s goals and strategies to inform decisions regarding budgets and other related issues that comes before Council for consideration.
3. The Mayor’s Roundtable on Homelessness (the Roundtable) convenes provider executives to coordinate implementation of this plan.
 - 3.1.The Roundtable meets at least quarterly, with additional meetings as needed.
 - 3.2.The Roundtable coordinates agency collaboration and cooperation in support of this plan’s goals and strategies.
 - 3.3.The Roundtable forms ad hoc teams as necessary to address specific issues and objectives.
 - 3.4.The Roundtable requests that the Homeless Coalition form ad hoc working groups to address specific tasks as needed, such as the development of community-wide standards of care and accountability.
 - 3.5.The Roundtable adopts standards of care and accountability developed by the Homeless Coalition and promulgates the implementation of those standards throughout Roundtable member agencies.
 - 3.6.The Roundtable contributes to the annual report on implementation of this plan.
4. The Knoxville-Knox County Homeless Coalition (the Coalition) brings together agency and ministry leadership and staff, currently and formerly homeless persons, and others for ongoing networking, sharing of information, and inter-agency work on specific tasks and issues in support of this plan.
 - 4.1.At the request of the Roundtable, the Coalition forms ad hoc task groups to address specific objectives, such as the development of detailed community-wide standards of care and accountability.
 - 4.2.The Coalition takes responsibility for the annual Continuum of Care (CoC) collaborative process and grant application to the US Department of Housing and Urban Development, and coordinates with OOH staff to carry out CoC-related tasks.

- 4.3. The Coalition coordinates and cooperates with OOH staff to further the implementation of this plan.
- 4.4. The Coalition provides ongoing data and input toward the implementation and outcomes of this plan.
- 4.5. The Coalition provides ongoing front-line feedback to the Roundtable via the Coalition President's participation in the Roundtable.
- 4.6. The Coalition provides interagency coordination with KnoxHMIS, for the purposes of collaboration, and the development of interagency research and reporting to stakeholders and the community at large.
- 4.7. The Coalition coordinates and provides community wide education and training for member organization staff.
5. KnoxHMIS serves as a central resource for collaboration and coordination of efforts, and for measuring outcomes related to the implementation of this plan.
 - 5.1. KnoxHMIS provides a community-wide Homeless Management Information System (HMIS), in accordance with contemporary US Department of Housing and Urban Development HMIS standards, in support of implementation of this plan and the annual Continuum of Care process and application.
 - 5.2. KnoxHMIS provides a coordinated intake and assessment system, in order to provide a uniform "no wrong door" starting point for individuals and families seeking assistance from this community's homeless prevention and assistance resources.
 - 5.3. KnoxHMIS facilitates the coordination of local services through robust online collaboration, including resources such as online client case notes and a bi-directional client-service referral system.
 - 5.4. KnoxHMIS provides data to the OOH and the Roundtable for ongoing assessment of this plan's implementation, and for reports to City Council and the community.
6. Community Faith-Based Organizations (FBOs) engage in initiatives that support, contribute to and coordinate with this plan's goals and objectives.
 - 6.1. FBOs coordinate with the OOH to create opportunities for community dialogue and education on homelessness.
 - 6.2. FBOs develop and promote effective collaborations among congregations and existing service providers, in order to foster a full spectrum of congregational activities that support the objectives of this plan.

- 6.2.1.FBOs promote participation in HMIS at appropriate, practical levels, in order to maximize coordination and accountability for services and assistance provided.
 - 6.2.2.FBOs create and provide housing on their own property or in their own neighborhoods, consistent with this plan’s objectives and with adopted community standards of care and accountability.
 - 6.2.3.FBOs participate in activities that help individuals and families who are at-risk of homelessness, experiencing homelessness or who are formerly homeless to build and strengthen interpersonal connections with the broader community.
7. Neighborhood, business, and civic organizations participate in and provide ongoing input towards this plan’s implementation.
- 7.1.1.The Neighborhood Advisory Council receives regular progress reports, and works with the OOH to provide ongoing input on this plan’s implementation.
 - 7.1.2.Neighborhood, business and civic groups work with the OOH to provide input and feedback on general plan implementation and on specific issues and activities as they arise.
 - 7.1.3.Neighborhood, business and civic groups work with the OOH to offer community information and education on this plan’s objectives and on other issues related to homelessness.

Goal 2:

Improve the crisis response system

1. Provide services and resources designed to prevent homelessness
 - 1.1. Provide case management services for families and individuals who are identified as at-risk of homelessness.
 - 1.1.1. Provide homelessness prevention case management services in KCDC high-rise apartments.
 - 1.1.2. Create system for referring other at-risk public housing residents to homelessness prevention services and resources.
 - 1.1.3. Create information and resources to encourage private landlords to refer tenants for homelessness prevention services.
 - 1.2. Provide financial assistance and other resources targeted to address short-term issues that are likely to cause loss of housing.
 - 1.2.1. Coordinate with IBM Smarter Cities strategies to address utilities assistance challenges through weatherization and energy efficiency upgrades to affordable housing.
 - 1.2.2. Provide for better coordination of emergency assistance resources commonly provided to prevent individuals and families from losing housing.
 - 1.3. Provide specialized assistance for individuals and families making a transition out of institutionalized settings.
 - 1.3.1. Coordinate with the State of Tennessee Inpatient Targeted Transitional Support (ITTS) program to prevent homelessness for persons being discharged from in-patient mental health treatment.
 - 1.3.2. Provide emergency and transitional services for individuals and families leaving domestic violence situations.
 - 1.3.3. Provide emergency and transitional resources to prevent homelessness among persons exiting the criminal justice system.
 - 1.3.3.1. Coordinate with the criminal justice system to prevent the discharge of persons from the system to the streets.

- 1.3.3.2. Coordinate with the criminal justice system to connect those who are being discharged to services, resources and housing in order to prevent homelessness as well as recidivism.
- 1.3.4. Coordinate with area hospitals to prevent patient discharge to the streets.
 - 1.3.4.1. Provide outreach and assistance for seniors discharged from inpatient hospitalization.
 - 1.3.4.2. Provide homelessness prevention outreach and information for patients who seek primary care services in emergency rooms and may be at risk of homelessness.
- 1.3.5. Coordinate services, resources and housing for youth aging out of foster care in order to prevent homelessness.
- 1.3.6. Coordinate with local active military organizations to identify interventions prior to military discharge that could prevent future homelessness among veterans.
- 2. Seek to rapidly re-house individuals and families who are homeless.
 - 2.1. Provide case management services for families and individuals who are currently experiencing homelessness.
 - 2.1.1. Provide outreach services to persons living in places unfit for human habitation in order to connect them with emergency and transitional services, and to set a path toward stable, appropriate, permanent housing.
 - 2.1.2. Provide outreach services to persons in shelter and transitional housing to engage, inform, and encourage development of an individualized plan for obtaining stable, appropriate, permanent housing.
 - 2.1.3. Provide case management services to persons in shelter and transitional housing to develop and implement an individualized plan for obtaining appropriate access to income, physical and behavioral healthcare, and other mainstream resources.
 - 2.1.4. Coordinate family services with the Tennessee Department of Children's Services homeless liaison.
 - 2.2. Provide decent, safe, and appropriate emergency and transitional housing in an environment that encourages personal responsibility and forward momentum toward appropriate, stable, permanent housing.
 - 2.2.1. Provide assertive outreach and engagement, and seek out individuals and families who might otherwise 'fall through the cracks.'

- 2.2.2. Discourage use of emergency shelter and services as a long-term housing option.
- 2.3. Provide food, clothing, financial assistance and other emergency resources as a component of coordinated efforts to assist families and individuals to rapidly end their homelessness.
 - 2.3.1. Encourage food and clothing assistance that is coordinated with other resources designed to end homelessness or otherwise yield better long-term outcomes for those who are being helped.
 - 2.3.2. Coordinate housing placements with resources and items such as basic household furnishings in order to increase the stability and long-term prospects for individuals and families who are rapidly re-housed.
 - 2.3.3. Prioritize the availability of public transit and other appropriate transportation options when making housing placements.
- 3. Provide for effective coordination of services.
 - 3.1. KnoxHMIS provides a community-wide Homeless Management Information System (HMIS), in accordance with contemporary US Department of Housing and Urban Development HMIS standards, in support of implementation of this plan.
 - 3.1.1. KnoxHMIS provides a coordinated intake and assessment system, in order to provide a uniform “no wrong door” starting point for individuals and families seeking assistance from this community’s homeless prevention and assistance resources.
 - 3.1.2. KnoxHMIS facilitates the coordination of local services through robust online collaboration, including resources such as online client case notes and a bi-directional client-service referral system.
 - 3.2. Establish consistent and accountable community-wide standards of service and care for families and individuals experiencing or at-risk of homelessness.
 - 3.2.1. Create standards of care for outreach services, assuring that outreach is properly connected to other resources designed to end homelessness.
 - 3.2.2. Create standards for case management services.
 - 3.2.3. Create standards for housing placements, to assure that sufficient resources are made available to establish and maintain sustainable, permanent living conditions.

3.3. Create and make broadly available concise, easy-to-understand information to empower individuals and families to understand and access the appropriate resources that will most effectively help them to prevent or end their own homelessness, including:

3.3.1. Intake and assessment process

3.3.2. Housing resources

3.3.3. Healthcare resources

3.3.4. Mainstream benefits resources

3.3.5. Employment resources

3.3.6. How to get ID/birth certificates, etc.

3.3.7. Energy efficiency and utilities.

3.3.8. Public transportation and other alternative transportation options.

3.4. Coordinate services and resources with law enforcement in order to enhance the safety and well-being of those who need assistance as well as the community at large.

3.4.1. Train and employ Crisis Intervention Teams.

3.4.2. Provide law enforcement officers with training and education resources to equip them for interactions with homeless individuals and families, and to maximize their ability to coordinate with social services resource providers.

3.4.3. Continue social services coordination with City police and service department for camp clean-ups, in order to proactively offer social services and housing resources to homeless campers, and to encourage proper use of public spaces and greenways.

3.4.4. Provide information and public education on panhandling in order to dispel public perception that panhandling is primarily an activity carried out by the homeless.

3.4.5. Coordinate the Office on Homelessness staff and resources with law enforcement neighborhood and community outreach activities.

3.4.6. To the greatest extent possible, provide emergency and transitional services to the homeless in an environment that helps separate individuals and families who are seeking assistance from 'predators' who seek to victimize people in vulnerable situations.

4. Provide targeted assistance to address the specialized needs of specific populations.
 - 4.1. Provide emergency assistance for unaccompanied youth, including runaways and young people who are aging out of foster care.
 - 4.2. Provide emergency assistance for families with children.
 - 4.2.1. Coordinate services and resources with Knox County Schools personnel, including
 - 4.2.1.1. Homeless Liaison
 - 4.2.1.2. School social workers and counselors.
 - 4.2.2. Provide specialized emergency shelter and transitional housing for families in special circumstances, including
 - 4.2.2.1. Families with no marriage certificate
 - 4.2.2.2. Families with adolescent children
 - 4.2.2.3. Large families
 - 4.2.2.4. Non-traditional families
 - 4.2.2.5. Single-father households
 - 4.2.2.6. Families who need child care resources.
 - 4.3. Provide emergency assistance for special populations, including
 - 4.3.1. Families and individuals who are victims of domestic violence
 - 4.3.2. Military veterans and their families
 - 4.3.3. The elderly
 - 4.3.4. Individuals and families experiencing chronic homelessness
 - 4.3.5. Persons who are mentally ill
 - 4.3.6. Persons who are physically ill
 - 4.3.7. Persons with addictions
 - 4.3.8. LGBT youth
 - 4.3.9. Persons with a criminal record
 - 4.3.10. Persons with disabilities

4.3.11. Persons or families with pets.

Goal 3:

Create and maintain access to a variety of decent, appropriate, affordable permanent housing.

1. Maintain and improve the existing stock of affordable housing.
 - 1.1. Establish and maintain minimum livability standards in unsubsidized, privately-owned units of very affordable housing.
 - 1.1.1. Engage with associations representing the interests of landlords to create and support voluntary initiatives to improve livability standards in affordable rental housing.
 - 1.1.2. Develop local policies that will encourage or incentivize an increase in livability standards in affordable rental housing.
 - 1.1.3. Promote adherence to housing standards in the Landlord-Tenant Act through education of landlords and tenants of requirements under the Act, and through improved enforcement of the existing standards in the Act.
 - 1.1.4. Coordinate with implementation of the IBM Smarter Cities recommendations for increasing energy efficiency in affordable housing.
 - 1.1.5. Establish or enhance minimum livability standards required for units of very affordable housing to be eligible for housing choice vouchers.
 - 1.2. Use the inspections criteria available through KCDC's Section 8 program to encourage and incentivize improved livability standards in subsidized affordable housing.
 - 1.2.1. Coordinate KCDC Section 8 energy efficiency incentive program with other resources for rehabilitation and weatherization of rental housing.
 - 1.2.2. Coordinate with implementation of the IBM Smarter Cities recommendations for increasing energy efficiency in affordable housing.
 - 1.3. Establish minimum livability standards required for units of very affordable housing to be eligible for housing placement assistance from local social service providers.
 - 1.3.1. Include minimum livability requirements in case management standards to be adopted by provider agencies.

- 1.3.2. Formalize and coordinate the ad hoc network of landlords with very affordable housing who have good working relationships with local social service providers.
- 1.3.3. Work with local landlord associations and affordable rental housing networks to publicize minimum livability standards, and communicate the benefits of receiving more case-managed placements as a result of meeting minimum housing standards.
- 1.3.4. Empower prospective affordable housing tenants by providing easy to understand information on what they can expect from their landlords.
- 1.3.5. Measure housing placement outcomes, especially noting how standards affect availability of housing, and how standards affect permanency of housing placement.
- 1.3.6. Coordinate with implementation of the IBM Smarter Cities recommendations for increasing energy efficiency in affordable housing.
- 1.3.7. Work to find affordable housing that includes transportation alternatives that are less expensive than car ownership.
- 1.4. Establish priorities in the City's housing programs to focus resources on maintaining and preserving existing units of very affordable housing.
 - 1.4.1. Coordinate the City's Rental Rehab program with KCDC's section 8 program, in order to recruit rehab program applicants, and to direct voucher tenants to rehabbed properties.
 - 1.4.2. Emphasize rental rehab program for use with properties suitable for very low income tenants.
- 2. Incentivize the creation of a variety of affordable and very affordable housing options.
 - 2.1. Influence THDA to increase the set-aside in the Low Income Housing Tax Credit (LIHTC) program for permanent supportive housing.
 - 2.1.1. Set local goals for LIHTC set-aside requirements.
 - 2.1.2. Coordinate with other Tennessee cities to generate support for desired LIHTC set-aside goals and to advocate for them with THDA.
 - 2.2. Use the local LIHTC support letter process to encourage or require developers to include resources for case management services in their proposals.
 - 2.2.1. Establish requirements and include in City of Knoxville Consolidated Plan.

- 2.3.Remove local barriers to affordable housing development.
 - 2.3.1.Conduct a review of local ordinances, zoning, and building codes to identify barriers to affordable housing development.
 - 2.3.2.Work with applicable local staff (e.g., MPC, Building Inspections, Building Codes) to develop and propose recommended changes to the appropriate legislative body.
 - 2.3.3.Work with local banks to encourage use of Community Reinvestment Act resources to incentivize creation of mixed-income housing developments.
- 2.4.Create local incentives for development of affordable housing, in particular along transit routes.
- 2.5.In order to meet demonstrated needs support the creation of a spectrum of permanent supportive housing, combining appropriate affordable housing units with appropriate levels of supportive services to meet the needs of tenants. Appropriately resourced housing is needed to serve the gamut of needs, from individuals with addictions or serious and persistent mental illness, all the way to individuals and families who are able to ‘transition in place’ and require minimal assistance or support once they have established themselves in permanent housing.
- 2.6.Establish fair housing standards of practice for the development of new units of affordable housing.
 - 2.6.1.Review and report on best practices in other jurisdictions.
 - 2.6.2.Work with the City of Knoxville Law Department to create publicly available information to more clearly define, under fair housing law, the legal parameters for public processes that relate to the development of housing for homeless and related special needs populations.
- 2.7.Increase affordable housing options for large families.
- 2.8.Build a system using TennCare funding for mental health and case management services in support of additional scattered-unit permanent supportive housing provided in new and existing affordable housing
3. Retain and create affordable housing options for military veterans and their families.
 - 3.1.Continue and increase local implementation of the HUD-VASH program.
 - 3.1.1.Use HMIS coordinated intake and assessment tool to quickly direct eligible military veterans to specialized housing resources, including HUD-VASH.

- 3.1.2. Coordinate with the local VA office to assure that appropriate housing units are identified and made available for veterans in the HUD-VASH program.
 - 3.1.3. Work with and support KCDC and VA applications to bring additional HUD-VASH vouchers to Knoxville.
 - 3.1.4. Continue and increase local implementation of the Supportive Services for Veterans' Families program.
4. Work with the faith community to establish and maintain a variety of affordable and very affordable housing options.
- 4.1. Maintain and expand faith-based programs that offer human connections and support for the formerly homeless in permanent housing.
 - 4.2. Work with congregations to create, assist and incentivize the creation of affordable housing opportunities in their own neighborhoods and communities.

Goal 4:

Increase economic opportunities

1. Maximize access to targeted job training and placement programs.
 - 1.1. Continue and build on existing job training programs, such as KARM's Abundant Life Kitchen and Clean Start programs, and the Salvation Army's Operation Bootstrap and Career Center programs.
 - 1.2. Build on and strengthen programs for military veterans, including the Supportive Services for Veterans Families (SSVF) program, Homeless Veterans Reintegration Program, etc.
 - 1.3. Coordinate with the Tennessee Department of Workforce Development to use state resources to enhance employment programs for homeless individuals.
 - 1.4. Provide training and resources for case managers to better equip them to help clients navigate job training and placement programs.
2. Maximize access to mainstream job training and placement programs.
 - 2.1. Coordinate with the Tennessee Department of Workforce Development to assure access to Career Center resources.
 - 2.2. Promote incentives for prospective employers, such as the Work Opportunity Tax Credit and the Empowerment Zone Employment Tax Credit.
 - 2.3. Provide training and resources for case managers to better equip them to help clients navigate job training and placement programs.
3. Maximize access to income benefits and social services resources for which families and individuals may be eligible.
 - 3.1. Maximize use of SSI/SSDI Outreach Advocacy and Recovery (SOAR) by increasing the number of SOAR-Trained case managers at different agencies, and by establishing dedicated SOAR providers who can take referrals to provide this service to clients of multiple agencies.
 - 3.2. Increase access to transportation and child care services in order to enhance educational and employment opportunities for individuals and families experiencing or at risk of homelessness.
 - 3.3. Use HMIS to implement a coordinated intake and assessment system to effectively and rapidly identify need and eligibility for available benefits and employment resources.

Goal 5:

Improve health and stability

1. Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.
 - 1.1. Maintain and build upon the delivery of health services that are accessible by individuals and families who are homeless or at risk of homelessness.
 - 1.2. Coordinate actions and resources of this plan with the Knoxville-Knox County Community Health Council's three-year action plan.
 - 1.3. Coordinate with Community Health Council efforts to develop an assessment of levels of access to community health resources.
 - 1.4. Work with state and community partners to assure that the delivery of community behavioral health services offers an efficient use of resources yielding effective treatment of individuals and families who are homeless or at risk of homelessness.
 - 1.5. Coordinate with healthcare and other services providers to increase the availability of substance abuse treatment services.
 - 1.6. Provide education, resources and assistance to assure that eligible individuals and families gain access to healthcare coverage under the Affordable Care Act.
2. Advance health and housing stability for specific populations, including families; seniors; youth aging out of foster care; LBGT youth; military veterans and their families; and individuals and families experiencing chronic homelessness.
 - 2.1. Coordinate healthcare resources with specialized programs that provide housing and supportive services to target populations.
 - 2.2. Provide targeted outreach and supportive services in order to rapidly connect target populations with specialized and mainstream resources.

Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and the criminal justice system.

 - 2.1. Maintain and build upon resources and services designed to assist persons making a transition from hospitalization or institutional settings, in order to maximize the effectiveness of healthcare treatment and increase long-term health, success, and stability in the community.

- 2.2. Develop effective services and resources that can successfully divert nonviolent individuals away from the criminal justice system, through emergency and transitional behavioral health treatment services, and into living arrangements that offer housing stability and sustainable, stable behavioral health.
- 2.3. Develop and implement outreach services that assertively engage homeless persons with behavioral health issues to provide supportive services and treatment in order to rapidly connect them with appropriate services, shelter and permanent housing.

Appendix A:

The Mayor's Roundtable on Homelessness, 2013

City of Knoxville – Mayor Madeline Rogero
Catholic Charities – Sister Mary Christine Cremin
City of Knoxville Chief Policy Officer – Bill Lyons
City of Knoxville Community Development – Becky Wade
City of Knoxville Community Development Office on Homelessness – Michael Dunthorn
City of Knoxville Police Department – Chief David Rausch
Compassion Coalition – Grant Standefer
Compassion Knoxville – Stephany Matheny
Community Law Office – Roger Nooe
Family Promise – Mary LaMense
Helen Ross McNabb Center – Andy Black
Knox Area Rescue Ministries – Burt Rosen
KCDC – Alvin Nance
KnoxHMIS – David Patterson
Knoxville City Council – Finbarr Saunders
Knoxville Leadership Foundation – Chris Martin
Knoxville Redevelopment Department – Bob Whetsel
Knoxville-Knox County CAC – Barbara Kelly
Knoxville-Knox County Homeless Coalition – Bruce Spangler
Positively Living – Steve Jenkins
Redeeming Hope Ministries – Eddie Young
The Salvation Army – Major Albert Villafuerte
Volunteer Ministry Center – Ginny Weatherstone
YWCA – Marigail Mullin

Knoxville's Plan to Address Homelessness: Case Management Standards of Care



Knoxville's Plan to Address Homelessness: Case Management Standards of Care
June, 2015
Revision 2015.1

City of Knoxville, Tennessee
Madeline Rogero, Mayor

Michael Dunthorn
Homeless Program Coordinator
Office on Homelessness
Community Development Department
City of Knoxville
400 Main Street, Room 520
Knoxville, TN 37932
mdunthorn@knoxvilletn.gov
(865) 215-3103

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Introduction

History:

In 2013, Mayor Madeline Rogero convened The Mayor's Roundtable on Homelessness. As a result *Knoxville's Plan to Address Homelessness (Plan)* was drafted. Once the *Plan* was approved by the Knoxville's City Council in April of 2014, the Knoxville-Knox County Homeless Coalition was charged to develop community-wide standards of care and accountability regarding homeless outreach services, case management, and housing placement. With this charge, the Coalition targeted a number of community agencies and agency representatives to inform and direct this effort. What follows, then, is the work of that steering committee, which has been vetted by members of the Coalition.

Intended Use:

Before acknowledging the hard work of all that were involved with this process, it is important to write about the significance of adopting community-wide standards of care and accountability in working for and with the homeless. Above all, standards of care provide guidance to homeless service providers and clear expectations of how to best respond in a practice setting. They provide a clear outline, based on evidence-based principles and practice, and define an appropriate quality of care when working with the homeless.

From a community perspective, standards of care are a statement of identity: this is who we are and how we, as a community, have decided to work with and for the homeless. Transversely, it allows the community to identify malpractice - practices that hinder or act in opposition to the community's efforts.

Knoxville's Plan to Address Homelessness sends a clear message to the community that homelessness in Knoxville is not acceptable. Any community-wide effort with this sentiment as its starting point requires a universal language and consistent effort. The standards that follow are intended to inform this unification.

Acknowledgements:

As mentioned previously, many agencies allowed their staff to devote time and attention toward the creation of these standards. Thanks, then, is given to Catholic Charities, Cherokee Health Systems, Knoxville-Knox County Community Action Committee, Family Promise of Knoxville, Helen Ross McNabb, Knoxville Homeless Information Management System, Knox County Public Defender's Community Law Office, and Volunteer Ministry Center. Specific acknowledgment is extended to the representatives of these agencies who served as members of the steering committee and helped create the following pages: Marigail Mullin, Bill Fields, Matt Tillery,

Misty Goodwin, Anne Umbach-Stokes, Michael Waltke, Lisa Higginbotham, Bruce Spangler and Gabe Cline.

Review:

As discussed at the Mayor’s Roundtable meeting on September 21, 2015, this document will be reviewed annually by the full Roundtable. It is expected that, as agencies implement these standards, situations will arise that may lead to its revision, additional standards may need to be added, or some may become obsolete and no longer necessary. This document, then, will be reviewed on the third quarter meeting of the Mayor’s Roundtable on Homelessness.



Respectfully,

R. Chris Smith, LCSW

President

Knoxville-Knox County Homeless Coalition

**“The mission of the Knoxville-Knox County Homeless Coalition is to foster collaborative community partnerships in a focused effort that seeks permanent solutions to prevent, reduce and end homelessness.”-
Adopted January 27, 2009**

Section 1: Definition of Terms

- *Case Management* is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, advocacy, and follow-up for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes (*Case Management Society of America, 2010*).

Case Management includes referral and related activities (such as scheduling appointments for the individual/family) to help an them obtain needed services, including activities that link them with appropriate medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan (*Centers for Medicare and Medicaid Services 2008*).

- *Outreach services* engage individuals and families experiencing homelessness usually not served or underserved by existing community service providers. These services become the first step or entrée to securing assistance for immediate health, safety, and security needs with permanent housing and integration into the

community as desired outcomes. Outreach services include but are not limited to, street outreach efforts, drop-in centers, and day-time emergency shelters.

- *Housing Placement Standards* refer specifically to those tasks that involve getting individuals and families into, then ensuring that they remain in, appropriate housing.

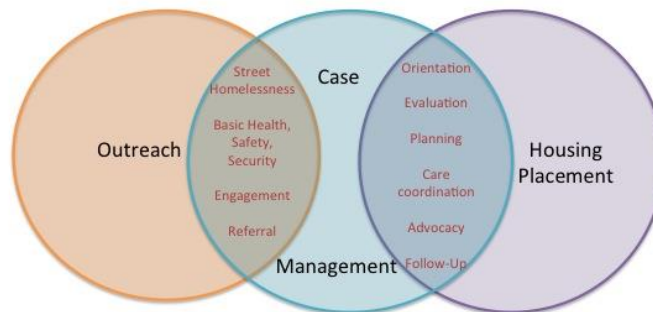


Figure 1.1 Case Management Spectrum

Section 2: Critical Service Elements

The order in which a homeless individual/family receives specific case management services will vary depending on needs and goals, program requirements, and available resources. This section provides an introduction to critical elements that are characteristic of effective case management in all practice settings and situations. Subsequent sections elaborate on these elements.

Assessment of Daily Functioning and/or Needs

- Homeless service providers typically assess individuals/families in life domains (See page 12): Utilizing a standardized assessment tool (e.g. Self-Sufficiency Outcomes Matrix, Vulnerability Index-Service Prioritization and Decision Assistance Tool, Daily Living Activities Functional Assessment-20) can also assist the case manager in working with the individual/family to determine needs, set goals, and document progress.
- Each individual/family has unique needs and circumstances surrounding their experience. The initial assessment should identify life-threatening situations, as well as the physical, psychosocial and social needs of the individual/family being served. The initial assessment should also identify

the strengths and capacities of individual/family, including the ability to make decisions.

- Homeless service providers assist individuals to develop and identify support systems that will continue to have significant, essential, and meaningful impacts on daily functioning.

Crisis Response

- Homeless service providers perform an assessment to determine that proper services are delivered and coordinated for an individual/family in a crisis situation. A crisis situation is defined as one that compromises the functioning of the individual or family. The goal is to ensure the necessary care is available during and following the crisis episode.
- Homeless service providers should be aware of the mandatory reporting laws in their State and adhere to all reporting requirements (State of Tennessee, 2004).
- Homeless service providers should be knowledgeable of the crisis continuum in their area and be effective in accessing crisis services through 911, Crisis Stabilization Unit, Mobile Crisis Unit, or an emergency room.



Figure 2.1 Crisis Continuum

Coordination, Collaboration, and Facilitation

- When working in a multi-agency/multi-disciplinary team, effort must be made to identify one “lead” case manager who can ensure effective and efficient coordination of care. Moving homeless individuals/families into housing often demands the coordination of a variety of services – services that may be provided by multiple agencies and homeless service workers. If ample attention and effort is not made to continue to communicate during coordination/collaboration, there is risk for duplication of services or confusion about roles and tasks. More importantly, poor communication and/or role definition may result in a negative outcome, which may include damage to the individual/family seeking housing.
- As the designated tool for Coordinated Assessment, the assessment of person(s) experiencing homelessness is to be documented in the Knoxville Homeless Management Information System (KnoxHMIS) (i.e. intake, case

notes, services, referrals, and community prioritization). Secondary or more mainstream service providers (e.g. local hospitals, schools, community behavioral healthcare, housing authority, re-entry programs, and career centers) whose primary work is not focused on the homeless, but who interface regularly with those who are homeless or at risk of homelessness, must find practical means to interface with KnoxHMIS. Each community has been tasked by the Department of Housing and Urban Development to form Coordinated Assessment (§ 24 CFR 578.3, 2012). Our community has adopted a virtual “No Wrong” approach (Department of Housing and Urban Development, Coordinated Assessment, 2013) . In order to meet this requirement, *Knoxville’s Plan to Address Homelessness* designates KnoxHMIS as the primary data collection tool to facilitate coordination of care across the continuum of service providers.



Figure 2.2 TN-502 No Wrong Door

Linkage, Referral, and Advocacy

- Homeless service providers identify needed services for which the individual/family is eligible and assists them with meeting the referral-to-service prerequisites (i.e. birth certificates, social security card, identification, etc.)
- Subsequently, homeless service providers assist with linking the individual/family to the appropriate service, meaning that they must ensure that the individual/family requiring the service are receiving the care needed from the other agency/provider.
- Providers advocate for individuals/families when they are unable to do so for themselves and assist individuals with tasks that are identified on their case plan.
- Services could include behavioral health, physical health, housing, financial assistance, food, governmental services, etc.

Crisis Intervention

- The goal in a crisis situation is to ensure the necessary care is available during and following the crisis episode.
- Homeless service providers assess then intervene to ensure that proper services are coordinated and delivered for an individual/family in a crisis situation.

Dignity and Worth of Individual/Family

- All service referrals, coordination, and planning are done in collaboration with the individual/family being served in an effort that respects the individual/family's self-determination.
- Empowering individuals/families can result in a higher degree of motivation. Focusing on their strengths, needs, abilities, and preferences drives personal goal attainment and service planning.
- Homeless service providers honor the dignity and worth of the individual/family. Case managers should respond respectfully and effectively to individuals of all cultures, languages, races, ethnic backgrounds, religions, etc., in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.

Case Planning

- Planning is a collaborative process with the case manager, individual/family being served and their support system.
- Homeless service providers, in collaboration of the individual/family being served, are tasked with designing a plan that is focused on the individual/family being served.
- Case plans must have specific goals and measurable objectives that are directed toward self-sufficiency. Any services provided should be driven by the goals identified on the care plan.
- Case plans should be reviewed with the individual/family regularly.
- Case plans should be developed according to the individual/family's strengths, needs, abilities, and preferences.

Continuity of Care

- Transitions between services and/or service providers require clear communication between parties to ensure that care is maintained during and after the transition.

- It is the responsibility of the case manager to confirm that rationale for the service is understood and that the transition is agreed upon by the individual/family being served.

(This Section has been adapted from: Case Management Society of America, 2010)

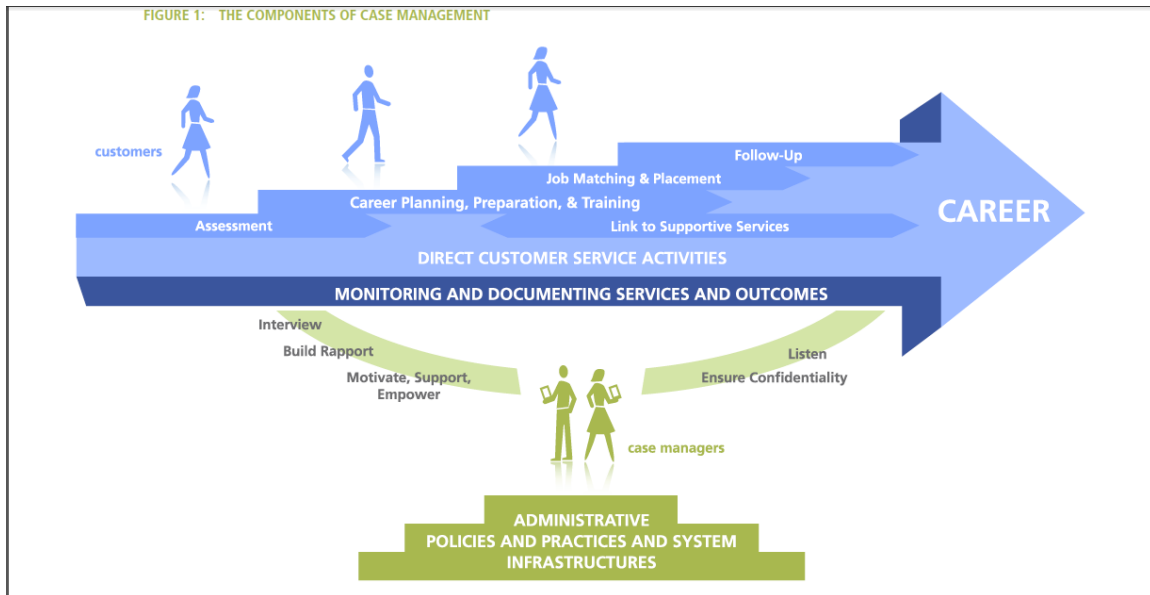


Figure 2.4 Components of Critical Service Elements

Section 3: Screening and Access to Services

The purpose of screening is to determine an individual's or family's needs, eligibility, and goodness of fit. Clearly defining screening processes and eligibility provides transparency for the individual/family seeking services to understand how to access services to meet their needs and expedite their goals. In regards to screening/access to services, case management/outreach programs should implement systems to reduce barriers and minimize the times between initial contact, screening, and admission/referral.

Specifically, case management/outreach programs should implement policies and written procedures that define:

- The screening process
- Eligibility criteria
- Exclusionary criteria
- Process for program re-entry after being previously discharged

When screening is conducted, it:

- Is clearly documented

- Identifies a review of the individual's eligibility
- Documents alternative resources provided if the individual is ineligible for the program
- Gives priority to urgent needs and emergency situations

Section 4: Orientation

Program orientation allows individuals to understand the breadth of services offered, inform the individuals of agency policy and procedures, define roles of parties involved in the case plan, and outline expectations.

Each individual/family who enters the program receives an orientation that:

- Occurs during the initial visit
- Is provided in a way that meets the individual's/family's comprehension level (i.e.: addresses literacy level, overcomes language barriers, etc.).
- Is documented

Each orientation includes the following:

- Rights of the individual/family being served
- Expectations of the individual being served and of the agency serving the individual
- Clear identification of those who are to provide agency services
- Confidentiality policies and standards of conduct from agency
- Discharge criteria and process for program re-entry
- Grievance procedures
- Inform individual/family of appropriate crisis services and after-hours emergency services
- Familiarization with premises, as applicable

Section 5: Assessment

The purposes of an assessment are to (1) assess an individual's/family's safety, immediate needs, level of functioning, extent of homelessness, mental and physical health, legal history, substance abuse concerns, income/ benefits needs, strengths and capacity for decision making, specific wants or wishes of the individual/family, and (2) coordinate care of services provided to the individual to expedite their stability.

Individuals/families engaged in the case management program participate in an assessment that is:

- Comprehensive
- Strengths-Based
- Person-Centered
- Culturally Responsive

The assessment process:

- Is conducted by qualified personnel, as deemed by the agency's accrediting body(ies)
- Attempts to discern immediate and life threatening situations
- Focuses on the individual's needs (i.e. identifying both immediate and long term needs)
- Identifies the individual's/family's goals and expectations
- Identifies all service providers with whom the individual/family is engaged
- Identifies service providers with whom the individual/family is eligible and appropriate for referral
- Coordinates with service providers with whom the individual/family is currently engaged as appropriate and with informed consent
- Occurs within appropriate timeframes; generally within one week of initial contact or admittance to the program.

The assessment process gathers the following information (at a minimum):

- Presenting problems/needs from the individual's/family's perspective
- Urgent needs including risk to self or others
- Individual's/family's reported strengths, needs, abilities, and preferences
- Current and previous service providers
- Universal and program-specific data in the Knox Homeless Management Information System as outlined in the HUD Data Standards.
- A review of life domains should be recorded in the case plan. The following items should be included as a life domain, as appropriate to the individual's or family's psychosocial needs:

- *Shelter/Housing*, including preferences, eligibility for various housing sites, housing affordability level (i.e. not more than 30% of individual's income)
- *Basic Needs*, including food/nutrition and the need for household furnishings, eating utensils, hygiene products, and basic cleaning supplies
- *Income*, including sources, amounts, assessment of adequate income to meet housing needs, credit/debt assessment and budgeting needs
- *Employment*, including eligibility, work history, current employment, and preferences
- *Education*, including identification of literacy concerns, education history and need for additional education/vocational training
- *Independent Living Skills*, such as hygiene and activities of daily living, including an assessment of need for assistance with daily tasks
- *Social Support*, including assessment of family support systems and community involvement
- *Parenting*, including an assessment of need and preferences regarding parenting classes, childcare, and education
- *Safety*, including crisis intervention planning, assessment of abuse/neglect, and housing environmental review
- *Physical Health History*, including healthcare coverage and any needed housing accommodations for physical disability
- *Mental Health History*, including determination of disability, services received, and need for further treatment
- *Legal History*, including outstanding events, compliance, and need for legal assistance
- *Substance Abuse History*, including need for treatment
- *Transportation*, including access and barriers
- *Communication Preferences*, including English proficiency and/or need for assistive technology such as language lines and/or alerting devices for individuals with hearing, voice, speech, or language disorders

Section 6: Case Planning/Evaluation

Each assessment results in the development of a case plan that is the basis for delivery of services. Services should be flexible, responding to the unique needs of individuals while respecting cultural and ethnic backgrounds of the recipient. All services should be informed by safety guidelines for both recipients and staff members.

The documented case plan is:

- Developed with the individual's/family's active participation
- Based on the information obtained during assessment
- Based on the strengths, needs, abilities, and preferences of the individual/family
- Focused on the integration of the individual/family into their community and natural support systems
- Agreed upon by the individual/family being served and service provider(s).

The case plan contains the following elements:

- Goals that are expressed in a way that is understandable and/or meaningful to the individual/family being served
- Goals that are actualized into specific, measurable objectives
- Objectives that are achievable and maintainable (especially when looking at obtaining housing)
- Objectives that are time-limited
- Services and supports to be provided, and by whom
- Frequency of interventions or services to be provided

The case plan is reviewed routinely as appropriate to the program type (e.g. Emergency Shelter, Transitional Housing, Permanent Supportive Housing, Homeless Prevention, Rapid-Rehousing, Supportive Services Only, or Street Outreach) with the individual/family being served and updates documented as appropriate.

Section 7: Care Coordination

Care coordination is the practice of organizing and sharing information amongst multiple agencies or providers who may be serving the same individual/family. The goal of care coordination is to achieve unduplicated, comprehensive, effective care with an individual/family as work is done toward housing placement and stability.

- Case managers assist with referral/linkage to those community supports indicated in the case plan.

- Case managers assist in the coordination of the individual's/family's behavioral health and physical health care services.
- Case managers advocate as needed on the individual's/family's behalf to reduce barriers to needed services.
- Case Managers request releases of information for all other providers engaged in serving the individual/family and coordinates services as needed.
- Case Managers document:
 - The individual's/family's ongoing progress toward goals
 - Barriers to goal attainment
 - Plan to address barriers
 - Significant events or change in the life of the individual/family
 - All referrals, linkage, and advocacy

Section 8: Housing Placement

- Housing should sufficiently match the individual/family's level of functioning.
- Housing options should be appropriate to address the specific needs of the individual/family.
- Case managers responsible for housing placement should link individuals with options that are consistent with the individual's/family's housing plan/preferences and subject to current availability and eligibility criteria established by the provider.
- Once an individual/family is housed, providers should ensure households are adequately furnished with a bed, a chair, cookware, eating utensils, hygiene products, basic cleaning supplies and towels. If other items are needed and can be collected for the individual/family, those items, too, should be gathered.
- Housing should be safe, clean and meet Housing Quality Standards established by the Federal Department of Housing and Urban Development (US Housing and Urban Development, 2001).
- Housing should be well maintained, meeting all applicable building and safety codes (Department of Housing and Urban Development, ESG Minimum Habitability Standards, 24 CFR 576.403). The placement should have the capacity and strive to make repairs in a timely manner.
- Housing should meet energy efficiency standards.
- Case managers assisting individuals/families in locating and securing affordable market housing should ensure that such housing meets comparable market rent guidelines (Tennessee Housing Development Agency, 2015) and rent is

reasonable (Department of Housing and Urban Development: HOME Rent Limits, 2015) in comparison to participant's income (Department of Housing and Urban Development, HOME Income Limits 2015). Average monthly cost of utilities should also be considered before housing placement is made to ensure affordability.

Section 9: Transition and/or Discharge

Transition/Discharge care is defined as a set of actions designed to ensure the coordination and continuity of care as individuals transfer between different locations or different levels of care. It includes logistical arrangements, education of the individual/family, and coordination among the professionals involved in the transition. Transitional care, which encompasses both the sending and the receiving aspects of the transfer, is essential for persons with complex needs. Special attention should be made to prevent feelings of abandonment by the individual/family during the transition/discharge process.

Transition planning is initiated at intake, involves the individual/family being served, and includes:

- Identifying criteria that indicate that the individual/family served is ready to successfully discharge from the program (i.e. what goals will be met)
- Identifying factors that indicate that the individual/family served needs a higher or different level of care
- Identifying needed support systems or services to assist the individual/family in maintaining their progress

When the individual/family served is successfully discharged from the program, the following should be provided:

- Needed support systems and methods to access
- Names and contact information for all service providers and natural supports
- Dates/times of any scheduled appointments
- Process to contact terminating service provider with questions or request for program re-entry.

Case managers should make attempts at follow-up with individuals/families following transition/discharge to ensure a seamless transition of services. This follow-up should only be conducted with the prior permission of the individual/family being served.

Agencies providing *outreach* services should define follow-up timelines that help individuals or families track short-term and long-term progress toward goals that were identified during the assessment.

Individuals/families shall be offered case management services to ensure that they maintain residential, financial and personal stability after housing placement. Individuals/families provided assistance in locating and securing affordable housing should be provided case management for a minimum of ninety days following the date of the housing placement.

Case manager provide landlords/property managers with agency contact information and inform them if/when terminating services with individual or family.

The individual/family should have a case plan that addresses sustainability (and support services put in place as needed) in the areas of: income, health care, mental health care, substance abuse, housekeeping/life skills.

(This Section has been adapted from: Commission on Accreditation of Rehabilitation Services, 2014)

Section 10: Case Loads

The type and mix that case managers carry varies from agency to agency. It is important to remember that caseloads do not always accurately reflect workload, as some cases invariably are more complex and require more care than others.

- It is generally recommended that case managers work with 25 individuals; however, the actual caseload may need to be lower for individuals/families that present acute needs in service or to account for those individuals who cannot be located by the case manager. There are also instances that may cause an increase in case loads such as when individuals/families are stabilized and only require periodic and/or long-term follow-up.
- Caseloads should be continually reviewed to ensure case managers have the needed time to balance service provision and systemic, community barriers.
- Caseloads are determined by the complexity of needs of the individual/family. If a case manager works primarily with individuals/families that have needs that extend beyond housing (i.e. mental health concerns, substance abuse concerns, etc.), the caseload should be decreased to allow management tasks.
- Caseloads should be reflective of the other professional obligations of the case manager. If the case manager performs other functions within an agency, such as direct service delivery of administrative tasks, caseloads should be decreased to allow those functions to be done competently.

Section 11: Staffing

Case Managers will work with individuals/families in a professional service environment, employing all the skills and practices necessary to ensure that resources are obtained and coordinated to meet their needs.

- Case Managers should maintain competence and qualifications in their area of service that meets the agency's accrediting body(ies). It is recommended that the case manager have, at a minimum, a degree in social work, or another health and human services field that promotes the physical, psychological, and/or vocational well-being of the persons served.
- Case managers should be open, good listeners who are nonjudgmental.
- Case managers should be competent communicators and be able to speak to the various needs of the individual/family to community providers.
- Case managers should be able to treat individuals/families with respect and dignity, with an awareness of cultural competency.
- Case managers must be knowledgeable of a variety of available services, the service landscape of their community, and ways to access those services.
- Case managers should receive regular training that includes, but is not limited to: care for the caregiver, use of standards and ethical conduct, avoiding burnout, available community resources and how to access them, diversity, and other practices to enhance professional development. In addition, it is recommended that case managers should be trained in First Aid, CPR, and crisis de-escalation (e.g. *Handle With Care* or *Crisis Prevention Intervention*) as appropriate to their job duties and work environment.
- Agencies need to provide clear job descriptions and expectations for their case managers, as well as conduct annual performance measures and evaluations.

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