

# **H.B. 328 Housing & Homeless Amendments Report**

September 2016

## **Objective**

The State of Utah Legislature passed HB 328 *Housing and Homeless Amendments* during the 2016 legislative session. Accordingly, the Homeless Coordinating Committee contracted with the Department of Technology Services (DTS) to conduct a needs assessment to review data-gathering and reporting efforts related to homelessness in the state based on the following criteria:

1. Reviews technology used for gathering data by state, county and local governments as well as private organizations for reporting information about providing service to homeless individuals in the state, including an evaluation of:
  - (A) the functionality of existing databases,
  - (B) the ability to expand and tailor existing databases to better identify the needs of homeless individuals, and
  - (C) the ability of the technology to ensure proper privacy restrictions and sharing between reporting entities, including those addressing domestic violence, as allowed by federal privacy regulations;
2. Identifies gaps between the data described in Subsection (1)(d)(i) and the data needed to implement best practices in minimizing homelessness and achieve the outcomes identified in accordance with this Subsection (1)(d);
3. Evaluates the technical capacity of existing databases and information technology systems used to gather and report data related to homelessness and identifies improvements needed to better serve the homeless population and meet the needs of all stakeholders;
4. Identifies opportunities to align data gathering and reporting related to homelessness with state efforts to reduce intergenerational poverty, incarceration, and recidivism rates; and
5. Makes recommendations regarding the needed improvements related to this Subsection (1)(d) and outlines steps for implementing the recommendations.

As part of the bill, the Data Bill Committee was formed. The intent of the committee involvement was to ensure cross-representation of agencies involved in the process, to provide critical context-driven feedback to ensure proper meaning is instilled within the process and final recommendations, and to ensure the improvement of overall services provided to people experiencing homelessness in the State of Utah.

## **Homelessness**

Homelessness affects 13,460 people or 0.45 percent of Utah's total population each year. The Department of Workforce Service (DWS), Housing and Community Development (HCD) has been tasked as the database administrators of the Homeless Management Information System (HMIS). This database is used by approximately 85 percent of the agencies, partners and organizations within the State of Utah that collect data on homeless clients.

# H.B. 328 Housing & Homeless Amendments Report

September 2016

## Homeless Management Information System

### History of UHMIS

In 2001, Congress asked the U.S. Department of Housing and Urban Development (HUD) to take the lead in gathering better-quality data about homelessness. In order to meet this objective, HUD required federally funded public and nonprofit organizations to implement homeless management information systems (HMIS). Although initially HMIS was mandated for use by specific federal funding sources, additional federal, state, and local funding sources have begun to use HMIS as a means of data collection. The three Continua of Care (CoCs) in Utah have chosen to work together and have a single, statewide implementation of an HMIS known as UHMIS.

### UHMIS Capacity and Impact

HMIS software applications are designed to record and store longitudinal, client-level information on the characteristics and service needs of homeless individuals. The ability to study and analyze service utilization on both a client and system level is a key strength to an effective HMIS. HMIS implementations are also vital in developing unduplicated counts, analyzing utilization patterns of people entering and exiting the homeless assistance system and evaluating the effectiveness of these systems. HMIS also contains client assessment data on housing barriers, income and other factors that may contribute to their homelessness. Much of these assessment data are self-reported. Utah's HMIS has limited data storage capacity established by a contract with the vendor.

The following Utah partners use HMIS:

Asian Association of Utah	Provo City Housing Authority
Balance of State CoC	Salt Lake City Police Department
Bear River Association of Governments	Salt Lake Community Action Program
Catholic Community Services	Salt Lake County CoC
Cedar City Housing Authority	Salt Lake County Division of Youth Services
Community Action Services & Food Bank	Six County Association of Governments
Davis Behavioral Health	Southeastern Association of Governments
Davis Community Housing Authority	Southwest Behavioral Health
Dixie Care and Share	St. Anne's Center
Family Connection Center	St. George City
Family Promise	State of Utah HMIS
Family Support Center	The Road Home

# H.B. 328 Housing & Homeless Amendments Report

September 2016

First Step House	Tooele County Housing Authority
Five County Association of Governments	Tooele County Relief Services
Food & Care Coalition	U.S. Department of Veterans Affairs
Four Corners Behavioral Health	Uintah Basin Association of Governments
Fourth Street Clinic	Uintah County
Golden Spike Outreach	United Way Utah County
Homeless Veterans Fellowship	Utah Non-Profit Housing Corporation
Housing Authority County of Salt Lake City	Valley Mental Health
Housing Authority of Salt Lake City	Volunteers of America
Housing Authority of Utah County	Wasatch Mental Health
Iron County Care & Share	Weber County Housing Authority
Juvenile Justice Services, State of Utah, Department of Human Services	Weber Human Services
Machaceh House Ministries	West Valley City Housing Authority
Mountainland Continuum of Care	Your Community Connection
Mountainlands Community Housing Trust	Youth Futures Shelter Home
Ogden Housing Authority	

## UHMIS Limitations

Although UHMIS is used by a majority of homeless service providers statewide, there are some agencies that do not actively enter data into the system. For example, due to confidentiality laws in the Violence Against Women Act (VAWA), domestic violence (DV) service-provider agencies are not able to share any identifying information of the people they serve, including names, through UHMIS or any other system.

## Definition of Homelessness

U.S. Department of Housing and Urban Development (HUD) defines homelessness using any one of the following four criteria below. Please note, different program types have restrictions on what categorizations of homelessness they can serve, dependent upon regulation.

1. Individuals and families who lack a fixed, regular and adequate nighttime residence; this includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
2. Individuals and families who will imminently lose their primary nighttime residence

# H.B. 328 Housing & Homeless Amendments Report

September 2016

3. Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes but do not otherwise qualify as homeless under this definition
4. Individuals and families who are fleeing or are attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

## Review of Technology for Data Gathering by State, County and Local Governments

The Department of Technology Services held phone conferences with each of the IT directors and their respective agency counterparts of the following state agencies:

- Department of Corrections
- Department of Commerce
- Department of Health
- Department of Human Services
- Department of Workforce Services

**The Utah Department of Corrections (UDC)** has a database, O-Track, where a user can select the word “homeless” to define an address type such as mailing address, physical address or lack of address. It could be that the address is not clearly a type of address that is defined as a home. During the conference call, it was suggested to change the word to “unknown” or “undefined” instead of using “homeless.” UDC does not designate living arrangements at the time of the crime, nor is there a direct relationship of an offender and homelessness tracked in O-Track.

**The Department of Health (DoH)** has multiple databases in which the address may be “general delivery” where homelessness could be implied. DoH does not track homelessness using the HUD definition. With Medicaid expansion, homelessness will be a data element tracked.

**The Department of Human Services (DHS)** also has multiple databases in which the customer address may be “general delivery” in which homelessness could be implied. It is not tracked using the HUD definition. In the Division of Mental Health, there are restrictions to sharing the data; mental health data is protected by HIPAA, and the substance abuse data is protected by 42 CFR Part 2. This statute dictates the confidentiality of all mental health and substance abuse client records and imposes criminal penalty if violated (see Attachment D). In the Division of Aging and Adult Services, there is a field that indicates where abuse occurred. This field may pick up homelessness but doesn’t meet the HUD definition. In the Division of Child and Family Services, there is no formal homeless indicator; however, some information about residential stability is collected. The Division of Services for People with Disabilities collects data about homelessness for people that are on their waiting list.

### The Department of Workforce Services

- *Electronic Eligibility Resource Product (eRep)*—As part of the application process, the customer is asked if he or she has a fixed address or if he or she is homeless.

# H.B. 328 Housing & Homeless Amendments Report

September 2016

- *UWORKS*—As part of the job-seeker registration process, a customer can self-report homelessness and/or an employment counselor can check the “homeless” box. An employment counselor can also identify homelessness on the Workforce Innovation & Opportunity Act (WIOA) program page. The field is not required to be updated. With the transition from two systems with the GenLex Grant into one system, all job seekers in the old system will be required to re-register before they can continue job searching. They will update their information as part of that registration process. At this time, the job seeker can once again self-report homelessness.
- *Comprehensive Unemployment Benefit System (CUBS)*—As part of the address, an employee selects the residential address and then checks a box if the customer is homeless.

In each of the applications listed above, a general delivery address implies homelessness in the context of a fixed address and not as state of being.

## Technical Capacity Evaluation of Existing Databases

HMIS has a robust database that offers reporting capacity for a variety of search criteria. HMIS does what it’s intended to do: gather data on customers in a simplified process. It offers the ability to search for customers, merge duplicate customers, target resources and coordinate resources with various stakeholders. A key component is that homeless customers *self-report* their information and are not required to verify that information as part of the HUD regulations.

Existing databases in other state agencies may, in fact, be substantial; however, they are not gathering the necessary data on homelessness as a state of being to add merit or impact the outcomes. Additionally, survey results reflect that counties are using HMIS as their data repository for homeless data.

## Data Gathering and Reporting Alignment

### Statewide Survey Results

As part of the process, we surveyed each county in Utah to determine if they were collecting data on homelessness. We sent a survey to the county commissioner(s) and/or council members of the respective counties and asked them to have it completed by the appropriate division within each county. We then surveyed the county behavioral health centers.

Of the 29 counties in Utah surveyed, 27 responded. Because of delayed response, we contacted some of the counties via telephone to ensure they would ensure the survey was completed. Of those that responded to the surveys, 43 percent referred the surveys to their homeless groups within their communities for responses. Those surveys recognized that 74 percent were already using HMIS as their database to collect homeless information.

Of the county behavioral health centers, we sent the survey out to 12 contacts (many of the centers had the same contacts) and received six responses, the results of which are included.

# H.B. 328 Housing & Homeless Amendments Report

September 2016

We also sent the surveys to the county sheriff departments. We received 10 responses out of 29 counties. Those responses collectively stated that they did not collect homeless information. Collateral contacts to those counties that did not respond to the surveys reflected that they also did not collect homeless data but referred the clients to the proper agencies and/or partners in their community, the majority of which are listed as a partner (see table of Utah partners under the Homeless Management Information System section of this report).

*For full survey results, see Attachment B: Statewide Survey Results.*

## Data-Gathering Survey Results

We surveyed the Data Bill Committee Members (Attachment A) to determine:

- Frequency of data;
- Type of data; and
- How they would use the data, if they were to receive it, to impact homelessness.

The type of data they need to see to be successful includes:

- Personal identifying information (PII) with a data match to other systems;
- Services or resources utilized information by client;
- Health conditions/needs;
- Behavioral health data;
- Basic demographic information; and
- Performance measures for the clients and the service providers.

Frequency of the data was split—quarterly 58 percent vs. monthly 34 percent. Moving the data to the DTS Data Lake will allow agencies and partners the ability to receive the data at the interval needed to impact the outcomes (see recommendations).

The committee's expectation was to positively impact homelessness by aligning services to clients, creating performance improvement plans for the agencies and communities that work with the homeless clients, and targeting resources and services to the specific needs of the homeless population.

*For full survey results, see Attachment C: Data Bill Committee Survey Results.*

## Recommendations

1. Continue to use the Homeless Management Information System (HMIS) for data gathering in partnerships with community partners and allied agencies as required by funding sources following best practices:
  - a. Ensure a database standard is set to guarantee there is a common use of a database with data available to match clients (find or develop a common identifier).
  - b. Separate any custom fields by each system outside of HMIS.
  - c. Identify common reports, metrics and expected outcomes, develop models and use predictive analytics using HMIS.

# **H.B. 328 Housing & Homeless Amendments Report**

September 2016

2. Explore the option to associate HMIS data into the DTS Data Lake initiative using a secure transfer method and ensuring that access adheres to the HMIS standards. This would require Memoranda of Understanding (MOU) to be developed between each governing party to adhere to a clear understanding of what the data would be used for and who would have access to those data elements. When defined by an MOU, the DWS HMIS administration must receive final approval from all three Continua of Care and their agencies that have ownership of the HMIS data.
  - a. NIEM Standards—DTS has put into place a data model based on the National Information Exchange Model (NIEM), which provides rules and methodologies around the creation and use of the data model as well as a standardized Information Exchange Development Lifecycle that can be repeated and reused by everyone.
3. Partner with the Justice Reinvestment Initiative (JRI) from the Legislative General Session 2015 to align data gathering into one system. Partner to share data sources to leverage other supporting and wraparound services for the vulnerable population. Agencies will keep their data and have full security access to those using it.
  - a. Create common data standards for data intake.
  - b. Find a common or unique identifier.
  - c. Capture data relevant to each group.
  - d. Explore best practices and policies in other states and how they are leveraging their HMIS data to assist with intergenerational poverty and the homeless population.



# H.B. 328 Housing & Homeless Amendments Report

September 2016

## H.B. 328 Housing & Homeless Amendments

2016 General Session

Section 1. Section **35A-8-602** is amended to read:

25 **35A-8-602. Purposes of Homeless Coordinating Committee—Uses of Pamela**  
26 **Atkinson Homeless Account.**

27 (1) (a) The Homeless Coordinating Committee shall work to ensure that services  
28 provided to the homeless by state agencies, local governments, and private organizations  
are  
29 provided in a cost-effective manner.

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30 (b) Programs funded by the committee shall emphasize emergency housing and  
31 self-sufficiency, including placement in meaningful employment or occupational training  
32 activities and, where needed, special services to meet the unique needs of the homeless  
who:

33 (i) have families with children;

34 (ii) have a disability or a mental illness; or

35 (iii) suffer from other serious challenges to employment and self-sufficiency.

36 (c) The committee may also fund treatment programs to ameliorate the effects of  
37 substance abuse or a disability.

(d) Before October 1, 2016, the committee shall conduct a needs assessment or

39 contract with another state agency or private entity to conduct a needs assessment that:

40 (i) identifies desired statewide outcomes related to minimizing homelessness;

41 (ii) reviews technology used for data gathering by state, county and local governments  
42 and private organizations for reporting information about, and providing service to,  
homeless

43 individuals in the state, including an evaluation of:

44 (A) the functionality of existing databases;

45 (B) the ability to expand and tailor existing databases to better serve the needs of  
46 homeless individuals; and

47 (C) the ability of the technology to ensure proper privacy restrictions and sharing  
48 between reporting entities, including those addressing domestic violence, as allowed by  
federal

49 privacy regulations;

50 (iii) identifies gaps between the data described in Subsection (1)(d)(i) and the data  
51 needed to implement best practices in minimizing homelessness and achieve the outcomes  
52 identified in accordance with this Subsection (1)(d);

53 (iv) evaluates the technical capacity of existing databases and information technology  
54 systems used to gather and report data related to homelessness and identifies improvements  
55 needed to better serve the homeless population and meet the needs of all stakeholders;

56 (v) identifies opportunities to align data gathering and reporting related to  
57 homelessness with state efforts to reduce intergenerational poverty, incarceration and



## **H.B. 328 Housing & Homeless Amendments Report**

September 2016

58 recidivism rates; and

59 (vi) makes recommendations regarding the needed improvements related to this

60 Subsection (1)(d) and outlines steps for implementing the recommendations.

61 (e) Before October 1, 2016, the committee shall report to the department the findings

62 and recommendations of the needs assessment described in Subsection (1)(d) for inclusion  
in

63 the annual written report described in Section [35A-1-109](#).

# **H.B. 328 Housing & Homeless Amendments Report**

September 2016

## **Attachment A: Data Bill Committee Members**

### **Department of Workforce Services, Housing and Community Development**

- Tamera Kohler, Assistant Director for Housing and Community Development
- Patrick Frost, Director, Utah Homeless Management Information Systems
- Alex Hartvigsen, System Administrator, Utah Homeless Management Information Systems
- Andrew Gray, Program Specialist, State Community Services Office
- Ashley Tolman, Program Specialist, State Community Services Office
- Michele Kennington, Administrative Assistant

### **Salt Lake County**

- Cory Westergard, Health Information Technology Specialist, Behavioral Health Services
- Irene Brown, Statistical Coordinator, Criminal Justice Advisory Council
- Janelle Fluckiger, Special Project Coordinator, Collective Impact on Homelessness
- Janida Emerson, Associate Director, Behavioral Health Services
- Jon Thelen, Information Services Tech
- Shaleen Gee, Division Director, Special Projects & Grants Partnerships

### **Salt Lake City**

- David Litvack, Deputy Chief of Staff
- Elizabeth Buehler, Civic Engagement Manager

### **The Road Home**

- Dee Norton, Information Technology Director

### **Volunteers of America, Utah**

- Robert Wesemann, Division Director, Homeless Services

### **St. Anne's Center**

- Summer Rohwer, Program Director

### **Davis Community Housing Authority**

- Kim Michaud, Deputy Director

### **United States Attorney's Office, District of Utah**

- Jennifer Gully, Assistant United States Attorney

### **Young Women's Christian Association, Utah**

- Shauna Spencer, Chief Domestic Violence Services Officer

### **Department of Technology Services**

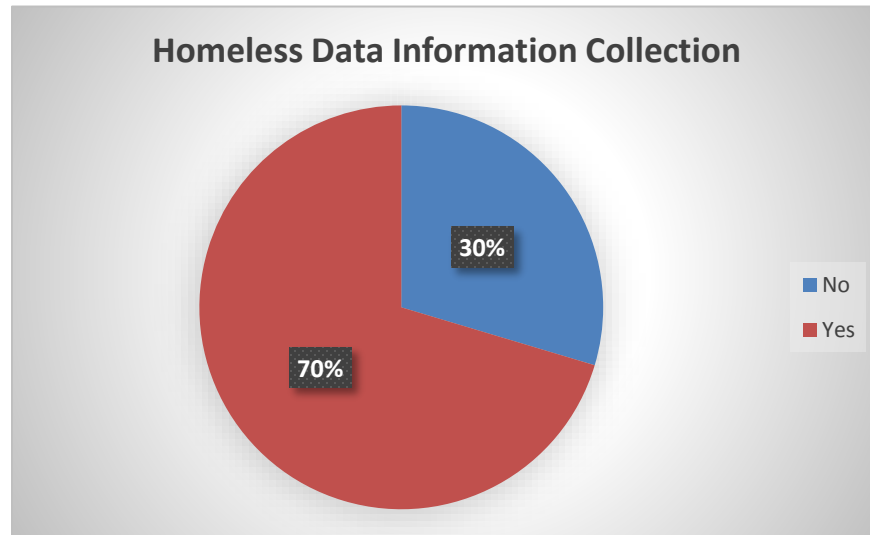
- Diane Pfeifer, IT Manager
- David Fletcher, Chief Technologist
- LaRon Taggart, IT Project Manager

# H.B. 328 Housing & Homeless Amendments Report

September 2016

## Attachment B: Statewide Survey Results

Does your county, agency or organization currently collect homeless information?



What is your definition of homelessness?

*Individuals and families who lack a fixed, regular and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution: **73.7%***

*Individuals and families who will imminently lose their primary nighttime residence: **42.1%***

*Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition: **52.6%***

*Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member: **63.2%***

*Other (please describe below): **15.8%***

1. Chronically homeless means:

(1) A “homeless individual with a disability,” as defined in the Act, who:

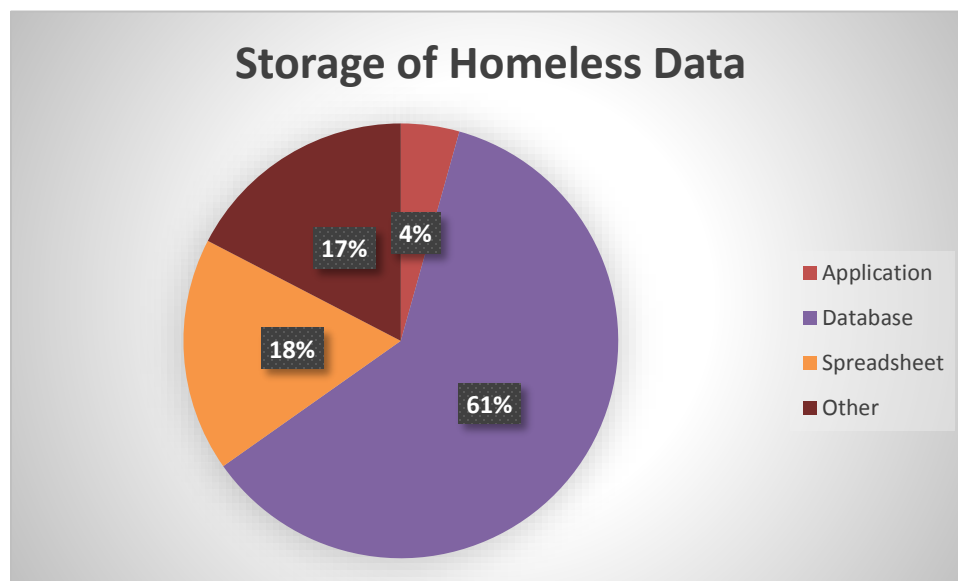
# H.B. 328 Housing & Homeless Amendments Report

September 2016

- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- Has been homeless (as described above) continuously for at least 12 months or on at least four separate occasions in the last three years where the combined occasions must total at least 12 months
  - Occasions separated by a break of at least seven nights
  - Stays in institution of fewer than 90 days do not constitute a break
- 10 Final Definition of Chronically Homeless (Amends 24 CFR 91.5 and 24 CFR 578.3)
- (2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

2. Families and individuals that are doubled up with family and friends.

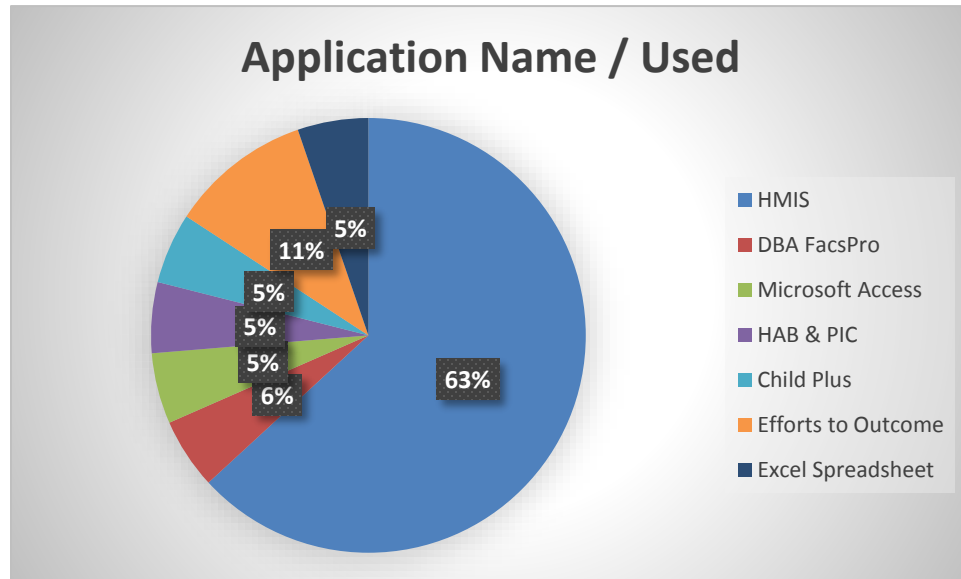
How do you store the homeless information that you collect?



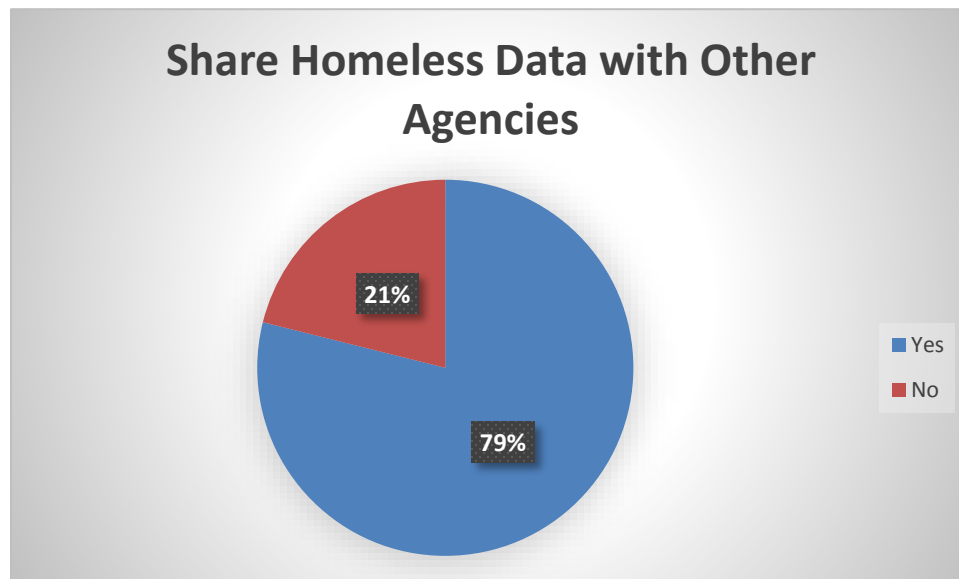
Please tell us the name of your application or database.

# H.B. 328 Housing & Homeless Amendments Report

September 2016



Do you share homeless data with other agencies?



With which agencies do you share data?

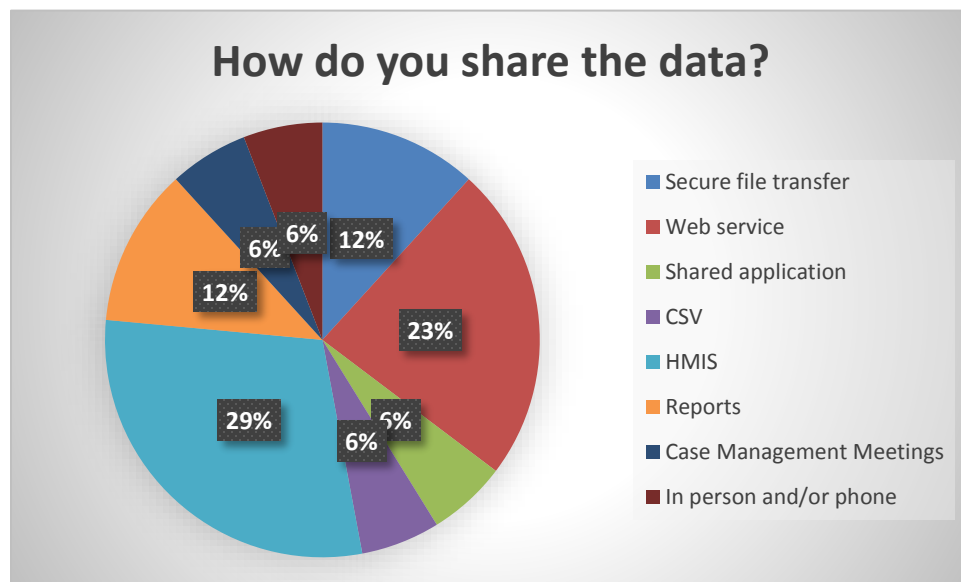
- Authorized HMIS users
- Board members (aggregate data/reporting)
- Homeless services case managers (agency specific)
- Department of Workforce Services
- Department of Human Services

# H.B. 328 Housing & Homeless Amendments Report

September 2016

- State of Utah
- The Road Home
- Salt Lake County
- Weber Housing Authority
- The Lantern House
- Ogden Housing Authority
- Participating agencies in the Homeless Assessment Committee
- Local Continuum of Care
- Five County Community Action

How do you share the data?



What privacy restrictions or laws govern your data?

- Homeless Management Information System (HMIS)
- Department Policies and Procedures
- Violence Against Women Act (VAWA)
- Family Violence Prevention and Services Act (FVPSA)
- Family Educational Rights and Privacy Act (FERPA)

How do you ensure proper privacy restrictions are followed?

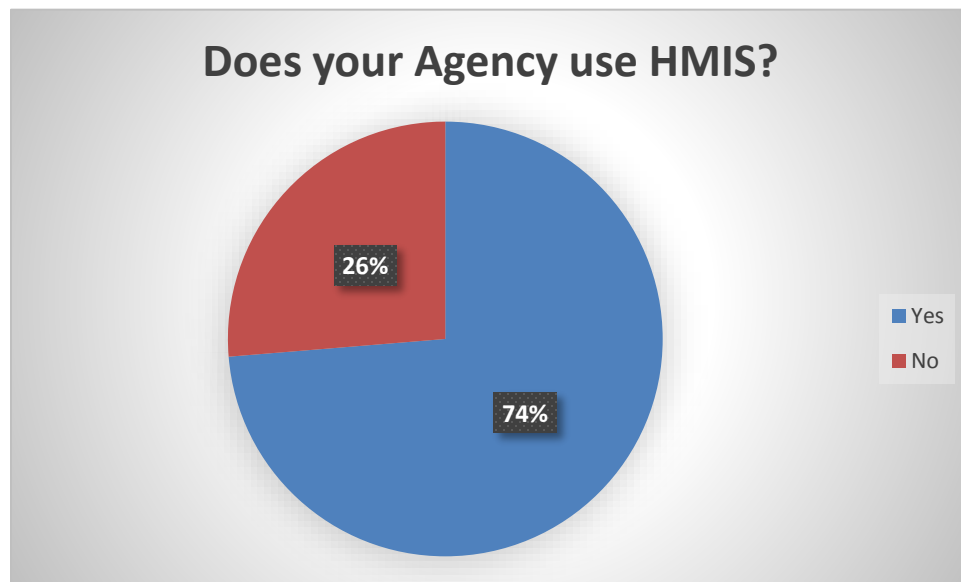
- Monitoring visits from the Department of Workforce Services

# H.B. 328 Housing & Homeless Amendments Report

September 2016

- Follow state guidelines/state regulations
- Clients complete a release of information
- Monitor staff
- State audits
- Independent audits
- Staff training and certification
- Locked files, locked computers and separate logins for databases
- Written policy and training

Does your agency currently use HMIS?



What suggestions do you have to improve services for the homeless as a community?

- Continue encouraging coordinated assessment (possibly making it required for mental health providers), improve HMIS database to another vendor with better performance, have capacity to export/import client data for other databases as necessary (for Aging, HEAT, CSBG-activities, Head Start, etc.)
- Increase funding for housing resources
- More services to help clients transition from homelessness to being housed and having responsibilities
- Permanent supportive housing facility
- State regulations on all rental rates based on income
- Diversion and case management need to be prioritized to keep people in stable housing
- Better collaboration among agencies
- More funding for singles



# **H.B. 328 Housing & Homeless Amendments Report**

September 2016

- Quicker access to housing, less time in shelters
- Fund agencies outside of Salt Lake County
- Shared case notes within HMIS to avoid doubling up on resources or provide a focus for case managers when working with the clients
- Offer more state funding

What suggestions do you have to improve your system for the homeless?

- Universal intake application
- Additional business hours to access services
- Improved access to homeless clients (location and transportation)
- A greater focus from the State of Utah on rural jobs
- Emergency shelters developed in smaller rural counties (Duchesne County was specified)
- Less restrictions on funding
- Abilities to enter domestic violence clients into HMIS while maintaining privacy
- More low-income housing available
- Increase housing units designated for homeless in Utah County
- Help to remove zoning barriers
- Simplify HMIS data entry
- Additional funding for employees
- More grants to support homeless
- Regular training for HMIS and coordinated entry users

What suggestions do you have for us to help us improve our services on homelessness?

- Increased funding for homeless individuals and families not eligible for TANF. Homeless clients not on Medicaid need more rapid behavioral health access than currently exists.
- Funding. I think we need to find some creative ways to utilize modular units and tiny houses
- Reduce the amount of reporting and provide resources relating to grant applications, etc.
- More services that assist doubled up families and individuals, not just literally homeless.
- Work on administrative rules and policies that provide more flexibility.
- Makes sure data i.e. numbers, bed nights etc. is collected quarterly point-in-time, as there is not a true reflection of the need recorded on the quarterly point-in-time.
- Research on educational curriculum that will address core reasons that keep people in poverty/homelessness.
- More grant money.

Additional comments.

## **H.B. 328 Housing & Homeless Amendments Report**

September 2016

- Thanks to the State Community Services Office for really helping coordinated entry improve in the region. They have been extremely diligent and I do think improvement in homeless services is occurring because of their efforts!
- It is a huge mistake to put fragile families and individuals in substandard housing. Families who are living day-to-day do not have the physical, mental or financial means to keep up an old dilapidated housing unit. It becomes a viscous cycle.

# **H.B. 328 Housing & Homeless Amendments Report**

September 2016

## **Attachment C: Data Bill Committee Survey Results**

Additionally, we surveyed the Data Bill Committee to understand the requirements and/or expected outcomes once the data was collected. Below is the information from the survey and the expected outcomes.

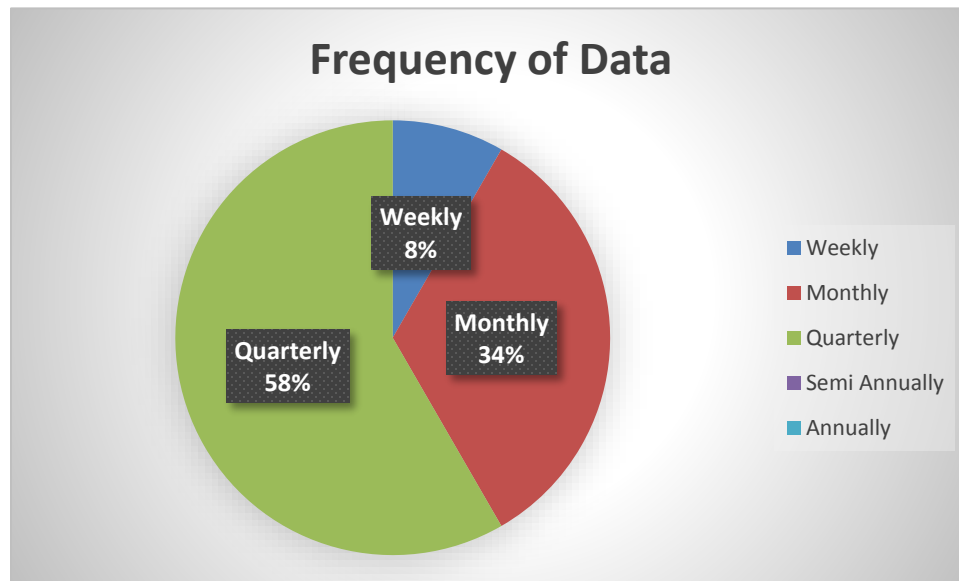
What type of data do you want to receive regarding homeless clients?

- Aggregate data by program, agency and database
- Performance measures on lengths of stay, returns to homelessness and positive exits to housing
- Details on the real number of homelessness across the state, number of chronically homeless each year, number of youth homeless, projections on increases over the next 10 years, location of services used by clients, number of clients in various formal housing situations and effectiveness of that housing, and the reason for people becoming homeless
- Current/former services utilized, household composition and other demographic information, caseworker(s) involved, contact information, current geographical location, geographical location where homelessness first occurred and health conditions/needs
- Behavioral health data
- Performance measures on a system, community, program and service-provider level
- Number clients receiving holistic third-party-conducted intake, assessment and referral for services and benefits systems-wide; length of stay in shelter; number repeat stays in shelter systems-wide; sustained success in housing post shelter at six, 12, 18 and 24 months; number clients being served that fit McKinney-Vento and HHS definitions of homelessness; number and percentage of entry points at which clients can receive a common assessment and referral; number of clients successfully diverted from shelter; number of clients on waiting lists for shelter; number of visits with case workers; staff-to-client ratio at shelters; and staff-to-client ratio of case managers at shelters and supportive housing providers
- Personal identifiers to match to other databases (name, social security number, date of birth, etc.) client identifier or person identifier, gender, age, family status, type of service (if staying as family) or single date(s) of service, number of times enrolled and total days considered chronic homeless

# H.B. 328 Housing & Homeless Amendments Report

September 2016

How often do you need to receive the data to change the impact/outcomes on homelessness?



What do you expect to change when you receive the data?

- Provide information to the public about homelessness
- Align services for homeless clients
- Direct homeless clients to housing
- The ability to pilot programs from data release to data release and the impacts to funding
- Behavioral health conditions will be included in the assessment of challenges for a customer to secure safe, affordable housing
- Easier to measure the performance of different programs/agencies (transparency)
- Create performance improvement plans and focus on a variety of service delivery practices and community needs to facilitate improved decision making while working with agencies and communities
- Understand the number of people in the criminal justice system that also receive homeless services vs. those that self-report homelessness and how their jail stays may affect becoming homeless or if a larger number of individuals may also need behavioral health services

How would your organization use the data to connect homeless clients to services they aren't already receiving?

- Project fluctuations in homelessness
- Emphasize outreach to educate clients on resources and services they aren't receiving or don't know about

## **H.B. 328 Housing & Homeless Amendments Report**

September 2016

- Look at system performance, numbers referred to services and relationship to outcomes to ending homelessness with the number of services
- Data would help develop a clearer picture of who the homeless are and what services they are using. If data shows that 40% of homeless individuals have mental health issues, but only 10% are utilizing mental health services, we would know that there needs to be a push in making those connections and referrals to our local mental health providers.
- Clients would not have to rely on emergency shelter staff to understand how to access, navigate and receive available services
- Tailor referrals to programs with specific desirable outcomes based on the individual's need

# H.B. 328 Housing & Homeless Amendments Report

September 2016

## Attachment D: Policy and Procedure

McKinney-Vento Homeless Assistance Act 24 CFR 578.3

Revised April 1, 2016

**578.3 Definitions.** As used in this part: *Act* means the McKinney-Vento Homeless Assistance Act as amended (42 U.S.C. 11371 *et seq.*).

*Annual renewal amount* means the amount that a grant can be awarded on an annual basis when renewed. It includes funds only for those eligible activities (operating, supportive services, leasing, rental assistance, HMIS and administration) that were funded in the original grant (or the original grant as amended), less the unrenewable activities (acquisition, new construction, rehabilitation and any administrative costs related to these activities).

*Applicant* means an eligible applicant that has been designated by the Continuum of Care to apply for assistance under this part on behalf of that Continuum.

*At risk of homelessness.* (1) An individual or family who: (i) Has an annual income below 30 percent of median family income for the area, as determined by HUD; (ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this section; and (iii) Meets one of the following conditions: (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance; (B) Is living in the home of another because of economic hardship; (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance; (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, state, or local government programs for low-income individuals; (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau; (F) Is exiting a publicly funded institution or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan; (2) A child or youth who does not qualify as "homeless" under this section but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or (3) A child or youth who does not qualify as "homeless" under this section but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

*Centralized or coordinated assessment system* means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

# H.B. 328 Housing & Homeless Amendments Report

September 2016

*Chronically homeless* means: (1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: (i) Lives in a place not meant for human habitation, a safe haven or an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least four separate occasions in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least seven consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total as long as the individual was living or residing in a place not meant for human habitation, a safe haven or an emergency shelter immediately before entering the institutional care facility; (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition before entering that facility; or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

*Collaborative applicant* means the eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds under this part on behalf of the Continuum.

*Consolidated plan* means the HUD-approved plan developed in accordance with 24 CFR 91.

*Continuum of Care* and *Continuum* mean the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

*Developmental disability* means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that—(i) Is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) Is manifested before the individual attains age 22; (iii) Is likely to continue indefinitely; (iv) Results in substantial functional limitations in three or more of the following areas of major life activity: (A) Self-care; (B) Receptive and expressive language; (C) Learning; (D) Mobility; (E) Self-direction; (F) Capacity for independent living; (G) Economic self-sufficiency. (v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of “developmental disability” in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

*Eligible applicant* means a private nonprofit organization, state, local government, or instrumentality of state and local government.

*Emergency shelter* is defined in 24 CFR part 576.



# H.B. 328 Housing & Homeless Amendments Report

September 2016

*Emergency Solutions Grants (ESG)* means the grants provided under 24 CFR part 576.

*Fair Market Rent (FMR)* means the Fair Market Rents published in the **Federal Register** annually by HUD.

*High-performing community (HPC)* means a Continuum of Care that meets the standards in subpart E of this part and has been designated as a high-performing community by HUD.

*Homeless* means: (1) An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground; (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low-income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; (2) An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing; (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a); (ii) Have not had a lease, ownership interest or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity and a history of unstable employment; or (4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

*Homeless Management Information System (HMIS)* means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

*HMIS Lead* means the entity designated by the Continuum of Care in accordance with this part to operate the Continuum's HMIS on its behalf.

# H.B. 328 Housing & Homeless Amendments Report

September 2016

*Permanent housing* means community-based housing without a designated length of stay and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

*Permanent supportive housing* means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

*Point-in-time count* means a count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

*Private nonprofit organization* means an organization: (1) Of which no part of the net earnings inure to the benefit of any member, founder, contributor or individual; (2) That has a voluntary board; (3) That has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles; and (4) That practices nondiscrimination in the provision of assistance. A private nonprofit organization does not include governmental organizations such as public housing agencies.

*Program participant* means an individual (including an unaccompanied youth) or family who is assisted with Continuum of Care program funds.

*Project* means a group of eligible activities, such as HMIS costs, identified as a project in an application to HUD for Continuum of Care funds and includes a structure (or structures) that is (are) acquired, rehabilitated, constructed or leased with assistance provided under this part or with respect to which HUD provides rental assistance or annual payments for operating costs or supportive services under this subtitle.

*Recipient* means an applicant that signs a grant agreement with HUD.

*Safe haven* means, for the purpose of defining chronically homeless, supportive housing that meets the following: (1) Serves hard-to-reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) Provides 24-hour residence for eligible persons for an unspecified period; (3) Has an overnight capacity limited to 25 or fewer persons; and (4) Provides low-demand services and referrals for the residents.

*State* means each of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Marianas and the Virgin Islands.

*Subrecipient* means a private nonprofit organization, state, local government, or instrumentality of state or local government that receives a subgrant from the recipient to carry out a project.

*Transitional housing* means housing where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

*Unified Funding Agency (UFA)* means an eligible applicant selected by the Continuum of Care to apply for a grant for the entire Continuum, which has the capacity to carry out the duties in § 578.11(b), which is approved by HUD and to which HUD awards a grant.

# **H.B. 328 Housing & Homeless Amendments Report**

September 2016

*Victim service provider* means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs and other programs.

## **The Violence Against Women Act (VAWA) of 1994**

Reauthorized 2013

### Section 3. Universal Definitions and Grant Conditions:

(20) PERSONALLY IDENTIFYING INFORMATION OR PERSONAL INFORMATION—The term “personally identifying information” or “personal information” means individually identifying information for or about an individual, including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault or stalking, regardless of whether the information is encoded, encrypted, hashed or otherwise protected, including—(A) a first and last name; (B) a home or other physical address; (C) contact information (including a postal, email or Internet protocol address, or telephone or facsimile number); (D) a Social Security number, driver license number, passport number, or student identification number; and S. 47—5 (E) any other information, including date of birth, racial or ethnic background or religious affiliation, that would serve to identify any individual.

<https://www.gpo.gov/fdsys/pkg/BILLS-113s47enr/pdf/BILLS-113s47enr.pdf>

# H.B. 328 Housing & Homeless Amendments Report

September 2016

## 42 CFR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records

### §2.1 Statutory authority for confidentiality of drug abuse patient records.

The restrictions of these regulations upon the disclosure and use of drug abuse patient records were initially authorized by section 408 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act (21 U.S.C. 1175). That section as amended was transferred by Pub. L. 98-24 to section 527 of the Public Health Service Act which is codified at 42 U.S.C. 290ee-3. The amended statutory authority is set forth below:

#### §290EE-3. CONFIDENTIALITY OF PATIENT RECORDS.

##### (a) *Disclosure authorization*

Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

##### (b) *Purposes and circumstances of disclosure affecting consenting patient and patient regardless of consent*

(1) The content of any record referred to in subsection (a) of this section may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g) of this section.

(2) Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit or evaluation, or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

# **H.B. 328 Housing & Homeless Amendments Report**

September 2016

*(c) Prohibition against use of record in making criminal charges or investigation of patient*

Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

*(d) Continuing prohibition against disclosure irrespective of status as patient*

The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

*(e) Armed Forces and Veterans Affairs; interchange of records; report of suspected child abuse and neglect to state or local authorities*

The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components of Veterans Affairs furnishing health care to veterans, or

(2) between such components and the Armed Forces.

The prohibitions of this section do not apply to the reporting under state law of incidents of suspected child abuse and neglect to the appropriate state or local authorities.

*(f) Penalty for first and subsequent offenses*

Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than \$500 in the case of a first offense and not more than \$5,000 in the case of each subsequent offense.

*(g) Regulations; interagency consultations; definitions, safeguards and procedures, including procedures and criteria for issuance and scope of orders*

Except as provided in subsection (h) of this section, the secretary, after consultation with the Administrator of Veterans Affairs and the heads of other federal departments and agencies substantially affected thereby, shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C) of this section, as in the judgment of the secretary are necessary or proper to effectuate the purposes of this section to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(Subsection (h) was superseded by section 111(c)(3) of Pub. L. 94-581. The responsibility of the Administrator of Veterans Affairs to write regulations to provide for confidentiality of drug abuse patient records under Title 38 was moved from 21 U.S.C. 1175 to 38 U.S.C. 4134.)

# H.B. 328 Housing & Homeless Amendments Report

September 2016

[↑ Back to Top](#)

## §2.2 Statutory authority for confidentiality of alcohol abuse patient records.

The restrictions of these regulations upon the disclosure and use of alcohol abuse patient records were initially authorized by section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (42 U.S.C. 4582). The section as amended was transferred by Pub. L. 98-24 to section 523 of the Public Health Service Act which is codified at 42 U.S.C. 290dd-3. The amended statutory authority is set forth below:

### §290DD-3. CONFIDENTIALITY OF PATIENT RECORDS

#### (a) *Disclosure authorization*

Records of the identity, diagnosis, prognosis or treatment of any patient which are maintained in connection with the performance of any program or activity relating to alcoholism or alcohol abuse education, training, treatment, rehabilitation or research which is conducted, regulated or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

#### (b) *Purposes and circumstances of disclosure affecting consenting patient and patient regardless of consent*

(1) The content of any record referred to in subsection (a) of this section may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g) of this section.

(2) Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit or evaluation or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

# **H.B. 328 Housing & Homeless Amendments Report**

September 2016

*(c) Prohibition against use of record in making criminal charges or investigation of patient*

Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

*(d) Continuing prohibition against disclosure irrespective of status as patient*

The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

*(e) Armed Forces and Veterans Affairs; interchange of record of suspected child abuse and neglect to state or local authorities*

The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components of Veterans Affairs furnishing health care to veterans, or

(2) between such components and the Armed Forces.

The prohibitions of this section do not apply to the reporting under state law of incidents of suspected child abuse and neglect to the appropriate state or local authorities.

*(f) Penalty for first and subsequent offenses*

Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than \$500 in the case of a first offense and not more than \$5,000 in the case of each subsequent offense.

*(g) Regulations of secretary; definitions, safeguards, and procedures, including procedures and criteria for issuance and scope of orders*

Except as provided in subsection (h) of this section, the secretary shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection(b)(2)(C) of this section, as in the judgment of the secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(Subsection (h) was superseded by section 111(c)(4) of Pub. L. 94-581. The responsibility of the Administrator of Veterans Affairs to write regulations to provide for confidentiality of alcohol abuse patient records under Title 38 was moved from 42 U.S.C. 4582 to 38 U.S.C. 4134.)

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# H.B. 328 Housing & Homeless Amendments Report

September 2016

## §2.3 Purpose and effect.

(a) *Purpose.* Under the statutory provisions quoted in §§2.1 and 2.2, these regulations impose restrictions upon the disclosure and use of alcohol and drug abuse patient records which are maintained in connection with the performance of any federally assisted alcohol and drug abuse program. The regulations specify:

(1) Definitions, applicability and general restrictions in subpart B (definitions applicable to §2.34 only appear in that section);

(2) Disclosures which may be made with written patient consent and the form of the written consent in subpart C;

(3) Disclosures which may be made without written patient consent or an authorizing court order in subpart D; and

(4) Disclosures and uses of patient records which may be made with an authorizing court order and the procedures and criteria for the entry and scope of those orders in subpart E.

(b) *Effect.* (1) These regulations prohibit the disclosure and use of patient records unless certain circumstances exist. If any circumstance exists under which disclosure is permitted, that circumstance acts to remove the prohibition on disclosure but it does not compel disclosure. Thus, the regulations do not require disclosure under any circumstances.

(2) These regulations are not intended to direct the manner in which substantive functions such as research, treatment and evaluation are carried out. They are intended to ensure that an alcohol or drug abuse patient in a federally assisted alcohol or drug abuse program is not made more vulnerable by reason of the availability of his or her patient record than an individual who has an alcohol or drug problem and who does not seek treatment.

(3) Because there is a criminal penalty (a fine—see 42 U.S.C. 290ee-3(f), 42 U.S.C. 290dd-3(f) and 42 CFR 2.4) for violating the regulations, they are to be construed strictly in favor of the potential violator in the same manner as a criminal statute (see *M. Kraus & Brothers v. United States*, 327 U.S. 614, 621-22, 66 S. Ct. 705, 707-08 (1946)).

↑ [Back to Top](#)

## §2.4 Criminal penalty for violation.

Under 42 U.S.C. 290ee-3(f) and 42 U.S.C. 290dd-3(f), any person who violates any provision of those statutes or these regulations shall be fined not more than \$500 in the case of a first offense and not more than \$5,000 in the case of each subsequent offense.

↑ [Back to Top](#)

## **H.B. 328 Housing & Homeless Amendments Report**

September 2016

### **§2.5 Reports of violations.**

(a) The report of any violation of these regulations may be directed to the United States Attorney for the judicial district in which the violation occurs.

(b) The report of any violation of these regulations by a methadone program may be directed to the Regional Offices of the Food and Drug Administration.

<http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5;node=42%3A1.0.1.1.2>

# **H.B. 328 Housing & Homeless Amendments Report**

September 2016

## **Attachment E: Acronyms**

CoC	Continuum of Care
CUBS	Comprehensive Unemployment Benefits System
DHS	Department of Human Services
DoH	Department of Health
DTS	Department of Technology Services
DV	Domestic Violence
DWS	Department of Workforce Services
eRep	Electronic Eligibility Resource Product
FERPA	Family Educational Rights & Privacy Act
FVPSA	Family Violence Prevention & Services Act
HCD	Housing & Community Development
HEAT	Home Energy Assistance Target Program
HMIS	Homeless Management Information System
HUD	Housing & Urban Development
JRI	Justice Reinvestment Initiative
MOU	Memorandum of Understanding
NIEM	National Information Exchange Model
PII	Personal Identifiable Information
TANF	Temporary Assistance for Needy Families
UDC	Utah Department of Corrections
UHMIS	Utah Homeless Management Information System
VAWA	Violence Against Women Act
WIOA	Workforce Innovation & Opportunity Act