June 2013 Steering Committee Meeting

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AGENDA

I. Call to Order

II. Roll Call

III. Approval of Minutes:
   a) May 9, 2013 CoC Steering Committee Meeting

IV. Lead Agency Report

V. Old Business
   a) Approval of 2013 CoC Grant Priorities and Next Steps (Resolution No. 4)
      • Recommendations for New Project Criteria
      • Recommendation for Threshold Requirements for Renewals
      • Nest Steps

VI. New Business by Action Item
   a) Approve the Endorsement of Critical Time Intervention as the Evidence Based Practice to be used for Homeless Prevention and Rapid Rehousing housing models (Resolution No. 5)
   b) Presentation of Plan for Project Evaluation Process for New and Renewal Projects for 2013 CoC Grant
   c) Presentation of Plan for follow up to System Mapping findings

VII. Public Comments

VIII. Adjournment
2012-2013 CoC Action Plan

1. Create a new service delivery model that allows services to be provided in-home or in close proximity to housing throughout the Houston, Harris County and Fort Bend County region by December 2013.

2. Create 2500 Permanent Supportive Housing Units targeted to the chronically homeless and frequent users of services by December 2015.

3. Rebalance the homeless response system based on need (as determined by data analysis) primarily through the reallocation and alignment of funding resources by December 2015.

4. Create and implement a coordinated assessment and triage system to connect people experiencing or at-risk of homelessness to the most appropriate housing model based on the agreed upon definitions and target criteria by 2014.

5. Implement a Change Management Process to minimize the change impacts and avoid distractions.
Steering Committee Meeting

May 9, 2013

Minutes

Present: Thao Costis (Provider Rep), Barbara Dawson (MHMRA), Tory Gunsolley (Houston Housing Authority), Donna Herron (Consumer Rep), Marilynn Kindell (Fort Bend County), Rebecca Landes (Provider Rep), Daphne Lemelle (Harris County), Dr. Laura Marsh (VA), Tom McCasland (Harris County Housing Authority), Celene Meyer (Funders Together) Neal Rackleff (COH), Stephen Williams (CFTH), and Marilyn Brown (Lead Agency Staff)

Absent: Rebekah Kennedy (City of Pasadena HCD)

The meeting of the Continuum of Care (CoC) Steering Committee was held on May 9, 2013 at the BEACON located at 1212 Prairie Street pursuant to proper notification of all Steering Committee members.

Welcome and Introductions
Chairman Tory Gunsolley called the meeting to order at 3:35 pm. Secretary Celene Meyer conducted roll call. Charly Weldon, Executive Director of the BEACON, welcomed the committee to the building and provided a summary of the services available.

Approval of Minutes
Minutes from April 11, 2013 were presented. A motion was made (Costis) and seconded (Lemelle) to approve the minutes as presented. Motion was approved.

Lead Agency Report –Presented by Marilyn Brown

Work Group Activities

- Two meetings are scheduled
  - Homeless Prevention Planning and Service Coordination – June 6 from 9 am to noon.
  - Rapid Re-housing planning and Service Coordination – May 30 from 9 am to noon.

CoC Grant

- 2012 CoC funding – All Tier 2 renewals were approved. Spreadsheet of funded programs was offered with some slight budget amount adjustments from HUD. Total of renewal funding equals $20,312,848. The three new projects submitted for approval and the planning grant are still pending.
- 2013 Notice of Funding Availability – Is expected to be released after June 2013. Further information presented in New Business.
HMIS
- 89% (57 of 64) of the 2013 Agency Participation Agreements have been signed. Five more are in process. Two agencies (non CoC funded) have not responded to repeated attempts to contact.

PIT, HIC, Needs Assessment
- PIT and HIC reports submitted to HUD were presented to the committee along with a draft of the 2013 Enumeration Executive Summary.

HUD Regulations
- HMIS Data Standards Public Comment Revised Recommendation to be made in Old Business.

HUD Technical Assistance Activities
- System Mapping – Action Plan Item 3 – HUD TA presentation of the System Map will be on May 22nd at the NRC from 8:00 am to 10:00 am.
- Funding for Phase 3 of Technical Assistance Plan has been approved.

Other CoC Activities
- 100,000 Homes Campaign – Successful Registry Week was held May 6-8, 2013. Positive media coverage. Original preliminary results were offered:
  - Total Assessments: 954
  - Unique Clients: 849
  - Veterans: (18%)
  - Either Chronically Homeless or Vulnerable: 468 (55%)
  - CH/V Veterans: 87 (19% of all CH/V; 56% of all Vets)
  - New clients in HMIS: 198 (23%)
- Rackleff commented that the event was very well organized and the COH Department of Housing and Community Development received a record number of Facebook hits.
- Mandy Chapman Semple commented that 81% experienced jail time. Next step will be to place up to 5 persons in PSH before May 18th. The findings will be reported at the Mayor’s Press Conference after City Council on May 15th.

Informational Updates
- 2013 National Conference on Ending Homelessness will take place at Renaissance DC Hotel on July 22-24.
- Letter from Ann Oliva, Director of HUD SNAP was offered with information to CoC leaders and stakeholders.

Old Business

- HMIS Data Standard Public Comments revised timeline recommendation was presented in a memo from Erol Fetahagic, HMIS Administrator. Accordingly, the Committee will receive a draft joint response on May 22 from the Coalition and vote via email on May 29. If approved, the Committee will submit Houston/Harris County CoC comments to HUD on May 31.
New Business by Action Item

- Resolution 3 that the CoC Steering Committee approves the One Voice Texas Housing Workgroup – Homeless Youth Initiative as an affinity workgroup for the CoC was moved (Dawson) and seconded (Herron). Resolution 3 was approved.
- HUD TA – System Map Presentation.
  - May 22 at NRC from 8 am to 10 am.
  - Poll was circulated to determine interest in the committee to have a special presentation on May 22.
- An invitation was made to the Steering Committee members to attend the May 23rd Coalition Breakfast for EDs and Board Members of CoC funded agencies at the Junior League.
- Memo from Whitney Patterson, Systems Project Manager on behalf of the CoC Grant Strategy Committee was offered. Rebecca Landes offered an overview of the committee recommendations and process. Further supportive comments were given by Melody Barr from COH HCD. The Committee will review the recommendations for a June vote. Comments or questions should be emailed to Marilyn Brown.

2012-2013 CoC Action Plan

6. Create a new service delivery model that allows services to be provided in-home or in close proximity to housing throughout the Houston, Harris County and Fort Bend County region by December 2013.
   a. 1115 Medicaid Waiver Project standards and procedures is being driven through and an RFP for a provider has been released.
7. Create 2500 Permanent Supportive Housing Units targeted to the chronically homeless and frequent users of services by December 2015.
   a. This is on target with the Housing Pipeline Committee overseeing its implementation.
8. Rebalance the homeless response system based on need (as determined by data analysis) primarily through the reallocation and alignment of funding resources by December 2015.
   a. The System Mapping presentation at the end of May will lay the foundation for this step to be implemented.
9. Create and implement a coordinated assessment and triage system to connect people experiencing or at-risk of homelessness to the most appropriate housing model based on the agreed upon definitions and target criteria by 2014.
   a. Coordinated Access in process through workgroup for implementation in July.
   b. June meeting presentation of Coordinated Access was requested by committee.
   c. Lemelle commented that it is important to look at Shelter Plus Care stock to fit in on the PSH utilization for the Coordinated Access system.
10. Implement a Change Management Process to minimize the change impacts and avoid distractions.
    a. The Federal Strategic Plan goals have been adopted by the CoC Steering Committee. The Coalition is taking the lead on the Change Management Process with the upcoming CEO/Board member breakfast as one of the initial outreach steps.
Public Comments

- Gerald Eckert, Director of Salvation Army Social Services, asked what will be the process to evaluate the Coordinated Access system. Further, he expressed concern the clients seeking housing are actually served at the receiving agency. Mandy Semple Chapman responded that the CA workgroup is developing the protocols for evaluation and oversight.

Adjournment

A motion to adjourn was made (Costis) and seconded (Marsh). Upon approval, the meeting was adjourned at 5:10 pm.

Respectfully Submitted, 

________________________
Celene Meyer, Secretary

________________________
Tory Gunsolley, Chairman

_____________________
Date
Lead Agency Report
June 13, 2013

A. Work Group Activities (meeting attendance limited to workgroup members)

a. Homeless Prevention Planning and Service Coordination
   i. Made CTI training recommendation
   ii. Made recommendations for Coordinated Access System
   iii. Reviewed Year 1 data
   iv. Problem solved Prioritization Assessment Tool

b. Rapid Re-housing Planning and Service Coordination
   i. Developed Multifamily Set-Aside Pilot procedures with HUD Field Office staff, Properties’ Service Coordinators, and Brazos Valley CoC
   ii. Reviewed Year 1 data
   iii. Made recommendations for Coordinated Access System
   iv. Informed members of the 140 a Month goal for housing veterans

c. Coordinated Access Planning
   i. Confirmed Housing Model eligibility and prioritization
   ii. Provided input on Housing Placement Assessment Tool
   iii. Next Meeting – Wednesday, June 19 at 3 pm at CFTH

B. CoC Grant

a. Issued Request for Proposals for Consultant to project manage the 2013 CoC Grant process. Responses due on Wednesday, June 26th.

C. HMIS

a. Proposed HMIS Data Standards comments submitted to HUD
b. Working to create read-only access option for the VA and Harris Health System
c. HMIS Support Committee nomination period: June 6-26; membership election at the HMIS Forum on June 27

D. Point in Time Count --

a. The results of the 2013 Point in Time Count will be presented at a Coalition sponsored Lunch & Learn on June 19th from 11:30 am until 1:00 pm at the United Way. Dr. Cathy Troisi, Epidemiologist and Associate Professor at UT School of Public Health will report the findings of the 2013 Houston Homeless Count and offer a three year comparative analysis. Also, the findings of the 2013 YouthCount! Pilot project will be presented.

E. HUD Technical Assistance Activities

a. We are currently working with the lead HUD TA to develop the scope of work for Phase 3 funding.

F. Other CoC Activities
a. **100,000 Homes Campaign**  
   i. Registry Week Fact Sheet is attached.  
   ii. An interim outreach plan has been developed until Coordinated Access is fully functional. The Outreach Workgroup has been trained on the established HMIS workflow to:  
      1. continue assessments of vulnerable clients, and  
      2. assist in locating clients from the list for placement into available housing.  
   iii. Thuan Huynh, CFTH staff, will monitor the housing placements from the list and PSH unit availability for placement during the interim plan.

G. **Informational Updates**

a. **Houston highlighted on HUD Webinar**  
   i. The recent Opening Doors Together HUD and US Department of Education webinar: Strategies for Integrating Education and Housing Services featured the Harris County Housing Authority/Northwest Assistance Ministries initiative to permanently house 100 homeless families with school age children annually. Jeanne Stamp from THEO and Rebecca Landes were featured presenters. Originally broadcast June 6, 2013, the webinar will be posted on the USICH website of archived webinars:  
   ii. The following comments were received following the webinar;  
      1. I just wanted to give you all a virtual high-five for a successful webinar this afternoon! The Opening Doors Together, webinar on HUD/ED collaboration was a great success and demonstrated solid collaboration at the between federal partners and local partners.  
      2. Kudos to our panelists, Matt, John, Jeanne, and Rebecca! Great job with your presentations and fielding questions.  
      3. Becky definitely conveyed the robust collaborations in Houston and Texas developed over many, many years.  
      4. As soon as I got back to HUD I told a colleague that *I thought Texas stole the show. Jeanne and Rebecca, you guys were fantastic!*  
      5. We really appreciate Rebecca and NAM! Great to collaborate with them!  
      6. *The entire federal staff was beaming when Jeanne and Rebecca were presenting* 😊

b. **FY2013 ESG allocations**  
   i. On May 30, 2013, HUD announced that the total Emergency Solutions Grants Program (ESG) allocation for FY2013 is $215 million, which is a $71 million reduction from the Fiscal Year (FY) 2012 funding amount. This year, the ESG allocation was affected by a shortfall in the Homeless Assistance Grants appropriation to cover both increased renewal demand in the Continuum of Care (CoC) program and maintain ESG funding at the FY2013 level. The existing shortfall was further affected by the 5% Sequestration reduction. Below is a chart of the local ESG allocation.
<table>
<thead>
<tr>
<th></th>
<th>ESG12</th>
<th>ESG13</th>
<th>Variance from 2012 to 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort Bend County</td>
<td>$157,399</td>
<td>$139,116</td>
<td>-11.60%</td>
</tr>
<tr>
<td>Harris County</td>
<td>$853,881</td>
<td>$758,773</td>
<td>-11.10%</td>
</tr>
<tr>
<td>Houston</td>
<td>$2,367,794</td>
<td>$1,767,468</td>
<td>-25.30%</td>
</tr>
<tr>
<td>Total</td>
<td>$3,379,074</td>
<td>$2,665,357</td>
<td>-21.10%</td>
</tr>
</tbody>
</table>

c. **Total Federal Funding in Houston/Harris County/Fort Bend County for homeless services and housing interventions.**
   i. See attached spreadsheet developed by CFTH staff highlighting all federal funding contributing to homeless services and housing interventions within the CoC.

d. **SOAR - SSI/SSDI Outreach, Access and Recovery**
   i. SOAR Stakeholder meeting in collaboration with the Texas Homeless Network
   ii. Tuesday, June 25 at the Houston Recovery Center from 9 am to 2 pm.
   iii. Topic: Ways to more efficiently provide access to SSI/SSDI and Medicaid/Medicare to the homeless response system
100,000 Homes Houston
Registry Week Fact Sheet
May 5-10, 2013

Prepared by the Coalition for the Homeless of Houston/Harris County on behalf of the Continuum of Care and all its partner agencies

Under the leadership of Mayor Annise Parker, the City of Houston in partnership with the Continuum of Care and many of its member agencies including the Houston Housing Authority, Harris County Housing Authority, SEARCH Homeless Services, The BEACON, Corporation for Supportive Housing, Coalition for the Homeless of Houston/Harris County and other integral community partners planned a weeklong effort to identify and help persons who are homeless obtain and sustain permanent housing. The goal of Houston Registry Week was to create a by-name registry of people living on our streets and in shelters, enabling us to prioritize those who have been out there the longest and who are the most vulnerable. What we learned together during this week will help us reduce chronic homelessness in Houston.

During the days of May 6-8, 2013 between the hours of 4:30 AM and 8:00 AM, 24 teams made up of over 160 community volunteers canvassed the streets of Houston in the Downtown and Midtown corridor. Specialized teams also targeted the Near North-side and Hermann Park/Medical Center areas. The volunteer teams used Community Solutions’ Vulnerability Index to survey and create a by-name and photo ID list of individuals experiencing chronic street homelessness who are most at risk of premature death. An additional twenty volunteers entered the results each day into the Homeless Management Information System (HMIS) thereby assuring that each respondent would be registered in the system.

In addition to systematically gathering the names, pictures, and dates of birth of individuals sleeping on the streets, the teams also captured data on their health status, institutional history (jail, prison, hospital, and military), length of homelessness, patterns of shelter use, and previous housing situation. These data were collected by use of a 38 item questionnaire. The Vulnerability Index was used to identify those who have been homeless the longest and are the most vulnerable. This list will be used to target new and available housing and service resources to the most vulnerable in an effort to reduce chronic homelessness within Houston, Harris, and Fort Bend Counties.

The list is a dynamic list. Registry week was the launch of the Coordinated Access System for the Houston, Harris and Fort Bend Counties Continuum of Care. As further homeless persons are engaged in the system, service providers and outreach workers will utilize the Vulnerability Index to continue to assess homeless persons and families based on vulnerability.

The Vulnerability Index is based on research by Dr. Jim O’Connell, which shows certain medical conditions place a homeless individual at a higher risk than others for dying if they remain on the streets.
Results

- 963 total assessments were completed.
- 847 unique individuals experiencing street homelessness were identified and surveyed in Houston’s Downtown, Midtown, Near North-side, and Hermann Park areas.
- 131 (15%) of the respondents were female and 715 (84%) were male; 1 of the respondents was transgender.
- 497 (59%) are chronically homeless. (Has experienced 4 or more episodes of homelessness in a 3 year period or has been continuously homeless for a year or more; and has a disabling condition).
- 406 (48%) were found to have health conditions associated with a high mortality risk.
- 288 (34%) reported being employed despite literally sleeping on the streets.
- More than 160 community volunteers helped administer the surveys.
- 591 (70%) pictures were taken as part of the survey.
- 289 (34%) listed an outreach worker they trust for purposes of identification.

Medically Vulnerable: In order to be potentially scored as “vulnerable,” a survey respondent must have been homeless for at least 6 months. Then, depending upon how many At-Risk Indicators are found, a survey respondent’s Vulnerability Index score can range from 0 to a high of 8 (a score not yet found among any survey respondents nationally). The total number correlates with the total number of assessments completed and includes duplicated assessments.

<table>
<thead>
<tr>
<th>Vulnerability Score</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>647 (67%)</td>
</tr>
<tr>
<td>1</td>
<td>172 (18%)</td>
</tr>
<tr>
<td>2</td>
<td>96 (10%)</td>
</tr>
<tr>
<td>3</td>
<td>40 (4%)</td>
</tr>
<tr>
<td>4</td>
<td>6 (1%)</td>
</tr>
<tr>
<td>5</td>
<td>2 (&lt;1%)</td>
</tr>
</tbody>
</table>

At-Risk Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>At-Risk Tri-Morbid (Combination of mental health issues plus serious health condition plus substance abuse issues)</td>
<td>163 (19%)</td>
</tr>
<tr>
<td>At-Risk ER or Hospitalized Over 3X</td>
<td>143 (17%)</td>
</tr>
<tr>
<td>At-Risk ER over 3X</td>
<td>75 (9%)</td>
</tr>
<tr>
<td>At-Risk Age Over 60</td>
<td>74 (9%)</td>
</tr>
<tr>
<td>At-Risk HIV/AIDS</td>
<td>36 (4%)</td>
</tr>
<tr>
<td>At-Risk Cirrhosis</td>
<td>50 (6%)</td>
</tr>
<tr>
<td>At-Risk End Stage Renal Disease/Dialysis</td>
<td>28 (3%)</td>
</tr>
<tr>
<td>At-Risk Cold/Wet Weather Injury</td>
<td>28 (3%)</td>
</tr>
</tbody>
</table>
Race breakdown

<table>
<thead>
<tr>
<th>Race</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>Asian</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>558</td>
<td>66%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>White</td>
<td>249</td>
<td>29%</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>12</td>
<td>1%</td>
</tr>
</tbody>
</table>

Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>80</td>
<td>9%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>750</td>
<td>89%</td>
</tr>
<tr>
<td>Unknown</td>
<td>17</td>
<td>2%</td>
</tr>
</tbody>
</table>

Older Adults

- The median age of all respondents was 49.
- 392 (46%) are 50 years old or over.
- The oldest respondent was 81 years old.
- 61 (7%) individuals reported being homeless longer than 10 years.
- The longest reported length of homelessness was 40 years.

Years Homeless

- The average years homeless for the Vulnerable population is 5 years.
- The average years homeless for the Non-Vulnerable population is 3 years.

Service Needs

- 48% suffer chronic health conditions.
- 48% suffer mental health conditions.
- 66% reported issues with alcohol or drugs.
- 40% have been in treatment for alcohol or drugs.
- 20% are victims of domestic violence.
- 32% are victims of a violent attack since becoming homeless.
- 50% rely on hospital as the primary source for healthcare.
Veterans
- 152 (18%) surveyed were Veterans.
- 114 (74%) were honorably discharged.
- 104 (68%) of the Veterans met criteria for Chronically Homeless or Vulnerable.

Breakdown of Vet combat era (multiples possible)

| Korean War (June 1950-January 1955) | 2   | 1% |
| Vietnam Era (August 1964-April 1975) | 52  | 34%|
| Post Vietnam (May 1975-July 1991)    | 32  | 21%|
| Persian Gulf Era (August 1991-Present) | 27  | 17%|
| Afghanistan (2001-Present)           | 6   | 4% |
| Iraq (2003-Present)                  | 10  | 6% |
| Other                                 | 14  | 9% |
| Refused                               | 3   | 2% |
| Unknown                               | 26  | 17%|

Breakdown of Vet discharge

| Honorable                           | 114 | 74% |
| Other than Honorable                | 18  | 12%|
| Bad Conduct                         | 4   | 3% |
| Dishonorable                        | 6   | 4% |
| Refused                             | 3   | 2% |
| Unknown                             | 10  | 6% |

Youth & Foster Care
- 76 (9%) respondents report having a history of foster care.
- 31 respondents were under 25 years old.
- The youngest respondent was 19 years old.
- No respondents under the age of 25 have increased mortality risks specific to adults.
- One respondent under the age of 25 has increased mortality risks specific to that age group. (Youth risk factors are HIV/AIDS, drink alcohol everyday for past 30 days, injection drug use.)

Inpatient Hospitalizations
- A total of 695 inpatient hospitalizations were reported in the past year at an average annual cost of $14,659,100. This assumes an average of $21,380 per admission.

Emergency Room Visits
- A total of 964 ER visits were reported by all respondents in the last 3 months for an annual cost of $2,939,158. This assumes an average of $762.23 per ER visit.
- Inpatient and ER costs combined total over $17,798,258 annually for 847 people.
Institutional History
- 81% reported having been in jail.
- 47% have been in prison.

Health System Impacts
- 447 (53%) report having no insurance or did not know.
- The majority of respondents go to hospital emergency room as the primary source of healthcare.

Income breakdown (income sources – multiples possible)

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work, on-the-books</td>
<td>141</td>
<td>17%</td>
</tr>
<tr>
<td>Work, off-the-books</td>
<td>173</td>
<td>20%</td>
</tr>
<tr>
<td>SSI</td>
<td>99</td>
<td>12%</td>
</tr>
<tr>
<td>SSDI/SSA</td>
<td>33</td>
<td>4%</td>
</tr>
<tr>
<td>VA</td>
<td>17</td>
<td>2%</td>
</tr>
<tr>
<td>Public Assistance</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>80</td>
<td>9%</td>
</tr>
<tr>
<td>Sex Trade</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>Drug Trade</td>
<td>13</td>
<td>2%</td>
</tr>
<tr>
<td>Recycling</td>
<td>59</td>
<td>7%</td>
</tr>
<tr>
<td>Panhandling</td>
<td>205</td>
<td>24%</td>
</tr>
<tr>
<td>Pension</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>No Income</td>
<td>129</td>
<td>15%</td>
</tr>
<tr>
<td>Other</td>
<td>150</td>
<td>18%</td>
</tr>
</tbody>
</table>

Violence
- 271 or (32%) report being a victim of a violent attack since becoming homeless.

Brain Injury
- 149 or (18%) report suffering from a brain injury.

Costs
- An estimated cost of $103 million annually in public resources is spent annually on the chronic homeless in Houston.
Community Solutions
Community Solutions is a national nonprofit organization dedicated to strengthening communities to end homelessness by building partnerships, sharing innovations, and connecting vulnerable people to homes and support. Our efforts grew out of the New York-based homeless services organization, Common Ground. Community Solutions is currently organizing change agents to find and house the 100,000 most vulnerable homeless individuals in America as part of its 100,000 Homes Campaign.

Contact Information:

Becky Kanis, Director, 100,000 Homes Campaign, Community Solutions
917.957.7104
bkanis@cmtyolutions.org

100,000 Homes Houston Registry Week
Houston Registry Week is part of the national 100,000 Homes Campaign — a grassroots movement of over 187 communities to find and place chronically homeless individuals into 100,000 homes across the nations. It is the first of a three-prong, comprehensive plan to eliminate chronic homelessness in Houston that includes: (1) identifying and prioritizing the most vulnerable homeless individuals, (2) placing them into permanent housing, and (3) providing needed services and treatments.

The plan is an initiative of the City’s Housing and Community Development Department, Houston Housing Authority, Harris County Community Services Department, Harris County Housing Authority, Funders Together to End Homelessness, Coalition for the Homeless of Houston/Harris County, Continuum of Care and other integral community Partners.

Thanks to our Sponsor

Local Contact Information:

Gary Grier, Director of Community Engagement, Coalition for the Homeless of Houston/Harris County
832-531-6006
ggrier@homelesshouston.org

Mandy Chapman Semple, Special Assistant to the Mayor on Homeless Issues
Mandy.Semple@houstontx.gov
<table>
<thead>
<tr>
<th>Federal Agency</th>
<th>Grant</th>
<th>Amount</th>
<th>Period</th>
<th>Purpose</th>
<th>Award Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration for Children, Youth, and Families (ACYF)</td>
<td>Basic Center Program</td>
<td>$200,000</td>
<td>FY2012</td>
<td>Supportive services and shelter operations for unaccompanied homeless youth</td>
<td>Awarded to Nonprofits and Units of Local Government</td>
</tr>
<tr>
<td>Department of Education</td>
<td>McKinney-Vento Education Grant</td>
<td>$1,156,253</td>
<td>2013 - 2014 School Year</td>
<td>Educational Services and Supports for Homeless Students</td>
<td>Awarded to the Texas Education Agency which subcontracts with the Region 10 Education Service Center for distribution to Texas school district and education service center grant applicants in a three year competitive funding cycle based on amount of enrolled homeless students</td>
</tr>
<tr>
<td>Department of Education</td>
<td>Title I</td>
<td>$402,000</td>
<td>2013 - 2014 School Year</td>
<td>Homeless set aside money for educational services and supports for homeless students</td>
<td>Title I funds are awarded to school districts, and district set aside funding based on homeless student enrollment</td>
</tr>
<tr>
<td>Department of Housing and Urban Development (HUD)</td>
<td>Continuum of Care</td>
<td>$28,553,558</td>
<td>2012-2013</td>
<td>Permanent Supportive Housing, Transitional Housing, Homeless Management Information System Administration, CoC Planning, Supportive Services Only</td>
<td>Awarded to Nonprofits, Housing Authorities, and Units of Local Government through Competitive CoC Selection Process</td>
</tr>
<tr>
<td>Department of Housing and Urban Development (HUD)</td>
<td>Emergency Solutions Grant</td>
<td>$3,781,160</td>
<td>FY2013</td>
<td>Emergency Shelter, Street Outreach, Homelessness Prevention, Rapid Re-Housing</td>
<td>Awarded to State, City, and County Entitlement Jurisdictions with Option to Allocate to Subrecipients</td>
</tr>
<tr>
<td>Department of Housing and Urban Development (HUD)</td>
<td>Community Development Block Grant, Services</td>
<td>$1,411,068</td>
<td>FY2013</td>
<td>Supports homeless services and acts as a match to ESG</td>
<td>Awarded through formula funding to entitlement jurisdictions who pass through to nonprofits</td>
</tr>
<tr>
<td>Department of Housing and Urban Development (HUD)</td>
<td>HOME and Community Development Block Grant, Capital</td>
<td>$59,400,000</td>
<td>Approximate value of 3 years in pipeline and implemented for Single Room Occupancy and other homeless permanent housing</td>
<td>Supports construction and rehabilitation of properties for permanent and transitional housing accessible to homeless people</td>
<td>Awarded through formula funding to entitlement jurisdictions who pass through to nonprofits</td>
</tr>
<tr>
<td>Department of Housing and Urban Development (HUD)</td>
<td>Housing Choice Vouchers and Public Housing</td>
<td>$1,352,400</td>
<td>FY2013</td>
<td>Provides permanent housing for people who are chronically homeless, homeless families with school age children, and people &quot;graduating&quot; from permanent supportive housing.</td>
<td>Awarded to Housing Authorities and set aside through local preference. Some project based to private and nonprofit developers.</td>
</tr>
<tr>
<td>Department of Housing and Urban Development (HUD) and Veterans Administration (VA)</td>
<td>Veterans Affairs Supportive Housing (VASH)</td>
<td>$5,515,950</td>
<td>Current funding to date FY2013</td>
<td>Permanent Supportive Housing for Veterans</td>
<td>Jointly Awarded to Housing Authorities and VA Hospitals</td>
</tr>
<tr>
<td>Department of Labor (DOL)</td>
<td>Homeless Veterans Reintegration Program</td>
<td>$600,000</td>
<td>FY2012</td>
<td>Employment Assistance</td>
<td>Awarded to Nonprofits through Federal Allocation Process</td>
</tr>
<tr>
<td>Health Resources and Services Administration</td>
<td>Health Care for the Homeless Federally Qualified Health Center</td>
<td>$729,706</td>
<td>FY2013</td>
<td>Healthcare services for people who are homeless</td>
<td>Awarded to Homeless Federally Qualified Health Centers through Federal Allocation Process</td>
</tr>
<tr>
<td>Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
<td>Cooperative Agreements Benefiting Homeless Individuals</td>
<td>$500,000</td>
<td>3 year demonstration grant, 2012 - 2015 (amount per year)</td>
<td>Supportive Services for Chronically Homeless People in Permanent Supportive Housing</td>
<td>Collaborative Grant, Coalition for the Homeless lead applicant</td>
</tr>
<tr>
<td>Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
<td>Services in Supportive Housing</td>
<td>$709,259</td>
<td>5 year grant, 2009 - 2014 (amount per year)</td>
<td>Supportive Services for People in Permanent Supportive Housing</td>
<td>Awarded to Nonprofits</td>
</tr>
<tr>
<td>Program Name</td>
<td>Project Description</td>
<td>Fiscal Year</td>
<td>Project Description</td>
<td>Funding Agency Notes</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
<td>Projects for Assistance in Transition from Homelessness (PATH)</td>
<td>FY2012</td>
<td>Mental health services for homeless people</td>
<td>Awarded to Single State Agencies for mental health funding and distributed to local mental health public agencies; Awarded directly to nonprofits</td>
<td></td>
</tr>
<tr>
<td>Veterans Administration (VA)</td>
<td>Supportive Services for Veteran Families</td>
<td>FY2012</td>
<td>Homelessness Prevention and Rapid Re-Housing</td>
<td>Awarded to Nonprofits through Federal Allocation Process</td>
<td></td>
</tr>
<tr>
<td>Veterans Administration (VA)</td>
<td>Grant and Per Diem</td>
<td></td>
<td>Transitional Shelter for homeless veterans</td>
<td>Awarded to Nonprofits through Federal Allocation Process</td>
<td></td>
</tr>
<tr>
<td>Office on Violence Against Women Act, Victims of Crime Act (VOCA)</td>
<td>Victims Of Crime Act (VOCA)</td>
<td>FY2013</td>
<td>Emergency and Transitional Shelter for people who have fled home due to domestic abuse</td>
<td>Formula funding awarded to state agency and passed through Area Councils of Government to Nonprofits</td>
<td></td>
</tr>
<tr>
<td>Office on Violence Against Women</td>
<td>OVW Grant</td>
<td>Over a 3 year period</td>
<td>Transitional shelter for victims of domestic violence</td>
<td>Discretionary funding awarded to nonprofit and government providers</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$109,389,914</strong></td>
<td></td>
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</tr>
</tbody>
</table>
TO: MARILYN BROWN, PRESIDENT AND CEO
FROM: WHITNEY PATTERSON, SYSTEMS PROJECT MANAGER ON BEHALF OF THE COC GRANT STRATEGY COMMITTEE
SUBJECT: RECOMMENDATIONS FOR 2013 COC NOFA NEW PROJECTS AND RENEWAL THRESHOLD
DATE: JUNE 13, 2013

This Memorandum presents for approval the following recommendations of the CoC Grant Strategy Committee criteria for New Projects and Renewal Threshold for the 2013 CoC grant funding. Final criteria will be amended as necessary based on the 2013 Notice of Funding Availability (NOFA).

New Projects

A. Permanent Supportive Housing (services/operations only)
   • Both single site and scattered site proposals will be accepted
     o Bonus Points: Integrated Clusters
     o Bonus Points: Integrated Clusters New Construction properties
   • Proposals for capital costs related to construction and rehabilitation will not be accepted

B. Rapid Re-Housing
   • Proposals for Rapid Re-Housing rental projects will be accepted
     o Bonus Points: Rapid Re-Housing used as a bridge to Permanent Supportive Housing or subsidized permanent housing

C. Coordinated Access
   • Reallocate Supportive Service Only grants to Coordinated Access if they score as “Poor Performing” on the new SSO renewal scoring tool to be developed
   • Bonus Points: Voluntary conversion of Supportive Service Only grants to Coordinated Access grants

Renewal Project Threshold Requirements

Renewal projects will be reallocated to fund New Projects if they do not meet the following threshold criteria based on HUD and local CoC requirements.

1) The project applicant’s performance against plans and goals established in the initial application as amended;
2) Project applicants must demonstrate all timeliness standards for grants being renewed, including that standards for the expenditure of grant funds have been met;
3) Evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site may
result in a rejection of the application from the competition. Applications will be rejected for the following reasons:

a) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;

b) Audit finding(s) for which a response is overdue or unsatisfactory;

c) History of inadequate financial management accounting practices;

d) Evidence of untimely expenditures on prior award;

e) History of other major capacity issues that have significantly impacted the operation of the project and its performance;

f) Timeliness in reimbursing sub recipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per month; or

g) History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

4) Projects must utilize the Homeless Management Information System (HMIS) for required data elements, unless prohibited from participating.

5) Project must meet the minimum threshold score required on the renewal scoring tool to be developed. The minimum required score will be set low this year, and will increase incrementally in coming years.

Background
In anticipation of the 2013 CoC Grant NOFA release, the following steps have been taken to develop recommendations for the funding of new projects and the setting of threshold requirements for renewal projects.

CoC Grant Strategy Committee membership confirmed (open invitation to additional providers to be vetted by existing committee members).

- City of Houston Housing and Community Development: Melody Barr
- Fort Bend County Community Development: Carol Borrego
- Harris County Community Services Department: Kelly Sowards Opot
- Private Funder, Episcopal Health Charities: Mary Ford
- Provider Representative: Thao Costis
- Provider Representative: Rebecca Landes

May 1, 2013—Homeless Services Coordinating Council service provider input at session facilitated by Provider Representatives and CFTTH staff.

May 6—CoC Grant Strategy Committee met to review service provider input and additional data to develop recommendations. New project and renewal threshold recommendations are based on a combination of HUD requirements and strategies to support local commitments to ending chronic and veteran homelessness.

Next Steps

- CFTH has issued RFP for consultant for 2013 NOFA process.
- CoC Grant Strategy Committee will review options for new project and renewal scoring tools, and make recommendation to CoC Steering Committee or its designated subcommittee by July 3rd.
- Renewal Threshold Tool to be completed mid-July in anticipation of 2013 NOFA release.
TO: MARILYN BROWN, PRESIDENT AND CEO  
FROM: WHITNEY PATTERSON, SYSTEMS PROJECT MANAGER ON BEHALF OF THE COC GRANT STRATEGY COMMITTEE  
SUBJECT: RECOMMENDATION FOR APPROVAL OF THE CRITICAL TIME INTERVENTION MODEL AS THE ENDORSED EVIDENCE BASED PRACTICE FOR HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROVIDERS  
DATE: JUNE 13, 2013

This Memorandum recommends that the Houston/Harris County Continuum of Care Steering Committee approve:

- Endorsement of the use of Evidence Based Practices for Homelessness Prevention and Rapid Rehousing housing models and
- That training including Critical Time Intervention will be offered to Homeless Prevention and Rapid Rehousing housing models staff.

Background

In March, 2013 the Continuum of Care Steering Committee approved the CoC’s ESG strategy, which was developed in conjunction with the ESG Entitlement Jurisdictions’ Written Program Standards, to determine minimum program standards and strategies for Homelessness Prevention and Rapid Re-Housing programs. A requirement of the program standards is the use of Evidence Based Practices in operating the housing models.

The Critical Time Intervention model was developed by Columbia University’s Center for Homelessness Prevention Studies, and is a recognized Evidence Based Practice by the Substance Abuse and Mental Health Services Administration. It has been demonstrated to help people rapidly transition from homelessness to housing stability.

At the May 30th Rapid Re-Housing Planning and Service Coordination Workgroup and June 6th Homelessness Prevention Planning and Service Coordination Workgroup meetings, the CTI model was presented, and input was solicited from workgroup member. The consensus was that in-person training would be preferred, and the use of CTI as the primary Evidence Based Practice was agreed to. The vendor that provides in-person training is Housing Innovations. The cost will be approximately $16,000 including materials, travel and expenses.

CSH, the HUD TA lead agency will include this cost in their request to HUD for Phase 3 Priority Community funding. If this is not approved, alternate funding sources will be needed.
# CoC Grant Strategy Committee 2013 Workplan

<table>
<thead>
<tr>
<th>Task</th>
<th>Notes</th>
<th>Assigned To</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather Feedback From CoC Providers on New and Renewal Priorities</td>
<td>At May Homeless Services Coordinating Council Meeting, 78 CoC providers and stakeholders provided input.</td>
<td>Thao Costis and Becky Landes</td>
<td>May 1</td>
</tr>
<tr>
<td>Draft Recommendations for New Project Priorities and Threshold for Renewal Projects</td>
<td>Recommendations were drafted based on feedback from HSCC and data.</td>
<td>CoC Grant Strategy Committee, Whitney Patterson</td>
<td>May 7</td>
</tr>
<tr>
<td>New Project Priorities and Renewal Threshold Recommendations Presented to CoC Steering Committee for Review</td>
<td></td>
<td>CoC Grant Strategy Committee, Marilyn Brown</td>
<td>May 9</td>
</tr>
<tr>
<td>New Project Priorities and Renewal Threshold Recommendations Presented to Homeless Services Coordinating Council</td>
<td>June 5 HSCC meeting initially slated for CoC Grant Process input, delayed due to need to secure consultant. No HSCC meeting in July.</td>
<td>Thao Costis</td>
<td>June 5</td>
</tr>
<tr>
<td>RFP released for CoC Competition Consultant</td>
<td></td>
<td>CFTH Staff</td>
<td>June 11 – June 26</td>
</tr>
<tr>
<td>Solicitation for Additional Provider Members for CoC Grant Strategy Committee</td>
<td>Vetted by CoC Grant Strategy Committee</td>
<td></td>
<td>June 11 – June 19</td>
</tr>
<tr>
<td>New Project Priorities and Renewal Threshold Voted On</td>
<td></td>
<td>CoC Steering Committee</td>
<td>June 13</td>
</tr>
<tr>
<td>New and Renewal Project Ranking Tools Drafted and Sent to HSCC Members for Input</td>
<td></td>
<td>CoC Grant Strategy Committee, Grant Consultant</td>
<td>Deadline July 3</td>
</tr>
<tr>
<td>Project Ranking Priorities Drafted and Sent to HSCC Members for Input</td>
<td></td>
<td>CoC Grant Strategy Committee, Grant Consultant</td>
<td>Deadline July 3</td>
</tr>
<tr>
<td>Project Ranking Tools and Ranking Priorities Voted On</td>
<td></td>
<td>CoC Steering Committee, CoC Grant Strategy Committee</td>
<td>July 11</td>
</tr>
<tr>
<td>New and Renewal Ranking Committees Formed and Trained</td>
<td></td>
<td>CFTH Staff</td>
<td>July 19</td>
</tr>
</tbody>
</table>

**Future Tasks:**
1. Develop Performance Evaluation process and tools to be used year-round.
2. Make system “right-sizing” recommendations.
Proposed Follow up Plan for
System Mapping Results
(Expansion of Strategy #4 - Rebalance the Homeless Response System by 2015)

Pre-NOFA Activities (Now-August)

I. Transitional Housing Conversion
   a. Utilize the Conversion Readiness Assessment Tool available through our HUD TA to analyze existing Transitional Housing.
   b. Present a summary of the results and list of next steps to CoC Steering Committee.

II. Bring Permanent Supportive Housing into HUD Compliance
   a. Review 2012 CoC grant applications for all PSH identifying those that have errors or violations of HUD standards.
   b. CFTH staff to meet with those identified for corrective action prior to 2013 NOFA.

III. Expand Rapid Rehousing
      b. Continue and/or accelerate Shelter Plus Care workout plan in preparation for NOFA.
      c. Present reallocation options to CoC Steering Committee for consideration.

IV. Supportive Services Only Reallocation
   a. Create matrix of SSO programs
   b. Hold meetings with each SSO agency.
   c. Present reallocation options to CoC Steering Committee for consideration.
TO: MARILYN BROWN, PRESIDENT AND CEO  
FROM: EROL FETAHAGIC, HMIS ADMINISTRATOR  
SUBJECT: REVIEW OF THE DATA STANDARDS COMMENTS TO HUD  
DATE: MAY 22, 2013

This memo lists the proposed comments to the new HMIS data standards and provides the rationale behind them. The list of comments was put together by the Coalition HMIS team after receiving input from the HMIS Support Committee on 4/25/13. The Coalition will submit the comments to HUD after the CoC Steering Committee’s approval.

Background

HUD has released the 2013 Draft HMIS Data Standards Notice on April 2, and is now seeking public comments. The notice and the comment template are available at https://www.onecpd.info/resource/29177/2013-draft-hmis-data-standards/. The comments are due to HUD by June 3, 2013.

Proposed Comments

<table>
<thead>
<tr>
<th>Universal Data Elements</th>
<th>Comments to HUD</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>The options &quot;Client Doesn't Know&quot; and &quot;Client Refused&quot; may result in housing referral challenges and major reporting issues. Is it possible to create an alternative way to report approximate ages, so that these clients are still placed in the common age categories (&lt;18, 18-24, 25-61, 62+)?</td>
<td>Client records that don’t include at least approximate ages are almost useless, as they can’t be categorized even in the broadest terms of “adults” and “children”. Many reports include age ranges, so an approximate age can still be used. Realizing this challenge, we had removed the options “Don’t Know” and “Refused” several years ago, as did many other HMIS communities. We’d like HUD to develop an alternative way to report ages on all clients.</td>
</tr>
<tr>
<td>Veteran Status</td>
<td>We’d like HUD to clarify whether the Veteran Status is collected at the initial program entry or at every program entry. The UDE Summary table and the element detail show different instructions. We recommend reporting the Veteran Status only initially, as we do with the Name, SSN, and DOB.</td>
<td>We collect the Veteran Status at every new enrollment, even though this information can change very rarely. A permanent change in the Veteran Status could still be updated the same way as a name change. As is, we see that many clients have contradictory answers and it’s difficult to tell which is correct. Repeated assessment requirement is also a burden to the intake staff.</td>
</tr>
<tr>
<td>Disabling Condition</td>
<td>We’d like HUD to clarify whether the Disabling Condition is collected at the initial program entry or at every program entry. We currently collect it at every entry and see that many clients have multiple and sometimes contradictory answers.</td>
<td>The rationale for changing when we update the Disabling Condition is similar to that for the Veteran Status (above). Once a client has a Disabling Condition, it is unlikely that it will go away. Changes can still be updated if needed, but there shouldn’t be contradictory answers in the system.</td>
</tr>
<tr>
<td>Residence Prior to Program Entry - Type of Residence</td>
<td>Some categories need clarification: Safe Haven could be listed as “Safe Haven CoC program” and “Residential project” could be renamed “Bunkhouse” to distinguish it from “Rental by client...” (with or without We wanted HUD to clarify these two choices in particular. Many users don’t know that Safe Haven is a CoC program type. The other option is a new one and it says “Residential project or halfway house with no homeless criteria,” which we’d like HUD to revise.</td>
<td></td>
</tr>
<tr>
<td><strong>Destination</strong></td>
<td>We urge HUD to add &quot;Unknown/disappeared&quot; as a response category. We agree that the choices &quot;Don't Know&quot; and &quot;Refused&quot; should emphasize client's own response, but there is no other way to report unknown destinations, which are quite common for some program types.</td>
<td>While we want to limit unknown destinations, we have to keep this option. If we eliminate it then we'll start seeing that case managers use other answers as they can't skip it.</td>
</tr>
<tr>
<td><strong>Length of Time Homeless</strong></td>
<td>We commend the elimination of the term &quot;episode of homelessness,&quot; which has never been clearly defined. Further, we urge HUD to adopt NHSDC's even more specific proposal for Chronic Homeless definition that includes &quot;at least 365 cumulative days of homelessness over three years.&quot;</td>
<td>HUD is proposing to change the definition of Chronic Homelessness and to use 12 months over the last three years instead of four &quot;episodes&quot;. The National Human Services Data Consortium (NHSDC) has come up with an even better way to measure the time by using days instead of months.</td>
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</table>

| **PROGRAM SPECIFIC DATA ELEMENTS** |
| **Zip Code of Last Permanent Address** | We recommend replacing the Zip code element with the client’s last Jurisdiction name/Geocode, and moving it back to the UDEs. This would streamline the intake process, enable direct AHAR Geocode reporting, and improve missing rates, while still allowing analysis of client movements between CoCs. | The Zip code is the element with the highest unknown rates. We feel that it is too burdensome to collect it, regardless of the program type. However, the AHAR (annual housing report to HUD) includes information about movements between Geocodes, even though only Zip codes are currently collected. We should ask the clients if they are from one of the five jurisdictions in our CoC, or if they came from a non-CoC jurisdiction. |
| **Housing status** | We recommend moving the Housing Status (at entry) back to the UDEs. This element should be required for all CoC programs because system-wide performance measurement and analysis depends on it. We agree that this element should be removed from the exit assessment. | The Housing Status contains the new homeless/prevention categories, so we feel it is important that all HMIS programs answer it. The Program-Specific Data Elements (PSDE) are generally only entered by HUD-funded programs, compared to the Universal Data Elements (UDE). |

| **ANY OTHER GENERAL COMMENTS** | General Comment Instructions - In order for HUD to aggregate general comments from many persons it is helpful if you enter each comment on a separate line. | |
| | We'd like HUD to clarify the applicability of PSDEs to specific CoC program types. For example, which programs should collect the Pregnancy Status? Also, the Education element should be kept as a PSDE, as the Last Grade Completed is only applicable to FYSB. | HUD did not clarify the applicability of many new elements, and they possibly omitted the Education element. |