June 2014 Steering Committee Meeting

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AGENDA

I. Call to Order – Celene Meyer
   a) Roll Call

II. CoC Highlight: – Eva Thibaudeau

III. Approval of Minutes – Tory Gunsolley
    a) May 8, 2014 CoC Steering Committee Meeting

IV. Lead Agency Report – Eva Thibaudeau

V. HMIS Administrator Report – Eva Thibaudeau

VI. Old Business
    a) Review of additional CoC Policies needed – Eva Thibaudeau

VII. New Business
    a) HMIS Policies/Documents – Eva Thibaudeau
    c) Specialized Populations and CoC Housing – Eva Thibaudeau
    d) Point in Time and Opening Doors – Eva Thibaudeau

VIII. Meeting in July – Tory Gunsolley

IX. Public Comments

X. Adjournment
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 8, 2014

Minutes

Present: Tory Gunsolley (Houston Housing Authority), Donna Herron (Consumer Rep), Clay Kibler (Consumer Rep), Marilynn Kindell (Fort Bend County ESG), Rebecca Landes (Northwest Assistance Ministries - Provider Rep), Daphne Lemelle (Harris County Community Services Dept), Tom McCasland (Harris County Housing Authority), Celene Meyer (Episcopal Health Foundation- Private Funder Rep), Neal Rackleff (COH), Stephen Williams (CFTH Rep - Houston Dept of Health and Human Services), Eva Thibaudeau (Lead Agency Staff)

Absent: Melissa Carroll (Pasadena ESG), Thao Costis (SEARCH Homeless Services- Homeless Services Rep), Barbara Dawson (MHMRA rep), Dr. Laura Marsh (VA).

The meeting of the Continuum of Care (CoC) Steering Committee was held on May 10, 2014 at the Neighborhood Resource Center, 815 Crosby St., pursuant to proper notification of all Steering Committee members.

Welcome and Introductions
Chair Tory Gunsolley called the meeting to order at 3:37 pm. Secretary Celene Meyer conducted roll call. Gunsolley noted that there was a quorum.

CoC Progress Highlight – Presented by Eva Thibaudeau

- Mandy Chapman was invited by the United States Interagency Council on Homelessness (USICH) to testify before congress in a panel which highlighted Houston and Phoenix as two cities with strong mayors who are being progressive and aggressive regarding homelessness. Two takeaways were:
  - One-on-one meetings with department secretaries (such as the Department of Labor which wants to know how it can work better with homeless systems)
  - Praise from HUD regarding the work that public housing authorities have been undertaking to be a part of the system change, and an interest from HUD in how we’re working our system without HUD having to retool their regulations.
- Houston has a lot to be proud of as a community!
Technical Assistance Phase III – presented by Liz Drapa and Irene Pijuan

- Irene Pijuan was introduced as the new HUD Technical Assistance (TA) Liaison for Houston and outlined the scope of what Phase III TA will look like:
  - An overall support of systems change that is happening and capacity building for the Coalition for the Homeless.
  - A focus on Transitional Housing (TH) conversion and opportunities, including an analysis of programs and what the future is.
  - Performance measurement conversations, tools, and HMIS TA as needed.
  - Coordinated Assessment support.

Approval of Minutes

Minutes from March 13, 2014 were presented. Gunsolley called for a motion to approve the minutes. Herron motioned, Meyer seconded. The motion carried and the minutes were approved.

Lead Agency Report – Presented by Eva Thibaudeau

- The Lead Agency participated in the LGBTQ Youth Homelessness Prevention full-day kick off on April 17. More than 80 attendees from more than 40 agencies participated and the stage has been set to move forward. The TA was noted as being highly engaged and the right people are at the table.
- An opportunity was presented from the Texas Homeless Network to award two scholarships to their Case Manager Training Institute. The Lead Agency nominated an individual from the HMIS Support Committee as well as a full-time Coordinated Access assessor.

HMIS Administrator Report – Presented by Eva Thibaudeau

- HMIS has been working to enter Homeless Count data into HDX, including bed and shelter data.
- HMIS has also completed 6 site visits, trained 28 new users, and 22 users in how to run reports. Having a dedicated HMIS Trainer has helped the department step up and meet the community need.

Old Business

- Agency Performance Report – Presented by Eva Thibaudeau
  - Eva and Takeshia Richardson (HMIS Project Manager) have met with 35 of 38 programs regarding performance measurement and steps that can be taken to improve data and APRs for the next NOFA.
  - Another focus of the meeting is to ensure that programs are correctly entering data and getting credit for their work. Providers seem to be taking data improvements seriously.
Agency performance meetings have also provided the opportunity for Lead Agency staff to have discussions about difficult issues, such as agencies that aren’t aligned with HUD priorities, but didn’t necessarily know that.

Lead Agency staff have also started to talk with programs about how to use CoC Rapid Rehousing (RRH) money if TH converts to RRH.

One program was not using HMIS and the program was notified that they are at risk of CoC renewal funding. HMIS staff reached out repeatedly to schedule a personalized training with the program. The program staff eventually attended an HMIS training and was notified that if the APR continues to show no data being entered, the program may not be scored and ranked in the FY2014 NOFA Program Competition.

- **2014 Action Plan – presented by Eva Thibaudeau**
  - Comments from the previous meeting were taken into account and are reflected in the current draft of the action plan.
  - This Action Plan is designed to be a web document and will be uploaded on the CoC website on the Strategic Plans page.
  - Thibaudeau thanked Neal Rackleff and his department staff at the Housing and Community Development Department (specifically Valerie) for their time and talent.
    - Stephen Williams asked that a signature be added to the front of the Action Plan before it is placed on the website for legitimacy.
  - Gunsolley called for a motion for the CoC Steering Committee to approve and adopt the 2014 Action Plan.
    - Kibler moved. Williams seconded. The motion was approved.

**New Business**

- **Funders Together to End Homelessness Goals – presented by Celene Meyer**
  - CoC Steering Committee member Celene Meyer presented information on the local effort of the Funders Together to End Homelessness group, including the history, educational process, and their mission and commitments in the Houston community.
  - The goals of the FTEH are intentionally aligned with the community’s goals.
  - FTEH funding decisions will be data driven and informed by current best practices/evidence-based models.

- **Communication/Change Management Plan – presented by Eva Thibaudeau**
  - With all of the moving pieces and amazing work that is being done in Houston, often times, we are unable to tell the story of the progress being made in Houston. The Coalition has been working on a plan to coordinate a system to release information locally and nationally on a consistent basis to get our story out and in front of the public.

- **Kroger Card Donations – presented by Donna Herron**
  - Herron presented the Kroger Community donation program as a possible way to help fund the work that is being done in Houston as it relates to homelessness.
Public Comments
- There were no public comments.

Adjournment
Upon approval, the meeting was adjourned at 4:27 pm.

Respectfully Submitted,          Approved,

________________________________  ___________________________
Celene Meyer, Secretary           Tory Gunsolley, Chairman

__________________________
Date
A. Work/Affinity Group Activities
   a. Networks, Initiatives and Affinity Groups
      i. CoC Provider Forum
         1. Provider Forum was conducted May 27, 9am to 10:30am at the NRC with discussion of Continuum of Care Membership Policy, trainings schedule, and Disaster Communications Plan for homeless populations. Next meeting will be August 26 from 9 to 10:30 am at the NRC with a presentation on Coordinated Access
         2. Quarterly Case Manager Resource Exchange is scheduled for July 9th from 2:30 to 4pm at HCDE regarding homeless documentation for HUD programs
      ii. HMIS Forum
          1. Next meeting June 19, 2pm-4pm at HCDE
      iii. Consumer Forum
          1. Conducted on May 16, from 2pm-3:30pm at the NRC featuring Needs Assessment Focus Group. Next Forum will be October 17 from 2pm-3:30 at the NRC
      iv. Housing Houston’s Heroes
          1. HHH meeting held on June6th with report out on the Mayor’s Challenge Imitative. Next meeting is scheduled for July 18th, 9am at the NRC
          2. RRH –HP subcommittee met weekly 5/15, 5/22, 6/5, and 6/12
          3. National Coalition for Homeless Veterans Conference in DC held May 28-30 with presentations featuring Houston including Coordinated Access
          4. The Regional SSVF Coordination visit is scheduled for June 26 from 9am to 1pm at HCDE
      v. Youth/Young Adult Affinity Group
         1. Homeless Youth Network Forum was conducted May 12, 2014 updating the HYN research project results of phase I focus groups
         2. LGBTQ Homeless Youth Prevention Initiative implemented its steering committee on May 29th including 12 subcommittees. Initial planning period to be completed by last day of September 2014
      vi. One Voice Texas Affinity Group
         1. Housing Workgroup did not meet in May but will meet on June 25 at 9:30am at United Way
         2. Children/Young Adults Workgroup met June 6 regarding the casey Report on Harris County and DFPS Sunset Report
      vii. ESG Funders Workgroup
         1. Met on June 11th from 9:00am to 12:00 noon including a discussion and review of written standards
      viii. Coordinated Access Workgroup
         1. Coordinated Access workgroup meeting was conducted on June 9
         2. Transition team meetings weekly at the BEACON Thursdays from 2:00 to 3:00pm

B. Point in Time and HIC data
   a. Press conference was held on May 29th at 1414 Congress with presentations by Tory Gunsolley and Marilyn Brown

C. Performance Measurement
   a. Developed and distributed non cash benefits checklist at CoC Provider Forum
D. Other CoC Activities
   a. CoC Roundtable scheduled for June 18\textsuperscript{th} from 1-3pm; Coalition staff to represent CoC on conference call
   b. CTI training scheduled for June 25 and 26 and has reached full capacity of 45 on each day
   c. Case Manager Resource Exchange scheduled for July 9\textsuperscript{th} from 2:30pm to 4pm at HCDE

E. Informational Updates
   a. 100,000 Homes Campaign announced on June 10\textsuperscript{th} that it surpassed its goal and has housed 101,628 homeless persons one month ahead of the four year July deadline
Houston Helps Push National 100,000 Homes Campaign Over the Finish Line

Local agencies announce that Houston has housed 1,510 chronically homeless individuals since January 2012 as national effort reaches its goal

HOUSTON, Texas (June 11, 2014) — The Coalition for the Homeless of Houston/Harris County, on behalf of the Houston Continuum of Care announced today that Houston has housed 1,510 chronically homeless individuals since January 2012, as part of the national 100,000 Homes Campaign, which today reached its four-year goal of helping communities house 100,000 chronically homeless Americans. That number includes more than 30,000 veterans and represents an estimated annual taxpayer savings of $1.3 billion.

On a national scale, Houston is contributing to the continued downward trend in homelessness. Recently, the Coalition announced that Houston’s homeless population declined by 37 percent, or 3,187 fewer homeless people, since 2011, according to the Point-In-Time Homeless Count conducted on Jan. 30, 2014. Houston is also recognized as part of the 100,000 Homes’ 2.5% Club. Houston is housing 2.867 percent of its most vulnerable citizens each month, and it is ahead of schedule with monthly placement having accomplished 60 percent of its housing placement goal.

"Houston is leading the charge to end chronic homelessness," said Marilyn Brown, President & CEO of the Coalition. "Our success as part of the 100,000 Homes Campaign proves that permanent housing coupled with support services works."

Mayor Annise D. Parker announced the latest results following this morning’s Houston City Council meeting:

“The leadership of the 100,000 Homes Campaign knows that we must continue to focus on housing as the solution to homelessness, with supportive services added as the guarantee to success. We now look forward to the next accomplishment of ending chronic homelessness in Houston by December 2015. The goal is for every chronically homeless person in Houston to have housing coupled with supportive services,” Parker said.
Communities participating in the 100,000 Homes Campaign have achieved success by doing four things differently:

- First, they hit the streets to identify all of their homeless neighbors by name and build a file on each person’s housing needs.

- Second, they prioritize their most vulnerable and chronically homeless neighbors for the first permanent housing available. This includes those who have been homeless for extended periods of time and those who face serious health conditions associated with an increased risk of death on the streets.

- Third, they adopt the evidence-based "Housing First" approach by moving people into permanent housing right away and work diligently on long-term employment, drug treatment, healthcare and mental health needs only after stable housing has been secured.

- Finally, they use data to streamline their local housing systems and track their monthly progress toward ending homelessness. All communities work toward a goal of housing at least 2.5 percent of their chronically homeless population each month, putting them ahead of the growth curve and on track to end chronic homelessness outright.

**Ending Veteran Homelessness**

The Campaign’s final tally includes more than 30,000 veterans. This success offers a strong sign for President Obama’s commitment to end veteran homelessness by the end of 2015. Since 2010, homelessness among veterans has dropped by 24 percent and an updated federal estimate due out this summer is expected to show an ongoing decrease. Many Campaign communities have made a special commitment to ending veteran homelessness by partnering with their local VA Medical Centers to connect chronically homeless veterans with federal housing vouchers.

**Dramatic Taxpayer Savings**

An independent estimate developed by Liana Downey and Associates, a strategic government advisory firm, puts the total taxpayer savings associated with housing 100,000 chronically homeless Americans at more than $1.3 billion annually based on existing studies. This is due to the fact that chronically homeless people make frequent and unnecessary use of emergency services like the emergency room, where a single night’s stay often costs more than a full month’s rent in permanent housing. Connecting these individuals to permanent housing with simple supportive services to help them remain housed dramatically reduces public costs.

Chronically homeless Americans are defined federally as those who have been
homeless for one year or more, or more than four times in the past three years, and are dealing with a disabling medical condition. This group accounts for 12 percent to 15 percent of the homeless population yet consumes more than 70 percent of all public dollars spent on homelessness through high emergency service usage.

Ending Homelessness Faster
Communities participating in the Campaign have also achieved significant improvement in their housing performance. On average, communities participating in the Campaign have gone from housing 1.6 percent of their chronically homeless population each month to 5.1 percent -- a significant improvement placing many communities on track to end chronic homelessness outright in the next two to three years.

What’s Next?
Communities will continue to report new people housed to the 100,000 Homes Campaign until the end of July, which means the Campaign may finish well over its goal of 100,000. Next January, Community Solutions will launch Zero: 2016, a national effort to build on the success of the Campaign by helping communities bring their chronic and veteran homeless populations all the way to zero.

The Coalition for the Homeless of Houston/Harris County is a non-profit 501(C) 3 whose mission is to provide leadership in the development, advocacy and coordination of community strategies to prevent and end homelessness. In 2011, the U.S. Department of Housing and Urban Development (HUD) named Houston as a priority community to help end homelessness. Learn more at www.homelesshouston.org.

Coordinated by Community Solutions, the 100,000 Homes Campaign is a national movement of more than 230 communities working together to find and house 100,000 of their most vulnerable, chronically homeless neighbors by July 31, 2014. Since the Campaign’s launch in July of 2010, participating communities have found permanent housing for more than 100,000 of their homeless neighbors, including more than 30,000 veterans, at an estimated cost savings to taxpayers of $1.3 billion. The Campaign is led by former Army Captain Becky Kanis of Community Solutions. Learn more at www.100khomes.org and www.cmtysolutions.org.

###

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Erica@galvanizedstrategies.com
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A. Work Group Activities
   a. Networks, Initiatives and Affinity Groups
      i. Housing Houston’s Heroes
         1. No meetings held in May
      ii. Coordinated Access
         1. Transition Team meets weekly at The Beacon
         2. Submitted Phase 2 Coordinated Access Scope of Work for ClientTrack
         3. Ongoing Coordinated Access system updates and maintenance

B. Reporting
   a. Continued data analysis and support of the U.S. Veteran Affairs SSVF program
   b. Provided ongoing HOPWA technical support and system customizations for the City of Houston

C. Other CoC Activities
   a. Continued to review and develop HMIS policies and procedures
   b. Presented Coordinated Access at the National Coalition for Homeless Veterans Annual Conference in Washington D.C.
   c. 

D. Support
   a. Site Visits
      | Knowles Temenos | Brigid’s Hope |
      | Houston COMPASS | AFH – T.E.X.T. Message |
      | YMCA | AFH – First Responders |
      | Catholic Charities |
   b. IssueTrak
      | Opened Before May 1, 2014 | 6 |
      | Opened in Period | 76 |
      | Closed in Period | 78 |
      | Left Open On May 31, 2014 | 4 |
   c. Training
      | New User | 27 |
      | Refresher | 25 |
      | Reports | 2 |
      | Data Explorer | 3 |
      | No Shows | 2 |
   d. Participating Agencies
      | Active | 68 |
      | New | 0 |
   e. Users
      | Active | 552 |
      | New | 28 |
   f. Clients
      | Enroll at any point | 20,861 |
      | New Enrollments | 3,219 |
FOR INFORMATION ONLY

SUBJECT: CoC Responsibilities per the HEARTH Interim Final Rule
DATE: 6/12/14

This Memorandum is to inform the Continuum of Care Steering Committee about the need for CoC adoption of policies pertaining to CoC responsibilities as named in the HEARTH Interim Final Rule issued 7/31/2012.

Background

In order to be in alignment with the federal guidelines pertaining to CoC responsibilities, a number of policies need to be adopted prior to the next NOFA. Listed below are the completed policies and those which need to be approved. This memo is to alert the CoC Steering Committee of the scope of activity left to complete for HUD compliance related to CoC Responsibilities.

Completed Policies/Charter Items:
1. Hold meetings of the full membership with published agenda, at least semi-annually
2. Make an invitation for new members to join publicly available within the geographic at least annually
3. Adopt and follow a written process to select a board to act on behalf of the CoC
4. Appoint additional committees, subcommittees, or workgroups
5. Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor subrecipient and subrecipient performance, evaluation outcomes and take action against poor performers
6. Designate a single HMIS for the geographic area

Pending Policies:
1. Code of conduct and recusal process for the board, chairs and any person acting on behalf of the board
2. Evaluate outcomes of projects funded under the Emergency Solution Grants program
3. The Continuum must develop a specific policy to guide the operation of the coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence
4. In consultation with recipients of Emergency Solution Grants program funds within geographic area, establish and consistently follow written standards for providing CoC care assistance
SUBJECT: HMIS Policies and Updated Documents
DATE: 6/12/14

This Memorandum is to inform the Continuum of Care Steering Committee about HMIS policies and Updated Documents necessary for regulation compliance, as recommended by the HMIS Support Committee.

Background

As the CoC designated HMIS Administrative agency, the Coalition for the Homeless of Houston/Harris County hosts the HMIS Support Committee. The committee is designed to assist with crafting policies and HUD compliance documents related to HMIS operations. The committee presents the following documents for adoption by the CoC Steering Committee:

- 2014 Client Grievance Policy and Procedure
- 2014 User License Agreement
- 2014 Privacy Notification
- 2014 Authorization to Disclose Client Information
- HMIS Support Committee By-Laws

All HMIS documents and policies are posted on the HMIS website for public use.
Authorization to Disclose Client Information

The U.S. Department of Housing and Urban Development (HUD) requires agencies that receive certain types of HUD funding to use a Homeless Management Information System (HMIS). Other funding sources may also require program participation in HMIS. This system is not electronically connected to HUD and is only used by authorized agencies. All persons accessing the HMIS have received confidentiality training and have signed agreements to protect clients’ personal information and limit its use appropriately. The HMIS Privacy Policy is available upon request and is posted at the Coalition for the Homeless of Houston/Harris County website (http://www.homelesshouston.org/hmis). Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline HMIS Privacy Policy, are available at the agency service sites.

I give permission to the agency listed below to collect and enter information into HMIS about me and my household, which may include demographics, picture, health information, and services that I receive from participating agencies. I understand that the HMIS is shared with and used by authorized agencies in my community for the purposes of:

- Assessing clients’ needs in order to provide better assistance and to improve their current or future situations
- Improving the quality of care and service for people in need
- Tracking the effectiveness of community efforts to meet the needs of people who have received assistance
- Reporting data on an aggregate level that does not identify specific people or their personal information

I understand that:

- I have the right to review my HMIS record with an authorized user.
- All agencies that use HMIS will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- Signing this release form does not guarantee that I will receive the requested services.
- I understand that if I do not sign this form, it will not change whether or not I can receive services from the agency listed below and any other participating agencies. However, I would need to contact each such agency directly to apply for assistance and for a determination of eligibility.
- I understand that this authorization shall remain in effect from the date of my signature below.
- I understand that I may revoke this authorization at any time by notifying the agency listed below in writing. I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before the receipt of the written revocation.

My signature below authorizes the agency listed below to release my identity, health conditions when necessary, and my need for services and support to necessary individuals or agencies. Further, if I am unable to participate in a determination of those services, which would be of benefit to me, or my permission is needed in the future to authorize additional services for this program, my signature below authorizes the named individual to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the person listed below is hereby authorized to represent me:

--------------------------------------------------
Agency

Print Name of Designated Individual

Relationship

Client Signature

Date

Witness Signature

Date

HMIS Client Grievance Policy and Procedure

Policy

Clients will contact the Participating Agency with which they have an HMIS data related grievance for resolution of problems. Participating Agencies will report all HMIS-related client grievances to the HMIS Lead Agency Senior Manager or designee.

Purpose

To allow clients to express concerns and have correction implemented.

The CoC Steering Committee holds the final authority for all decisions related to the governance of the HMIS system. Decisions made or actions authorized which do not satisfy an interested party, including those at the Continuum, agency, or client levels may be brought before the CoC Steering Committee for a decision in accordance with the HMIS Grievance procedure.

The CoC Steering Committee members shall not have a conflict of interest for the grievance they are to adjudicate. All committee members must sign a confidentiality statement and conflict of interest agreement.

Client Grievance

Clients of participating agencies use the participating agency’s existing grievance procedure regarding unsatisfactory services or use and disclosure of Personal Protected Information (PPI) in HMIS, as these issues are most likely within the participating agency. It is only when the issue involves the actions of the HMIS regional operation that the HMIS Client Grievance Procedure is used.

If a client wants to file a complaint:

1. The Client complaint is to be brought directly to the Participating Agency with which they have a grievance within seven days of the grievance.
2. The Participating Agency shall assist the client in the Grievance Procedure.
3. The complaint is to be stated in writing.
4. The complaint shall be returned to the Participating Agency’s Executive Director or designee who has the ability and authority to take corrective action. If needed the HMIS Senior Manager or designee will assist in the identifying the appropriate party.
5. The client and the Participating Agency’s representative meet together with the appropriate HMIS Lead Agency staff to resolve the complaint.
6. The actions and resolutions shall be in writing.
7. Should the client want to appeal the HMIS Lead Agency’s decision, a grievance subcommittee of the CoC Steering Committee will hear the complaint a scheduled meeting and resolve the complaint in a manner in which it makes its decision. This decision is final.
8. All actions and resolutions will be in writing. Both the client and the HMIS party involved will have a copy describing the resolution of the complaint.
Grievance by Participating Agencies or a Continuum of Care

Participating Agencies who are participating in the HMIS, with the Continuum of Care, are to first ascertain if the issue is at the Continuum of Care level and if so to resolve it at that level.

If a Participating Agency, Continuum of Care, or any combination of such organizations has a complaint about a decision or action of the HMIS Lead Agency staff concerning HMIS, they should first bring the matter to the attention of the HMIS Project Manager, and/or the designee who has the ability and authority to take corrective action, as a verbal or informal Grievance Procedure.

Informal Grievance Procedure

The informal grievance procedure involves bringing the issue verbally to the HMIS Lead Agency staff that has the ability and authority to take corrective action. It is intended that discussion between the parties shall resolve the issues.

Formal Grievance Procedure

If the matter is not resolved through the Informal Grievance Procedure to the satisfaction of the Participating Agency or Continuum of Care the Formal Grievance Procedure should be initiated.

1. The complaint should be in writing and submitted to the HMIS Project Manager
2. If the grieving party is not satisfied, the decision may be appealed to a grievance subcommittee of the CoC Steering Committee who will hear and resolve the complaint at its next regularly scheduled meeting. This decision is final.
CLIENT GRIEVANCE FORM

This form is to be used by clients to submit grievances regarding unsatisfactory use and disclosure of Personal Protected Information in HMIS. Once completed, return this form to the Participating Agency’s designated grievance liaison.

Please complete the following information:

Your Name ________________________________  Today’s Date ____________
Your Case Manager ____________________________  Date of Incident ____________

Briefly describe the incident or concern:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Briefly describe your expected resolution to this problem or concern:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Client’s Signature

Your signature here provides consent for release of information regarding this grievance to the CoC Steering Committee and other appropriate parties.
### Step 2

**Designated liaison for this grievance**

<table>
<thead>
<tr>
<th>Date this form provided to Participating Agency’s Executive Director</th>
<th>Date of meeting with client</th>
</tr>
</thead>
</table>

**Result**

Description of proposed resolution

<table>
<thead>
<tr>
<th>Client is satisfied with resolution</th>
<th>Client is dissatisfied with resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Satisfied client signature Date Dissatisfied client signature Date

### Step 3

<table>
<thead>
<tr>
<th>Date this form provided to HMIS Lead Agency</th>
<th>Date of meeting with client</th>
</tr>
</thead>
</table>

Date of HMIS Lead Agency’s decision to liaison Date of meeting with client

**Result**

Description of proposed resolution

<table>
<thead>
<tr>
<th>Client is satisfied with resolution</th>
<th>Client is dissatisfied with resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Satisfied client signature Date Dissatisfied client signature Date

### Step 4

<table>
<thead>
<tr>
<th>Date this form provided to CoC Steering Committee</th>
<th>Date of meeting</th>
</tr>
</thead>
</table>

Date of CoC Steering Committee’s decision to liaison

**Result**

Description of proposed resolution

<table>
<thead>
<tr>
<th>Program has received this decision</th>
<th>Client has received this decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Liaison signature Date Liaison signature Date
HMIS User License Agreement

The Homeless Management Information System (HMIS) is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. The HMIS provides an unduplicated count of clients served within a Continuum of Care (CoC) – the community’s system of homeless services. Additionally, the HMIS application is used to configure, facilitate, and protect data integrity and sharing among Contributory HMIS Organizations (Participating Agencies) for the purpose of coordinated service delivery and reporting in the CoC region. The Coalition for the Homeless of Houston/Harris County (the Coalition) is the HMIS Lead Agency as defined by HUD and ClientTrack is the HMIS application used by the CoC.

**PURPOSE OF POLICIES & PROCEDURES FOR DATA IN THE HOUSTON/HARRIS COUNTY HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)**

The purpose of this agreement is to: 1) ensure that information collected as part of HMIS will affirm the basic right of clients to have the confidentiality of their information protected; 2) establish directions for the release of confidential information; 3) cite ethical/legal exception to the right of confidentiality; and 4) create procedures to ensure client confidentiality while providing for the exchange of information necessary for continuity of care.

**USER POLICY, RESPONSIBILITY STATEMENT, & CODE OF ETHICS**

**User Policy**
At the discretion of the Participating Agency, information for provision of services may be shared through HMIS among the Partner Agencies.

Consistent with client permissions and restrictions, agencies using HMIS shall have access to the data pertaining to their clients entered by them. The Coalition for the Homeless of Houston/Harris County, the agency, and any Participating Agency with access to data, through a release of information, shall be bound by all restrictions imposed by the client pertaining to any use of that client’s personal information. Participating Agencies bound by HIPPA or 42 CFR Part 2 are expected to develop and administer appropriate consent and Notice of Privacy Practices documentation in compliance with all appropriate State and Federal regulations.

Minimum data entry on each client shall consist of the Universal Data Elements as defined in the March 2010 HUD Data Standards. This standard is subject to modification by State and Federal policymakers. Data necessary for the development of aggregate reports of homeless services, including services needed, services provided, referrals, client goals and outcomes should be entered to the greatest extent possible.

HMIS is a tool to assist agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff shall only use client information in HMIS to target services to the client’s needs.

**User Responsibility**
Your User ID and password gives you to access HMIS. Initial each item below to indicate you understand and accept the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below may result in a breach of client confidentiality, and is grounds for immediate termination from HMIS.

- My User ID and password are for my use only and I will not share them with anyone.
- I will take reasonable precautions to keep my password physically secured.
- I will never log into HMIS and allow someone to work under my user account.
- I will not knowingly enter false or misleading client information in HMIS under any circumstances.
I will only view, obtain, disclose, or use the database information that is necessary to perform my job.

I understand that failure to log off HMIS appropriately may result in a breach in client confidentiality.

I will assure that all printouts/hard copies of HMIS information must be kept in a secure file, and shredded or otherwise properly destroyed when no longer needed.

If I notice or suspect a security breach, I will immediately notify the Coalition HMIS staff.

I understand that in the event that I am terminated or leave my employment with this agency, my access to HMIS will be revoked.

I understand that if I do not log into HMIS for more than 45 days, my user account will be locked out and my agency will be charged a user reactivation fee.

I will review all HMIS Policies and Procedures, and comply with them as applicable.

User Code of Ethics

As the guardians entrusted with this personal data, HMIS users have a moral and a legal obligation to ensure that the data is being collected, accessed, and used appropriately. It is also the responsibility of each user to ensure the client data is only used to the ends to which it was collected, the ends that have been made explicit to clients and are consistent with the mission of the CoC, to use HMIS to advance the provision of quality services for homeless person, improve data collection, and promote more responsive policies to end homelessness.

- HMIS Users must treat partner agencies with respect, fairness, and good faith.
- Each HMIS User should maintain high standards of professional conduct in the capacity as a HMIS User.
- HMIS User will make every effort to assure that client data is handled securely, responsibly and in accord with the clients' wishes.
- HMIS Users have the responsibility to relate to the clients of other partner agencies with full professional consideration.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in HMIS.
- Users must not use the HMIS with intent to defraud the federal, state, or local government or an individual entity; or to conduct any illegal activity; or to solicit clients for personal gain.

I understand and agree to comply with all the statements listed above.

User Name (print full name): 

User Signature: 

User E-mail: 

User Phone Number: 

Agency: 

User Supervisor Signature: 

DO NOT WRITE IN THIS SECTION. FOR COALITION HMIS STAFF ONLY.

Trainer 

Date of Training 

HMIS Staff Signature 

Date
We collect personal information about individuals in a computer system called a Homeless Management Information System (HMIS) for reasons that are discussed in our privacy policy. We may be required to collect some personal information by organizations that fund the operation of this program. Other personal information that we collect is important to run our programs, to improve services for individuals, and to better understand the needs of individuals. In order to provide or coordinate individual referrals, case management, housing or other services, some client records may be shared with other organizations that are required to have privacy policies in place in order to protect your personal information.

We only collect information that we consider appropriate. If you have any questions or would like to see our privacy policy, our staff will provide you with a copy. You have the right as a client to decline to share your information.
HMIS Support Committee By-Laws

Job Description

The Houston Homeless Management Information System (HMIS) Support Committee is an advisory body that supports and enhances the overall mission of the HMIS Project by advising HMIS Project staff on functions related to HMIS Project policies and guidelines.

Homeless Management Information System Project Purpose

The HMIS is a database used to record and track client-level information on the characteristics and service needs of homeless persons and those at-risk of becoming homeless. HMIS ties together homeless service providers within a community to help create a more coordinated and effective housing and service delivery system.

Support Committee

Composition

The HMIS Support Committee is composed of 9 members: five members are representatives of the various program types within the community; two members are representatives of the local government grantees; a consumer representative, and a representative from the HMIS Lead Agency. The HMIS Senior Manager may appoint other representatives as needed who are familiar with the challenges of a continuum HMIS implementation and meeting the data needs of local, state, and federal funders.

Duties and Authority

The HMIS Support Committee members are responsible for providing advice and counsel to HMIS staff, and responding to issues presented for consideration by the HMIS Senior Manager. Specific duties include but are not limited to the following:

- Provide input on the various topics covered;
- Participate in decision-making, recommend policies, and develop procedures;
- Support coordination of statewide activities;
- Assist in the creation of printed materials, brochures, and mailings; and
- Disseminate information about the committee and the HMIS.

Meetings

The HMIS Support Committee meets quarterly. Meeting dates for the following year are set at the final meeting of current year. Members and/or designated alternates are expected to attend a minimum of 75% of the regularly scheduled quarterly meetings. The HMIS Reporting Manager will e-mail committee members the agenda for each meeting. In addition, the HMIS Reporting Manager will e-mail additional HMIS updates released by HUD as they become available.

Quorum

Quorum consists of 51% of current members.
Elections and Appointments

The HMIS user community nominates committee members at least a month prior to the third quarter HMIS forum. HMIS users who are unable to attend the HMIS Forum are able to cast an absentee vote. The election of the new committee members is held during the third quarter HMIS Forum of the current year, and announced at the fourth quarter HMIS forum of the current year. However, the new committee members do not take office until January 1 of the following year.

In the event of a tie vote of the HMIS user community the Lead Agency HMIS Project Team shall have the casting vote.

Officers

1. Chair of the HMIS Support Committee
   The Chair of the Support Committee shall preside at all meetings. The Chair shall lead the committee in its duties and responsibilities. In the absence of the Chair, the Vice-Chair will assume the responsibilities of the Chair.

2. Vice-Chair of the HMIS Support Committee
   The Vice-Chair shall assist the Chair as necessary, leading the committee in its duties and responsibilities in the absence of the Chair, as well as performing such duties as may be assigned by the Chair.

3. Secretary of the HMIS Support Committee
   The Secretary shall assist the Committee and the HMIS Project Manager in documenting and dispersing that documentation of the proceedings of the meetings and other documentation.

Resignation and Removal

A committee member may resign from the HMIS Support Committee by submitting written notice to the HMIS Senior Manager or HMIS Lead Agency committee representative. A member may be removed by a two-thirds vote from the entire committee.

In the event of member resignation or removal, the HMIS Support Committee Chair may appoint a replacement member from the representing organization or program type.

Amendments

These Bylaws may be amended, repealed, or modified by the affirmative vote of a majority of the HMIS Support Committee at a regularly scheduled meeting provided the proposed changes are submitted to all Committee Members two weeks in advance of the meeting. Copies of any such revised Bylaws shall be submitted to the HMIS Senior Manager.
This Memorandum is to inform the Continuum of Care Steering Committee about Coordinated Access Policies and Procedures as developed by the Coordinated Access Workgroup and subcommittees.

Background

The Coordinated Access Workgroup re-convened in December 2013 and has met at least monthly to formulate and agree upon this set of Policies and Procedures to guide the business aspect and daily work of Coordinated Access. As Coordinated Access continues to expand and develop it is expected that these Policies and Procedures will continue to change and/or expand as needed. The Coordinated Access Project Manager will maintain the duty of managing these updates and revisions. All revisions and updates will be posted on the CoC website and notices will be sent out to affected parties.
Coordinated Access System
Operations Manual
TX – 700 Continuum of Care
# TX – 700 Continuum of Care

## Coordinated Access System

### Operations Manual

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Purpose and Background

Under the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act), The Houston/Harris County Continuum of Care has implemented a coordinated assessment system. Coordinated assessment is a powerful tool designed to ensure that homeless persons and persons at risk of homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness. The Coordinated Access System described in this manual is designed to meet the requirements of the HEARTH Act, under which, at a minimum, Continuums of Care must adopt written standards that include:

(i) Policies and procedures for providing an initial housing assessment to determine the best housing and services intervention for individuals and families;

(ii) A specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers;

(iii) Policies and procedures for evaluating individuals’ and families’ eligibility for assistance;

(iv) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;

(v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;

(vi) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;

The Houston/Harris County Continuum of Care has designed the Coordinated Access System described in this manual to coordinate and strengthen access to housing for families and individuals who are homeless or at risk of homelessness throughout the city of Houston and Harris County. The Coordinated Access System institutes consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family’s immediate and long-term housing needs.

The Coordinated Access System is designed to:

- Allow anyone who needs assistance to know where to go to get that assistance, to be assessed in a standard and consistent way, and to connect with the housing/services that best meet their needs;

- Ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and homeless service providers throughout the assessment and referral process;
Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;

Ensure that clients gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs;

Ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent supportive housing resources.

To achieve these objectives the Coordinated Access System includes:

- A uniform and standard assessment process to be used for all those seeking assistance and procedures for determining the appropriate next level of assistance to resolve the homelessness of those living in shelters, on the streets, or places not meant for human habitation;

- Establishment of uniform guidelines among components of homeless assistance (transitional housing, rapid rehousing, and permanent supportive housing) regarding: eligibility for services, priority populations, expected outcomes, and targets for length of stay;

- Agreed upon priorities for accessing homeless assistance;

- Referral policies and procedures from the system of coordinated access to homeless services providers to facilitate access to services;

- The policies and procedure manual contained herein and detailing the operations of the Coordinated Access System.

The implementation of the Coordinated Access System necessitates significant, community-wide change. To help ensure that the system will be effective and manageable for homeless persons and persons at-risk of homelessness and for the housing and service providers tasked with meeting their needs, a comprehensive group of stakeholders was involved in its design. In addition, particularly during the early stages of implementation, the Houston/Harris County Continuum of Care anticipates adjustments to the processes described in this manual. A periodic evaluation of the Coordinated Access System will provide ongoing opportunities for stakeholder feedback. The Coordinating Entity will be responsible for monitoring the Coordinated Access System.

**Disclaimer**

The Coordinated Access System is designed to assess eligibility for housing programs targeted to homeless persons. It is not a guarantee that the individual will meet the final eligibility requirements for - or receive a referral to - a particular housing option.
Definitions

Terms used throughout this manual are defined below:

Chronically Homeless (HUD Definition):
(1) An individual who:
   (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
   (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
   (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
(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) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Disability (HUD Definition):
A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual’s ability to live independently, and could be improved by the provision of more suitable housing conditions; includes:

Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). Means a severe, chronic disability that is attributable to a mental or physical impairment or combination AND is manifested before age 22 AND is likely to continue indefinitely AND reflects 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. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

HIV/AIDS Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Literally Homeless (HUD Homeless Definition Category 1):
(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a 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 and local government programs); or (iii) Is exiting an institution where
(s)he has 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

At imminent risk of homelessness (HUD Homeless Definition Category 2)
Individual or family who will imminently lose their primary nighttime residence, provided that: (i) 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 needed to obtain other permanent housing

Homeless under other Federal statutes (HUD Homeless Definition Category 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 the other listed federal statutes; (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 due to special needs or barriers

Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)
Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

Area Median Income Limits (2014)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>30% Area Median Income (HUD Extremely Low Income Limit)</th>
<th>50% Area Median Income (HUD Very Low Income Limit)</th>
<th>80% Area Median Income (HUD Low Income Limit)</th>
</tr>
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<tbody>
<tr>
<td>1 person</td>
<td>14,000</td>
<td>23,350</td>
<td>37,350</td>
</tr>
<tr>
<td>2 persons</td>
<td>16,000</td>
<td>26,650</td>
<td>42,650</td>
</tr>
<tr>
<td>3 persons</td>
<td>18,000</td>
<td>30,000</td>
<td>48,000</td>
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<td>4 persons</td>
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<tr>
<td>5 persons</td>
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<td>57,600</td>
</tr>
<tr>
<td>6 persons</td>
<td>23,200</td>
<td>38,650</td>
<td>61,850</td>
</tr>
<tr>
<td>7 persons</td>
<td>24,800</td>
<td>41,300</td>
<td>66,100</td>
</tr>
<tr>
<td>8 persons</td>
<td>26,400</td>
<td>44,000</td>
<td>70,400</td>
</tr>
</tbody>
</table>

Vulnerability Index

The Vulnerability Index™ (VI) is an assessment tool used to identify members of the homeless population who are considered medically vulnerable and who will face an increased risk of mortality if homelessness persists.

Singles VI

The baseline for vulnerability for single adults is six (6) months of homelessness. Vulnerability scores for single adults range from 0 to 8. Applicants who receive a score of 0 are considered non-vulnerable;
however they may still be eligible for PSH. Six-months or more of homelessness in combination with one or more of the markers detailed below will give someone a vulnerability score (1 or greater):

1. Three or more hospitalizations or emergency room visits in a year
2. Three or more emergency room visits in the previous three months
3. Aged 60 or older
4. Cirrhosis of the liver
5. End-stage renal disease
6. History of frostbite, immersion foot, or hypothermia
7. HIV+/AIDS
8. Tri-morbidity: co-occurring psychiatric, substance abuse, and chronic medical condition (asthma, cancer, diabetes, etc.)

A vulnerability score (e.g. 0) is not assigned to persons who are homeless for six months but have none of the markers listed above. Additionally, homeless persons who have less than six months of homelessness but who have the above medical risks are assigned a score of zero.

**Family VI**

Family Vulnerability is characterized by length of literal homelessness and residential instability, involvement with child welfare and/or informal separation from children, number of children, and trauma history. The Family VI assessment asks questions in the following areas:

1. Homeless history
2. Involvement with child protective services
3. Parental risk factors
4. Child risk factors

**Homeless Management Information System**

A Homeless Management Information System (HMIS) is a database used to record and track client-level information on the characteristics and service needs of homeless persons. HMIS ties together homeless service providers within a community to help create a more coordinated and effective housing and service delivery system.

The U. S. Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state, and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

Houston/Harris County’s HMIS is staffed at the Coalition for the Homeless of Houston/Harris County. The software provider is Client Track. The HMIS staff is responsible for the administration of the HMIS software and providing technical assistance to participating agencies and end-users. Agencies that participate in Houston/Harris County’s HMIS are referred to as “participating agencies.” Each participating agency needs to follow certain guidelines to help maintain data privacy and accuracy.
Staffing Roles and Expectations

Continuum of Care – Recognizing the need to stimulate community-wide planning and coordination of programs for individuals and families who are homeless, the U.S. Department of Housing and Urban Development (HUD) in 1994 instituted a requirement for communities to come together to submit a single, comprehensive application for HUD funds for housing and support services for people who have experienced homelessness. The organizational concept to embody this effort is the Continuum of Care (CoC), which is governed by a Steering Committee composed of representatives from across the community. As a result of its strong leadership, access to resources and high visibility in the community, the Coalition for the Homeless of Houston/Harris County serves as this region’s lead agency for the CoC. The Houston CoC encompasses Houston and Harris and Fort Bend counties, and its purpose is to:

- Help create integrated, community-wide strategies and plans to prevent and end homelessness;
- Provide coordination among the numerous regional organizations and initiatives that serve the homeless population, and
- Create the region’s single, comprehensive grant application to HUD for McKinney-Vento funding.

Coordinating Entity - The Coalition for the Homeless of Houston/Harris County is the designated Coordinating Entity. The Coordinating Entity is responsible for the day-to-day administration of the Coordinated Access System, including but not limited to the following:

- Creating and widely disseminating materials regarding services available through the Coordinated Access System and how to access those services;
- Designing and delivering training at least annually to all key stakeholder organizations, including but not limited to the required training for Assessment Hubs;
- Ensuring that pertinent information is entered into HMIS for monitoring and tracking the process of referrals including vacancy reporting and completion of assessments;
- Managing case conferences to review and resolve rejection decisions by receiving programs and refusals by clients to engage in a housing plan in compliance with receiving program guidelines;
- Managing an eligibility determination appeals process in compliance with the protocols described in this manual;
- Managing manual processes as necessary to enable participation in the Coordinated Access System by providers not participating in HMIS;
• Designing and executing ongoing quality control activities to ensure clarity, transparency, and consistency in order to remain accountable to clients, referral sources, and homeless service providers throughout the coordinated access process;

• Periodically evaluating efforts to ensure that the Coordinated Access System is functioning as intended;

• Making periodic adjustments to the Coordinated Access System as determined necessary;

• Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders;

• Updating policies and procedures.

Project Manager – The Coordinating Entity staffs the Coordinated Access Project Manager position. The project manager role includes management of the Coordinated Access System, including but not limited to the following:

• Serving as point person and lead to all workgroups and transition teams

• Providing Coordinated Access training to participating agencies

• Database administering

• Report generating

• Communicating to user agencies and outreach coordinators

• Deactivating/reactivating client records

• Responding to requests for client deletion

• Responding to email generated questions

• Monitoring system performance

Assessment Hubs - Agencies selected to serve as the Assessment Hub sites are responsible for ensuring that all households experiencing homelessness and at-risk of homelessness have prompt access to Intake and Assessments and that Assessments are administered in a safe, welcoming environment.

Housing Assessors – see Policies & Procedures

Housing Navigators – see Policies & Procedures

Receiving Program - All Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing programs are Receiving Programs and are responsible for reporting vacancies to the Coordinating Entity in compliance with the protocols described in this manual. All programs
that receive a referral from the *Coordinated Access System* are responsible for responding to that referral and participating in case conferences, in compliance with the protocols described in this manual.

Authorized User Agencies - Housing providers who wish to or are required to participate in the *Coordinated Access System*. Authorized User Agencies sign a Memorandum of Understanding to have access to the database to select households to interview for vacancies/anticipated vacancies or during lease up of new PSH programs.

**Target Population**

The *Coordinated Access System* is open to all households who meet the HUD definition of homeless, as outlined in the new HEARTH Act regulations, and have incomes below 50% of the Area Median Income. The system uses vulnerability indices (described in Definitions) to rank Applicants in order of vulnerability, with the most vulnerable households ranked at the top. More directly, applicants may be offered housing regardless of vulnerability score, but the more vulnerable persons will likely be offered housing before non-vulnerable.

**System Overview and Workflow**

To illustrate how the *Coordinated Access System* functions, the following overview provides a brief description of the path a household would follow from an initial request for housing through permanent housing placement. The overview also describes roles and expectations of the key partner organizations that play a critical role in the system. Additional details can be found in the subsequent sections of this manual and the Coordinated Access workflow.

**From Initial Request for Services to Permanent Housing Placement – Pathway through the Coordinated Access System**

- **Step 1:** Connecting to the Coordinated Access System/Initial Request for Services - To ensure accessibility to households in need, the *Coordinated Access System* provides access to services from multiple, convenient physical locations. Households in need may initiate a request for services in person through any of the designated Assessment Hubs, through the call center, and/or through community outreach teams.

  Accessible information about how to obtain services through the *Coordinated Access System* is also available through a broad range of community-based service providers.

- **Step 2:** Housing Assessment - *Housing Assessors* are available at Assessment Hubs, the call center, and through community outreach staff to conduct the *Coordinated Access Housing Assessment* with households in need, with initial priority given to chronically homeless individuals. The assessment is completed using HMIS. An additional *Vulnerability Index Assessment* is generated in HMIS for all households identified as a match for Permanent Supportive Housing.
• **Step 3: Housing Match** - Information gathered from the assessment is used to determine which housing intervention is best suited to end the household’s homelessness (Permanent Supportive Housing, Transitional Housing, or Rapid Re-housing). HMIS automatically matches households to a particular housing intervention and then a specific housing program based on program eligibility.

• **Step 4: Housing Referral** - Once the recommended intervention and eligible programs have been identified in HMIS and the household individuals have decided which programs they are interested in, the following two options are available to the Housing Assessor:
  
  a. An electronic referral to the provider can be completed; or
  
  b. The household can be added to the waitlist if no open units are available

• **Step 5: Housing Navigation** - After being referred to a housing provider, households have the option to be connected with a Housing Navigator. This connection can be made in real time or by pulling from the Coordinated Access Waitlist. The Housing Navigator can be one of the following: the original referring Case Manager, the original Coordinated Access referring Outreach Worker, or a designated Coordinated Access Housing Navigator. The Housing Navigator begins the process of securing the identified unit. This process may include, but is not limited to the following activities: Obtaining ID, obtaining social security cards, obtaining homeless verification documents, obtaining a security deposit, obtaining application fees, providing transportation to tour available units, etc. **The process from referral to move in should be completed within 30 days.**

Below is an illustration of the CA Workflow:
Coordinated Access Policies and Procedures

1. Connecting to the Coordinated Access System

1.1. Locations & Hours – Assessments are conducted at designated Assessment Hubs. A future call center will also be established at one of the Assessment HUBs. Current Assessment Hub locations and assessment hours include:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Location</th>
<th>Telephone Number</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>The BEACON</td>
<td>1212 Prairie</td>
<td>713-220-9737</td>
<td>8 am – 12 pm M, Th, &amp; F</td>
</tr>
<tr>
<td></td>
<td>Houston, TX 77002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Star of Hope Women &amp; Family</td>
<td>419 Dowling</td>
<td>713-222-2220</td>
<td>8 am – 12 pm T &amp; W</td>
</tr>
<tr>
<td></td>
<td>Houston, TX 77003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Star of Hope Men’s Shelter</td>
<td>1818 Ruiz</td>
<td>713-227-8900</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>Houston, TX 77002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Drop-In Center</td>
<td>1418 Preston Avenue</td>
<td>713-794-7533</td>
<td>8 am – 12 pm Monday - Friday</td>
</tr>
<tr>
<td></td>
<td>Houston, TX 77002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harris County Jail</td>
<td>Assessors will be available at this location to assess individuals who will be released within 7 days to determine eligibility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Outreach</td>
<td>Assessment teams will conduct assessments in the field. The hours will be determined by each respective agency, but between the hours of 10:01 a.m. and 11:59 p.m.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.2. Eligibility – Coordinated Access is intended to facilitate access to the most appropriate housing intervention for each household’s immediate and long-term housing needs and ensure that scarce permanent housing resources are targeted to those who are most vulnerable and/or have been homeless the longest. The Coordinated Access System uses the following criteria to accurately match needs to resources:
<table>
<thead>
<tr>
<th>Housing Model</th>
<th>Population</th>
<th>Priority Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Supportive</td>
<td>- Any high needs individual with multiple barriers to housing that is</td>
<td>- Individuals with a disability and long-term, multiple episodes of homelessness</td>
</tr>
<tr>
<td>Housing</td>
<td>literally homeless (lease-based program)</td>
<td>(Vulnerability Index score of 1 or higher; chronically homeless)</td>
</tr>
<tr>
<td></td>
<td>- Specialized eligibility requirements for subsidies including veterans,</td>
<td>- Veterans who are not eligible for VA housing subsidies</td>
</tr>
<tr>
<td></td>
<td>disabled, long term homeless, or domestic violence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- <strong>Unique Populations:</strong> Families with Children (not typically chronic;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>complete Family VI-Family preservation)</td>
<td></td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>- Literally homeless households are those residing in a place not meant</td>
<td>- Households with children residing on streets or in emergency shelters</td>
</tr>
<tr>
<td></td>
<td>for human habitation, living in a publicly or privately operated shelter</td>
<td>- Veteran households with children residing on streets or in emergency shelters who</td>
</tr>
<tr>
<td></td>
<td>designated to provide temporary living arrangements (including congregate</td>
<td>are not eligible for VA-funded RRH</td>
</tr>
<tr>
<td></td>
<td>shelters, transitional housing, and hotels and motels paid for by</td>
<td></td>
</tr>
<tr>
<td></td>
<td>charitable organizations or by federal, state and local government</td>
<td></td>
</tr>
<tr>
<td></td>
<td>programs); or exiting an institution where (s)he has resided for 90 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>or less and who resided in an emergency shelter or place not meant for</td>
<td></td>
</tr>
<tr>
<td></td>
<td>human habitation immediately before entering that institution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Households that have reasonable potential for personal sustainability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>post-assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Recently became homeless</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- No serious known disabilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Infrequently used as a bridge to PSH)</td>
<td></td>
</tr>
<tr>
<td>Housing Model</td>
<td>Population</td>
<td>Priority Populations</td>
</tr>
<tr>
<td>---------------</td>
<td>------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
| Transitional Housing | - Singles  
- Families  
- Youth (18-24)  
- Domestic violence  
- Pregnant Head of Household  
- Households with a recent change in composition  
- Households with repeat episodes of homelessness  
- Those interested in substance use treatment  
- Recently released | Households that are not chronically homeless and individuals needing prevention or rapid rehousing but suffer from at least one disabling condition (substance abuse, mental health) and could benefit from quickly accessing housing and services |

1.3 Marketing/Advertising – As needed, the Coordinating Entity will send information & updates regarding the Coordinated Access System via email to stakeholders, the 211 hotline, and the general public. The Coordinating Entity also distributes flyers and brochures and maintains information available on its website. In addition, all Assessment Hubs will display notices at each location identifying it as such.

2. The Housing Assessment Process

2.1. Housing Assessors

2.1.1. Roles and Responsibilities - Housing Assessors are repurposed staff from designated community agencies. Housing Assessors may office out of Assessment Hubs, be designated as the Assessor for his/her agency, or may be part of a mobile outreach team. All Housing Assessors are required to complete a HMIS intake and housing assessment with individuals in need of housing and pull, from HMIS, “housing matches” available to each individual. The Housing Assessor will then pass the referrals to the individual’s Case Manager or a Housing Navigator. Housing Assessors’ responsibilities include, but are not limited to the following:
- Operating as the initial contact for the *Coordinated Access System*
- Conducting *Housing Assessments* and VI’s
- Client notification of *Eligibility and Referral Decisions*
- Submission of referrals to the *Receiving Program* through HMIS
- Participation in case conferences
- Responding to requests by the *Coordinating Entity*

2.1.2. **Training Requirements** – *Housing Assessors* are trained by the *Coordinating Entity*. The training consists of the Corporation for Supportive Housing’s 6 hours “Housing Assessor Training” in addition to training in using the Coordinated Access workflow in HMIS.

2.2. **HMIS Workflow** – The workflow below outlines the CA steps in HMIS:

2.3. **Release of Information** – All clients must sign a release of information prior to the assessment process.

2.4. **Client Photos** – Photos can be taken at the time of assessment but are not required. If a photo is taken and uploaded into HMIS, a photo release must be signed by the client prior to the photo being taken.

2.5. **Timeline** - The *Housing Assessor* notifies the client of his/her eligibility and referral decision within 24 business hours. Once a referral is made, the *Receiving Program* has 24 business hours to contact the client. This information is tracked in HMIS.
3. Housing Matching

3.1. CFTH HMIS Responsibilities – HMIS Staff at the Coalition for the Homeless is responsible for the daily administration of the HMIS software and providing technical assistance to participating agencies and end-users.

3.2. Housing Navigators

3.2.1. Roles and Responsibilities - Housing Navigators are repurposed staff from designated community agencies. Housing Navigators office out of Assessment Hubs. All Housing Navigators work with individuals that do not have an existing case manager and would like assistance in navigating the process of securing housing from housing referral to “lease up”. The Housing Navigator provides the client with a welcome letter explaining both the client and staff’s role in the program. Both the client and staff sign the letter and it is maintained in the client’s chart. All Housing Navigators, Outreach Workers and Case Managers operating as Housing Navigators carry the following responsibilities:

- Assisting client in obtaining necessary documentation required for housing
- Collecting necessary documentation, securing additional financial assistance if needed, providing transportation, accompaniment to potential housing options, etc.
- Assisting clients in navigating any challenges related to the housing process (application and/or inspection process, etc.)
- Participation in case conferences
- Responding to requests by the Coordinating Entity, as appropriate.

3.2.2. Training Requirements – Housing Navigators are trained by the Coordinating Entity. The training consists of the Corporation for Supportive Housing’s 6 hours “Housing Navigator Training” in addition to training in using the Coordinated Access workflow in HMIS.

3.3. Timeline - Once the Housing Assessor has made contact with the client’s Case Manager or Housing Navigator, that worker contacts the client within 24 hours and begins the process of scheduling intake appointments. This information is tracked in HMIS.

3.4. Unit Availability/Vacancy Posting – All Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing Programs are required to post vacancies in HMIS within 24 business hours of unit/bed availability. If providers know of an impending vacancy, they are required to post the anticipated availability date within 72 hours of being made aware of such availability and updating HMIS with the actual availability date once the bed becomes vacant. Programs must update vacancy information in HMIS
within 24 business hours of a unit/bed being filled. This information is crucial in determining what resources are available and where to send a client needing housing.

4. Housing Referral

4.1. Waitlist – The waitlist for permanent supportive housing consists of the following:

4.1.1. Clients are prioritized based on their VI score.

4.1.2. The waitlist is sorted by the VI score & client preference.

4.1.3. Navigators pull the waitlist data M-F, 8:00 am - 10:00 am.

4.1.4. If the waitlist indicates an opening, the Navigators start the process of contacting the client who is next on the list & that indicated a preference for that program.

4.1.5. Navigators attempt to make contact with the client for three (3) business days.

4.1.6. If the client cannot be contacted within that timeframe, then staff move on to the next client on the list.

4.1.7. Once staff makes contact with the client, the client must decide immediately whether to accept or decline the unit.

4.1.8. If the client accepts the unit, he/she moves forward in the next steps towards move-in.

4.1.9. If the client declines the unit, then the next client on the waitlist is contacted and the client that refused is moved down to the bottom of the waitlist based on their VI score.

4.1.10. Assessments resume M-F, 10:00 am – 8:00 am the following day once Navigator waitlist duties are completed.

4.2. Receiving Program Responsibilities – The Receiving Program makes contact with the client within 24 hours. If the client misses the appointment, Receiving Programs will schedule a new intake appointment within 3 business days and should hold the vacancy until the intake appointment is concluded. Clients who have missed a second appointment, and who later present at or call the Receiving Program, will be referred back to the Housing Navigator and that referral will be documented in HMIS.

4.2.1. Document Requirement Updates - Receiving Programs make eligibility determination decisions within one business day of the intake interview (or when all required application materials are complete). A copy of the intake decision notification is provided to the client presenting for services. The Receiving Program will make best faith efforts to obtain the client’s signature to acknowledge receipt and maintain a signed copy in intake records. In instances
in which the client signature cannot be obtained, the *Receiving Program* will indicate the reason on the unsigned decision document and maintain in intake records. The *Receiving Program* orally reviews the intake decision notification with the client to ensure that the client understands the decision, and applicable next steps, including the client’s right to appeal the decision. An intake decision notification includes at a minimum:

- first available move-in date, if applicable; and
- reason the client cannot enter the program, including reason for rejection by client or program (which includes redirection to the *Housing Navigator*), if applicable.
- instructions for appealing the decision.

4.2.2. **Reasons for denial** – *Receiving Programs* may only decline individuals and families found eligible for and referred by the *Housing Assessor* under limited circumstances including:

- there is no actual vacancy available;
- the individual or family missed two intake appointments;
- the household presents with more people than referred by the *Housing Assessor* and the *Receiving Program* cannot accommodate the increase;
- the individual or family was denied by independent housing providers due to certain criminal behaviors; or
- based on their individual program policies and procedures the *Receiving Program* has determined that the individual or family cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program.

Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services. The *Receiving Program* must enter the reason for any decisions to reject a client in HMIS. If the ineligible client has not otherwise been accommodated for the night, e.g. via an intervention by emergency services, the *Receiving Program* must notify the *Housing Navigator*, refer the client back, and document that outcome in HMIS. Reason for denial forms must be submitted to the client the same day the decision was made.

4.2.3. **Client Choice** – Clients may decline a referral because of program requirements that are inconsistent with their needs or preferences. There are no limitations on this decision. For example, clients may decline participation in programs requiring sobriety.
4.2.4. **Client Appeal** – All clients have the right to appeal eligibility determinations issued by either the *Coordinating Entity* or any *Receiving Program*. Instructions for submitting an appeal are provided to clients at the time that an intake decision is made by the *Receiving Program*. *Housing Assessors* and *Housing Navigators* are responsible for assisting clients in filing eligibility determination appeals, including but not limited to drafting a written appeal on behalf of the client. All appeals of decisions by *Receiving Programs* should be made in writing and submitted to the *Coordinating Entity*.

4.3. **Move-In** – If the homeless individual or family is accepted, the *Receiving Program* must document that acceptance in HMIS and arrange for move-in within 30 days. If the client does not move-in as scheduled or within three (3) business days of the original move-in date, the *Receiving Program* must notify and refer the client back to the *Housing Navigator* so that the outcome is documented in HMIS. To the extent feasible given available funding and as necessary, the *Receiving Program* will provide the individual or family with move-in assistance including transportation of household members and personal belongings.

4.4. **Referrals to and from other systems not using HMIS** – The *Coordinated Access System* appropriately addresses the needs of Veterans and individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

4.4.1. **Domestic Violence (DV)** – When a homeless or at-risk individual/household is identified by the *Coordinated Access System* to be in need of domestic violence services, that individual/household is referred to the domestic violence hotline immediately. If the individual/household does not wish to seek DV specific services, the individual/household will have full access to the *Coordinated Access System*, in accordance with all protocols described in this manual. If the DV helpline determines that the individual/household seeking DV specific services is either not eligible for or cannot be accommodated by the DV specific system, the helpline will refer the client to an *Assessment Hub* for assessment and referral in accordance with all protocols described in this manual.

4.4.2. **Veterans** – When a homeless or at-risk individual is identified by the *Coordinated Access System* to be a Veteran, additional questions concerning service era, length of service, and discharge status will be asked. If eligible for VA services, the Veteran will be given the option of being referred to the VA Drop-In Center. If the Veteran chooses that option, then that individual is referred to the VA Drop-In Center immediately. If the VA Drop-In Center determines that the individual seeking veteran specific services is not eligible for such services or if
the individual has been dishonorably discharged, the client will be referred to an Assessment Hub for assessment and referral in accordance with all protocols described in this manual.

5. Case Conferences

5.1. The Coordinating Entity will require a case conference to review and resolve rejection decisions by Receiving Programs. The purpose of the case conference will be to resolve barriers to the client receiving the indicated level of service. Such a case conference will be held in all instances in which an individual or family is declined by a program.

In cases in which a homeless individual or family is facing program termination for refusing to engage in a housing plan or otherwise taking steps to resolve his/her/their homelessness, the Provider will notify the Coordinating Entity. The Coordinating Entity may then require a case conference to review and determine next steps. The purpose of the case conference will be to discuss interventions used to date and resolve barriers to securing permanent housing. Such a case conference will be held in all instances in which an individual or family has declined more than two placements. Providers may also request a case conference, at their discretion, in other circumstances in which a client household is insufficiently engaged in actions necessary to secure a permanent placement.

The Coordinating Entity will determine which parties will attend a case conference, including but not limited to the Housing Assessor, the Housing Navigator, the Receiving Program, the client, and other contacts as determined necessary. The Coordinating Entity will make all logistical arrangements for the case conference, including but not limited to notifying all parties.

Fair Housing, Tenant Selection Plan, and Other Statutory and Regulatory Requirements

The Coordinating Entity takes all necessary steps to ensure that the Coordinated Access System is administered in accordance with the Fair Housing Act by promoting housing that is accessible to and usable by persons with disabilities. The Coordinated Access System complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development).
All Authorized User Agencies who enter into an MOU for the *Coordinated Access System* agree to take full accountability for complying with Fair Housing and all other funding and program requirements. The MOU requires User Agencies to use the *Coordinated Access System* in a consistent manner with the statutes and regulations that govern their housing programs.

The *Coordinating Entity* will request from each Authorized User Agency their tenant selection plan and any funding contract that requires or allows a specific subpopulation of persons to be served. For instance, Housing Opportunities for Persons with AIDS (HOPWA) programs will show funding contract, a single-gender program must produce its HUD waiver. It is further recognized that the Fair Housing Act recognizes that a housing provider may seek to fulfill its “business necessity” by narrowing focus on a subpopulation within the homeless population. The *Coordinated Access System* may allow filtered searches for subpopulations while preventing discrimination against protected classes.

**Evaluating and Updating Coordinated Access System Policies and Procedures**

The implementation of the *Coordinated Access System* necessitates significant, community-wide change. To help ensure that the system will be effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, particularly during the early stages of implementation, the Houston/Harris County Continuum of Care anticipates adjustments to the processes described in this manual. To inform those adjustments, the *Coordinated Access System* will be periodically evaluated, and there will be ongoing opportunities for stakeholder feedback, including but not limited to Referral and Receiving Program work groups convened and managed by the *Coordinating Entity*. Specifically, the *Coordinating Entity* is responsible for:

- Leading periodic evaluation efforts to ensure that the *Coordinated Access System* is functioning as intended; such evaluation efforts shall happen at least annually.
- Leading efforts to make periodic adjustments to the *Coordinated Access System* as determined necessary; such adjustments shall be made at least annually based on findings from evaluation efforts.
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- Ensuring that the *Coordinated Access System* is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements

Evaluation efforts shall be informed by metrics established annually by the *Coordinating Entity*, in conjunction with the *CoC Steering Committee* and *Coordinated Access Transition Team*. These metrics shall include indicators of the effectiveness of the functioning of the *Coordinated Access System* itself, such as:
• Wait times for initial contact
• Extent to which expected timelines described in this manual are met
• Number/Percentage of referrals that are accepted by receiving programs
• Rate of missed appointments for scheduled assessments
• Number/Percentage of persons declined by more than one (1) provider
• Number/Percentages of Eligibility and Referral Decision appeals
• # of program intakes not conducted through Coordinated Access System
• Completeness of data on assessment and intake forms

These metrics shall also include indicators of the impact of the Coordinated Access System on system-wide Continuum of Care outcomes, such as:

• Persons referred have length of stays consistent with system guidelines
• Waiting lists are reduced for all services; eliminated for shelter
• Program components meet outcome targets
• Reductions in long term chronic homeless
• Reduction in family homelessness
• Reductions in returns to homelessness
• Reduced rate of people becoming homeless for first time

Termination

Any Authorized User Agency may terminate their participation in the Coordinated Access System by giving written notice. Housing programs that are required to participate due to HUD guidelines will need HUD approval to terminate participation.
Houston Homeless Population Cut by Nearly 40 Percent Since 2011

Coalition for the Homeless Credits Permanent Supportive Housing

HOUSTON, Texas (May 29, 2014) --- Houston’s homeless population declined by 37 percent, or 3,187 fewer homeless people, since 2011, according to the Point-In-Time Homeless Count conducted on Jan. 30, 2014 by the Coalition for the Homeless of Houston and Harris County. Marilyn L. Brown, President & CEO of the Coalition for the Homeless of Houston and Harris County, announced the results of the Count earlier today along with Tory Gunsolley, President & CEO of the Houston Housing Authority and Chair of the Steering Committee for the Houston Continuum of Care. Brown credited the 2012 formalization of the Houston/Harris/Fort Bend County Continuum of Care (CoC) for the outstanding results to date.

"Access to permanent housing gives people the chance to leave homelessness behind. Our Continuum of Care partners’ collaboration to create integrated, community-wide strategies to prevent and end homelessness is the key to our success. But, we still have much heavy lifting in front of us," said Brown.

This year, on a given night, there were 5,351 total sheltered and unsheltered homeless people in the Houston area compared with 8,538 on a given night identified in the 2011 Count and 6,359 identified in 2013. Of those surveyed in the Count, 2,291 homeless people (43 percent) lived on the streets or in other uninhabitable places compared with 4,418 (52 percent) in 2011.

"Houston is on its way to becoming a national model to end homelessness," Brown said. "Because there are multiple causes of homelessness, there need to be multiple solutions to end homelessness. The key to success for chronically homeless citizens, who are our most vulnerable population, is providing permanent housing linked with critical services. Permanent Supportive Housing saves lives. I am amazed at the progress made through the collaboration of the many service providers and partners. And, we’re just getting started!"

The federal government requires the annual count as it relates to the funding received at the local level through the U.S. Department of Housing and Urban Development (HUD). The Point-in-Time Homeless Count was supported by the University of Texas School of Public Health and the City of Houston Department of Health and Human Services. Trained teams of volunteers canvassed Houston, Harris and Fort Bend Counties counting both sheltered and unsheltered people.

READ the full 2014 Point-In-Time Homeless Count at www.homelesshouston.org.

The Coalition for the Homeless of Houston/Harris County is a non-profit 501(C) 3 whose mission is to provide leadership in the development, advocacy and coordination of community strategies to prevent and end homelessness. In 2011, the U.S. Department of Housing and Urban Development (HUD) named Houston as a priority community to help end homelessness. Learn more at www.homelesshouston.org.

###

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jen@jlevans.com                  Erica@galvanizedstrategies.com
(832) 692-7615                    (619) 796-1651
The annual Homeless Count was organized and led by the Coalition for the Homeless of Houston/Harris County in consultation with the University of Texas School of Public Health and the Houston Department of Health and Human Services. For a full executive summary, visit the Coalition’s website.

http://www.homelesshouston.org
Point-in-Time Summary Homeless Populations Summary for TX-700 - City of Houston/Harris County

Date of PIT Count: 1/30/2014
Population: Sheltered and Unsheltered Count

### Total Households and Persons

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<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td>Safe Haven</td>
</tr>
<tr>
<td>Total Number of Households</td>
<td>709</td>
<td>1,361</td>
<td>13</td>
</tr>
<tr>
<td>Total Number of Persons</td>
<td>1,033</td>
<td>2,014</td>
<td>13</td>
</tr>
<tr>
<td>Number of Children (under age 18)</td>
<td>303</td>
<td>620</td>
<td></td>
</tr>
<tr>
<td>Number of Persons (18 to 24)</td>
<td>85</td>
<td>143</td>
<td>0</td>
</tr>
<tr>
<td>Number of Persons (over age 24)</td>
<td>645</td>
<td>1251</td>
<td>13</td>
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</tbody>
</table>

### Gender

<table>
<thead>
<tr>
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<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td>Safe Haven</td>
</tr>
<tr>
<td>Female</td>
<td>489</td>
<td>1005</td>
<td>3</td>
</tr>
<tr>
<td>Male</td>
<td>543</td>
<td>1008</td>
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</tr>
<tr>
<td>Transgender</td>
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### Ethnicity

<table>
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<tr>
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<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td>Safe Haven</td>
</tr>
<tr>
<td>Non-Hispanic/Non-Latino</td>
<td>919</td>
<td>1582</td>
<td>13</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>114</td>
<td>432</td>
<td>0</td>
</tr>
</tbody>
</table>

### Race

|                                | Sheltered | Unsheltered | Total |
|                                |           |             |       |
## Point In Time Summary for TX-700 - City of Houston/Harris County

<table>
<thead>
<tr>
<th></th>
<th>Emergency</th>
<th>Transitional</th>
<th>Safe Haven</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>318</td>
<td>869</td>
<td>3</td>
</tr>
<tr>
<td>Black or African-American</td>
<td>684</td>
<td>1062</td>
<td>9</td>
</tr>
<tr>
<td>Asian</td>
<td>12</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>5</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>1</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>13</td>
<td>50</td>
<td>0</td>
</tr>
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Opening Doors

Presented to the Office of the President and Congress on June 22, 2010, Opening Doors is the nation’s first comprehensive strategy to prevent and end homelessness. Opening Doors serves as a roadmap for joint action by the 19 USICH member agencies along with local and state partners in the public and private sectors. In September 2012, USICH released an Amendment to Opening Doors, which was developed to specifically address what strategies and supports should be implemented to improve the educational outcomes for children and youth, and the steps that need to be taken to assist unaccompanied youth experiencing homelessness.

Read the 2013 Opening Doors Annual Update
Read the Opening Doors Amendment 2012
Read the 2012 Opening Doors Annual Update

The plan puts us on a path to end Veterans and chronic homelessness by 2015; and to ending homelessness among children, families, and youth by 2020. The Plan presents strategies building upon the lesson that mainstream housing, health, education, and human service programs must be fully engaged and coordinated to prevent and end homelessness, including

- Increasing leadership, collaboration, and civic engagement, with a focus on providing and promoting collaborative leadership at all levels of government and across all sectors, and strengthening the capacity of public and private organizations by increasing knowledge about collaboration and successful interventions to prevent and end homelessness.
- Increasing access to stable and affordable housing, by providing affordable housing and permanent supportive housing.
- Increasing economic security, by expanding opportunities for meaningful and sustainable employment and improving access to mainstream programs and services to reduce financial vulnerability to homelessness.
- Improving health and stability, by linking health care with homeless assistance programs and housing, advancing stability for youth aging out of systems such as foster care and juvenile justice, and improving discharge planning for people who have frequent contact with hospitals and criminal justice systems.
- Retooling the homeless response system, by transforming homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

The HEARTH Act, enacted by Congress in May 2009, mandated that the USICH produce a "national strategic plan" to end homelessness to Congress and the President. Beginning in January 2010, USICH held regional stakeholder meetings, organized federal working groups focused on specific populations, solicited public comment through an

Download associated files
Download the Plan
Opening Doors Overview
2011 Annual Update
Appendix to 2011 Annual Update
2012 Annual Update
Appendix to 2012 Annual Update
2013 Annual Update
Appendix to 2013 Annual Update
Opening Doors 1 Page Summary
Fact Sheet: Chronic Homelessness
Fact Sheet: Veterans
Fact Sheet: Families with Children
Fact Sheet: Unaccompanied Youth
Fact Sheet: Prevention
Private Sector, Philanthropy, and Faith-Based
State and Local Government
Opening Doors PPT: An Introduction to the Plan
Opening Doors Implementation Overview
interactive website, and engaged experts from across the country to develop an action plan to solve homelessness for veterans, adults, families, youth, and children. The result of that mandate and engagement of all stakeholders is Opening Doors.
Comparisons over three-year periods:
Opening Doors (2010-2013) and Houston/Harris County CoC (2011-2014)

**Opening Doors National Statistics:**
- Overall decrease in homelessness: 6%
- Veterans decrease: 24%
- Chronic decrease: 15.7%
- Unsheltered individuals: 35%

**Houston/Harris County CoC Statistics:**
- Overall decrease in homelessness: 37%
- Veterans decrease: 40%
- Chronic decrease: 57%
- Unsheltered individuals: 43%
  (however, in 2011 the unsheltered number was at 52%)

Nationally, the unsheltered number dropped by 13% during the Opening Doors three-year period, but in Houston, the number of unsheltered homeless individuals has dropped by 48% (from 2011-2014).