August 2014 Steering Committee Meeting

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AGENDA

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

II. Approval of Minutes – Tory Gunsolley
    a) May 8, 2014 CoC Steering Committee Meeting
    b) June 12, 2014 CoC Steering Committee Meeting

III. Lead Agency Report – Eva Thibaudeau

IV. HMIS Administrator Report – Eva Thibaudeau

V. Old Business
   a) Adoption of HMIS Policies/Documents – Eva Thibaudeau
   b) Adoption of Coordinated Access Policies and Procedures Manual – Eva Thibaudeau
   c) CABHI Update – Eva Thibaudeau
   d) CoC Membership Year 1 – Eva Thibaudeau
   e) CoC Communication Plan – Marilyn Brown

VI. New Business
   a) New Steering Committee Member Nomination – Thao Costis
   b) NAEH 2014 Annual Conference Report – Eva Thibaudeau
   c) ESG/CoC Standards – Eva Thibaudeau
      • CoC/ESG System Workflow (Draft)
      • CoC/ESG Standards (Draft)
   d) Transitional Housing – Eva Thibaudeau

VII. Public Comments

VIII. Adjournment
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
Steering Committee Meeting

June 12, 2014

Minutes

Present: Thao Costis (SEARCH Homeless Services- Homeless Services Rep), Tory Gunsolley (Houston Housing Authority), Donna Herron (Consumer Rep), Tom McCasland (Harris County Housing Authority), Celene Meyer (Episcopal Health Foundation- Private Funder Rep), Eva Thibaudeau (Lead Agency Staff)

Absent: Melissa Carroll (Pasadena ESG), Barbara Dawson (MHMRA 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), Dr. Laura Marsh (VA), Neal Rackleff (COH), Stephen Williams (CFTH Rep - Houston Dept of Health and Human Services)

The meeting of the Continuum of Care (CoC) Steering Committee was held on June 12, 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 3:42 pm. Secretary Celene Meyer conducted roll call. Gunsolley noted that there was not a quorum.

CoC Progress Highlight – Presented by Eva Thibaudeau

- Mayor Annise Parker, Mandy Chapman Semple (Mayor’s Office), and Marilyn Brown (Coalition CEO), traveled to Washington D.C., to attend a function at the White House hosted by Michelle Obama regarding the mayor’s challenge to end veteran homelessness. This is just one more reason that all eyes are on Houston at this time!

Approval of Minutes
The minutes from the May CoC Steering Committee meeting were not presented as there was no quorum to vote on their approval.
Lead Agency Report –Presented by Eva Thibaudeau

- The Housing Houston’s Heroes workgroup is still meeting regularly, and there will be a regional SSVF visit later in the month of June. Gary Grier (Project Manager, Coalition) will coordinate the activities for this visit.
- The LGBTQ youth homelessness prevention initiative has implemented a steering committee and workgroups with the goal to have an action plan drafted by the end of the summer.
- ESG Funders are still meeting bi-weekly.
- The 100,000 Homes Campaign announced that they had surpassed their goal one month ahead of schedule, and our CoC played a very important part in the effort. This initiative will not end, rather, the plan is to move on to new goals.
- Donna Herron provided feedback on the Consumer Input Forum and would like to have more input in future forums (regarding location and advertisement).

HMIS Administrator Report – Presented by Eva Thibaudeau

- HMIS is working to renew their policies and procedures to be in compliance.
- Takeshia Richardson (HMIS Project Manager) and Heather Muller (CSH) presented to the National Coalition for Homeless Veterans regarding incorporating the VA into Coordinated Access. They have set up multiple peer calls as a result of their presentation, and have established a reputation that Houston is ahead of the curve regarding the collaboration happening in our community.

Old Business

- Review of Additional CoC Policies needed – Presented by Eva Thibaudeau
  - By September’s meeting, the Steering Committee will be at a place where they will need to vote on a number of policies to bring our Continuum of Care into total compliance with final interim rules.
  - A lot has been done through the charter, but new policies will be presented in September.
    - Putting together the procedure for performance measurement and all ESG funded programs.
    - Specific policy for Coordinated Access and Domestic Violence.
    - Working on standards for ESG recipients.

New Business

- HMIS Policies/Documents – presented by Eva Thibaudeau
  - New language is being incorporated that many providers are thrilled about. Policies included around HMIS users not sharing passwords and not allowing others to do work under their login information. Policies are being spelled out very clearly.
This workgroup is working on business procedures and the daily work of coordinated access. This document has gone through many revisions, and the group is ensuring that the procedures are dynamic and shaped by the work happening on the ground. However, the workgroup is recommending this manual and is seeking the Steering Committee’s approval so it can be posted online for public consumption.

- **Specialized Populations and CoC Housing**
  - In the past, bonus points could be given to applicants, by HUD, for serving specific subpopulations. Now, with Coordinated Access, we are trying to keep as many doors open for those seeking housing.
  - HUD is amenable to grant amendments to change the population that agencies/programs are serving. The Lead Agency can send letters on behalf of the CoC in support of these amendments. PSH is being encouraged to pull away from population-specific services (when it isn’t their funded/founded expertise). As our homeless population gets smaller, criteria does need to be broader. Also, looking at the Americans with Disabilities Act, PSH providers need to be sure that they are not discriminating.

- **Point in Time and Opening Doors – presented by Eva Thibaudeau**
  - A press conference was held regarding the results of the Point-In-Time Homeless Count at the end of May, at 1414 Congress.
  - USICH and the federal government looked at the progress made between 2010 – 2013. The three years Houston looks at are 2011 – 2014 (since PIT methodology became standardized in 2011). While both comparisons show positive reductions in the number of homelessness, Houston is well ahead of national averages. Thibaudeau covered specific comparisons between the two reports.

- **Meeting in July – presented by Tory Gusnolley**
  - Gunsolley asked all Steering Committee members to put a hold on their calendars for July 1 for the launch of The Way Home.
  - There will be no meeting in July; CoC meetings will resume as usual in August.

**Public Comments**
- There were no public comments.
Adjournment
Upon approval, the meeting was adjourned at 4:38 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 scheduled for Tuesday, August 26, from 9am to 10:30am at the NRC with a panel discussion on Rapid Re-Housing System Re-Design facilitated by HUD TA Liaison, Irene Pijuan, CSH.
      ii. HMIS Forum
          1. Meeting held June 19, 2pm-4pm at HCDE featuring review of HUD data standards. Next meeting is September 18, 2014.
      iii. Consumer Forum
          1. Next Consumer Forum will be October 17 from 2pm-3:30pm.
      iv. Housing Houston’s Heroes
          1. HHH meeting held on July 18th with discussion of Mayor’s Challenge Initiative and Functional Zero. HHH was represented in DC during the National Conference on Ending Homelessness by Mark Thiele of HHA including appearing in the 100,000 Homes Campaign Public Service Announcement.
          2. RRH –HP workgroup hosted the Regional CoC Coordination Meeting on June 26 and met weekly Thursdays in July. On August 7, the workgroup conducted RRH Documents Training for all RRH providers (including ESG) regarding standardized Housing Placement Assessment, Housing Stabilization Plan and Guide, and Participant Budget.
      v. Youth/Young Adult Affinity Group
          1. LGBTQ Homeless Youth Prevention Initiative Steering Committee met August 5th to review draft implementation plans from subcommittees. Next Steering Committee meeting is September 15, 2014 at Montrose Center.
          2. HYN Youth data research project was submitted for IRB approval. Coalition staff sits on the oversight committee.
      vi. One Voice Texas Affinity Group
          1. In lieu of Housing Workgroup, members were asked to attend Joint OVT/HCHA Healthcare workgroup meeting on July 31, 2014. The next Housing Workgroup meeting is scheduled for August 27, from 9-11am.
          2. Children/Young Adults Workgroup meeting was held on August 14th to finalize the legislative agenda for the 84th session.
      vii. ESG Funders Workgroup
          1. ESG Expansion Planning meeting was held on August 13th from 9-11am.
      viii. Coordinated Access Workgroup
          1. Coordinated Access storefront at Beacon opened the week of August 4th.
          2. Transition team meetings conducted weekly at the BEACON Thursdays from 2:00 to 3:00pm.
          3. 1115 team meetings conducted weekly from 2-3 on Wednesdays.
   B. CoC Registration and GIW
      a. The 2014 CoC registration was submitted in ESNAPS on August 5, 2014. Coalition staff sought and received 2014 Grant Inventory Worksheet information from all CoC provider representatives during the week of July 21. The GIW was delivered to the HUD Field office on July 25th. On August 5th, Coalition
Staff met with the HUD Field Office to complete a joint walk through of all the GIW information for submission to the HUD Desk Office.

C. Performance Measurement
   a. HUD released the System Performance Measures Introductory Guide and Standards on July 24th, 2014. HMIS, HIC, and PIT data will be used to determine system performance measurement.

D. Other CoC Activities
   a. CoC Roundtable scheduled for August 20th from 1-3pm; Coalition staff will represent the CoC on the conference call discussing the Zero: 2016 challenge and highlights from the NAEH conference.
   b. PSH Fair Housing training conducted July 16 & 17, PSH Resources and Partnerships training scheduled for August 19 & 20, and Harm Reduction training is scheduled for September 17 & 18.

E. Informational Updates
   a. Twenty-five CoC members attended the National Conference on Ending Homelessness July 29-31 which featured keynote speeches from new HUD Secretary, Julian Castro, and First Lady, Michelle Obama. Several members of the Houston delegation met with key staff of Representatives Ted Poe and John Culberson during Capitol Hill Day.
A. Work Group Activities
   a. Networks, Initiatives and Affinity Groups
      i. Participated in weekly 1115 and 1185 Project meetings to assure HMIS coincides with system changes
      ii. Participated in Coordinated Access overview with the State of Indiana CoC’s on July 11, 2014
      iii. Attended the 25 Cities HMIS Affinity Group conference call regarding Coordinated Access challenges to implementation
      iv. Coordinated Access Transition Team Meeting
         1. Meets weekly at The Beacon
         2. Participated in the Coordinated Access Housing Assessor Training on July 9 and 15, 2014
         3. Submitted Coordinated Access Phase 2 build-out to ClientTrack software provider
   v. HMIS Support Committee
      1. Met July 8, 2014

B. Reporting
   a. Continued data analysis and support of the U.S. Veteran Affairs Supportive Services of Veteran Families program

C. Other CoC Activities
   a. Continue to develop new and update current HMIS Policies and Procedures

D. Support
   a. Site Visits – no site visits were conducted in July 2014
   b. IssueTrak
      
      | Opened Before July 1, 2014 | 6  |
      | Opened in Period          | 42 |
      | Closed in Period          | 43 |
      | Left Open On July 31, 2014|  5 |
   c. Training
      | New User                  | 30 |
      | Refresher                 |  1 |
      | Reports                   |  1 |
      | Data Explorer             |  0 |
   d. Participating Agencies
      | Active                    | 67 |
      | New                       |  1 |
   e. Users
      | Active                    | 600|
      | New                       |  36|
   f. Clients
      | Enroll at any point       | 23,203|
      | New Enrollments           |  5,378|
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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

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________________________________________________________________________

Briefly describe your expected resolution to this problem or concern:

________________________________________________________________________

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Client’s Signature

Your signature here provides consent for release of information regarding this grievance to the CoC Steering Committee and other appropriate parties.
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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.
## TX – 700 Continuum of Care

**Coordinated Access System**

**Operations Manual**

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</tbody>
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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
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

<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>
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<tr>
<td>1 person</td>
<td>14,000</td>
<td>23,350</td>
<td>37,350</td>
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<tr>
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</tr>
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<tr>
<td>7 persons</td>
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<tr>
<td>8 persons</td>
<td>26,400</td>
<td>44,000</td>
<td>70,400</td>
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</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 staff. 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:

**Houston’s Coordinated Access Workflow**

![Illustration of the CA Workflow](image-url)
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>
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<th>Agency</th>
<th>Location</th>
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<tbody>
<tr>
<td>The BEACON</td>
<td>1212 Prairie Houston, TX 77002</td>
<td>713-220-9737</td>
<td>8 am – 12 pm M, Th, &amp; F</td>
</tr>
<tr>
<td>Star of Hope Women &amp; Family</td>
<td>419 Dowling Houston, TX 77003</td>
<td>713-222-2220</td>
<td>8 am – 12 pm T &amp; W</td>
</tr>
<tr>
<td>Star of Hope Men’s Shelter</td>
<td>1818 Ruiz Houston, TX 77002</td>
<td>713-227-8900</td>
<td>TBD</td>
</tr>
<tr>
<td>VA Drop-In Center</td>
<td>1418 Preston Avenue Houston, TX 77002</td>
<td>713-794-7533</td>
<td>8 am – 12 pm Monday - Friday</td>
</tr>
<tr>
<td>Harris County Jail</td>
<td></td>
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<tr>
<td>Mobile Outreach</td>
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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>
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<th>Population</th>
<th>Priority Populations</th>
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</thead>
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| **Permanent Supportive Housing** | - Any high needs individual with multiple barriers to housing that is literally homeless (lease-based program)  
                              | - Specialized eligibility requirements for subsidies including veterans, disabled, long term homeless, or domestic violence  
                              | - **Unique Populations:** Families with Children (not typically chronic; complete Family VI-Family preservation) | - Individuals with a disability and long-term, multiple episodes of homelessness (Vulnerability Index score of 1 or higher; chronically homeless)  
                              |                                                                                                                 | - Veterans who are not eligible for VA housing subsidies                                                   |
| **Rapid Re-Housing**          | - Literally homeless households are those residing in a place not meant for human habitation, 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 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 | - Households with children residing on streets or in emergency shelters  
                              |                                                                                                                 | - Veteran households with children residing on streets or in emergency shelters who are not eligible for VA-funded RRH |
|                               | - Households that have reasonable potential for personal sustainability post-assistance  
                              | - Recently became homeless  
                              | - No serious known disabilities (Infrequently used as a bridge to PSH)                                      |
### Housing Model

<table>
<thead>
<tr>
<th>Population</th>
<th>Priority Populations</th>
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<tbody>
<tr>
<td>Singles</td>
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</tr>
<tr>
<td>Families</td>
<td></td>
</tr>
<tr>
<td>Youth (18-24)</td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td></td>
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<tr>
<td>Pregnant Head of Household</td>
<td></td>
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<tr>
<td>Households with a recent change in composition</td>
<td></td>
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<tr>
<td>Households with repeat episodes of homelessness</td>
<td></td>
</tr>
<tr>
<td>Those interested in substance use treatment</td>
<td></td>
</tr>
<tr>
<td>Recently released</td>
<td></td>
</tr>
</tbody>
</table>

**Transitional Housing**

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.

### The Housing Assessment Process

2. **Housing Assessors**

2.1. **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.
This Memorandum is to update the Continuum of Care Steering Committee about the progress and plans for the SAMHSA funded CABHI grant (a workgroup project of the CoC).

Background

The Coalition for the Homeless applied for a proposal request by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) in May 2011 for funding through the CABHI program. The proposal was not funded during the first cycle but was awarded in the second funding cycle. The CABHI grant began July 1, 2012 and was awarded as a 3 year renewable pilot program. While the Coalition for the Homeless was the lead applicant, several other community partners are sub-contracted to provide services. These include SEARCH Homeless Services, Houston Area Community Services (HACS), Healthcare for the Homeless Houston (HHH), the Houston Housing Authority (HHA) and the Center for Recovery and Wellness Resources.

The CABHI grant was submitted prior to the release and implementation of the HEARTH Act interim rules. The HEARTH Act and subsequent interpretations by HUD mandated the following:

- Coordinated Access system
- Continuum of Care decision-making body consisting of a broad range of system representatives
- Prioritization of the most vulnerable and chronic homeless individuals

In the absence of a Coordinated Access system, the CoC Steering Committee and prioritization of vulnerable homeless households, the CABHI pilot program served as a test forum these projects.

Beginning in October 2012, SEARCH and HACS identified the most vulnerable and chronic SEARCH day shelter clients from the HMIS database and employed an aggressive engagement and outreach plan. Once individuals were identified and willing to engage in the CABHI program, referrals were made to the HHA. The HHA determined eligibility and clients were enrolled and issued a Housing Choice Voucher.

The CABHI pilot program is now in its third year and over 70 households have been housed (more than 100 enrolled). Supportive services are offered through SEARCH, HACS, HHH and the Center for Wellness and Recovery Resources. Initially a steering committee for CABHI was convened in order to forge agreements that would assist and stabilize chronically homeless households. Committee members were eventually asked to be part of a system-wide steering committee. In January 2013 the CoC Steering Committee began meeting to drive system changes and engage mainstream services in the solution of homelessness. Steering Committee members include service providers, business leaders, the faith community, workforce, Veterans Administration, consumers, local mental health authority, city and county development departments, private funders and local housing authorities.

The TX 700 CoC is well-positioned to continue the work that was started under the CABHI grant due to the implementation of Coordinated Access, the CoC Steering Committee and a focus on the most vulnerable households. In addition several Medicaid Waiver (1115) projects and a County pilot (1185) project have been funded through alternate means.
NAEH Nan Roman’s Identification of Five Challenges to CoC’s

1. **Homeless system cannot absorb the problems of poverty**
   a. 2/3rds of poor people spend more than 50% of income for rent
   b. Don’t force motelled, doubled up, etc... into homeless system
   c. We cannot be the re-entry system, the family re-unification system, immigration
   d. We must advocate for corrections, TANF, DOL, PHA’s, child welfare and immigration systems to act

2. **Need to get to scale on interventions in order to maximize impact and achieve outcomes**

3. **We need to move beyond programs and focus on systems**
   a. It isn’t either adults or children/ families or individuals/veterans or non-veterans
   b. We cannot attack all at once but we must have strategies for all populations

4. **We must maintain and improve our emergency shelter system**
   a. Shelter needs to be resourced to be an exit strategy (diversion, RRH, PSH)

5. **Must take advantage of current opportunities!**
   a. Move from grant funding to fee-for-service

---

**Fair Housing/Olmstead Decision/Americans with Disabilities Act**

1. **Specialized housing is disfavored due to unconstitutional “unjustified isolation”**
   a. Curfews, no visitors, sign-in/sign-out, van trips to grocery serve to stigmatize, label and isolate

2. **Projects and services must be in the most integrated setting appropriate**
   a. Condition of federal funding
   b. Presumption that scattered site, supportive housing is the most integrated setting

3. **Housing must make reasonable accommodations in rules, practices, policies or services when necessary to afford equal opportunities for disabled individuals**
   a. Includes emotional support animals, rent due on 6th not 1st because of SSI check delivery, sending rent reminder monthly for memory-impaired

---

**HUD Norm Suchar re: Using Data to Allocate and Re-allocate Resources**

1. We can’t “new project” our way out of this problem... there isn’t enough money.
2. Most communities have enough money, it isn’t strategically allocated
3. Questions to ask:
   a. Are we providing services that people don’t want?
   b. Are our activities the right ones? Provided at the right dose?
   c. Are services provided to the right people? HUD is concerned about those who are being left out of services!
   d. Is what we’re doing making the problem better?
This Memorandum is to inform the Continuum of Care Steering Committee about the progress and recommendation of the CoC/ESG Funders Workgroup regarding a collaborative and aligned Rapid Re-Housing (RRH) Plan in accordance with the HEARTH Act CoC and ESG Interim Final Rules.

Background

The federal HEARTH Final Interim Rules for the Continuum of Care (CoC) and Emergency Solutions Grant (ESG) require that ESG funders work with the local CoC to establish standards which govern Rapid Re-Housing (RRH) and other eligible activities (homelessness prevention, outreach, basic needs). The CoC ESG funders began this work in 2012 with HUD technical assistance. The greatest point of divergence between the CoC and the ESG was in Rapid Re-Housing. Twice monthly meetings to identify next steps began in October 2013.

Beginning in February 2014, the CoC Lead Agency and ESG funders (Harris County, Fort Bend County, the City of Houston and the City of Pasadena) met weekly to create and revise RRH standards and working business rules. These standards and business rules are designed to serve both CoC-funded programs and ESG-funded programs. The standards are in alignment with CoC system goals which include full implementation of Coordinated Access (No Wrong Door for clients) and ending family homelessness by 2020.

Attachments

- RRH System Workflow
- RRH Client Workflow
- ESG Standards

CoC Awareness Activities

- ESG Grantees Standardized Documents Training – August 7, 2014
- One on One Meetings – as scheduled
- Provider Input Forum – August 26, 2014

*ESG (Emergency Solutions Grant)
CONTINUUM OF CARE
EMERGENCY SOLUTIONS GRANTS
PROGRAM
WRITTEN STANDARDS

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INTRODUCTION

{Insert Name} has developed the following standards for providing assistance with Emergency Solutions Grants (ESG) funds as required by 24 CFR 576.400 (e). These standards were created in coordination with the Houston/Harris County Continuum of Care which includes Harris County, the City of Houston, Fort Bend County and the City of Pasadena, and Texas Department of Housing and Community Affairs funding within the CoC geographic area. They are in accordance with the interim rule for the Emergency Solutions Grants Program released by the U.S. Department of Housing and Urban Development on December 4, 2011 and the final rule for the definition of homelessness also released by the U.S. Department of Housing and Urban Development on December 4, 2011.

{Insert Name} expects that the standards will adjust as the {Insert Name} gains more experience with and collects more data from services provided with the Emergency Solutions Grants program. The Standards serve as the guiding principles for funding programs. The Business Rules outline the operations and process for carrying out each program component.

STANDARDS APPLICABLE TO ALL PROGRAM COMPONENTS

ELIGIBLE ESG PROGRAM COMPONENTS

There are four (4) ESG Program Components:

1. Rapid Re-Housing
2. Emergency Shelter
3. Homelessness Prevention and
4. Street Outreach.

Funds for ESG can be used to support any of the eligible components. The CoC gives priority to funding that supports securing housing options for homeless households and to support the expansion of rapid re-housing.

COORDINATING ASSESSMENT & SERVICES AMONG PROVIDERS

- INSERT NAME expects that all providers participate in the coordinated assessment system. Coordinated assessment uses a common housing assessment and triage tool to ensure that all homeless individuals are referred to the appropriate housing intervention. Coordinated assessment will be used as each housing intervention
supported by ESG is fully integrated into the system referral process. Prior to full implementation of coordinate assessment, agencies may continue to accept direct referrals from individuals and other agencies.

Designate staff members for CoC Provider Input forum: Each agency will assign two representatives to the input forum, where at least one member has decision making capacity for the program. CoC Provider Input Forums will meet quarterly, or more often as required by current CoC policies. The Provider Input Forum is the venue where providers give and receive information regarding CoC strategies and policies.

Participate in any standardized training as designated by ESG funders and offered through CoC. The CoC will provide a vetted and standardized training curriculum for all housing stability case managers. Training will be available for all agencies providing case management for housing based services. The curriculum and standards will be developed as part of and in partnership with the Continuum of Care Technical Assistance plan from the Department of Housing and Urban Development. This will focus on the requirements of maintaining stable housing and ensure access to mainstream resources that will provide ongoing, necessary supportive services for households.

COORDINATING WITH MAINSTREAM AND TARGETED HOMELESS PROVIDERS

[INSERT NAME] expects that every agency that is funded through ESG will coordinate with and access mainstream and other targeted homeless resources. [INSERT NAME] will evaluate performance of each provider based on outcomes achieved. Outcomes are outlined and updated in the housing models adopted by the CoC Steering committee. These outcome measures will be used to evaluate program success annually. [INSERT NAME] will use this and other performance metrics to guide funding decisions for ESG funded programs. Required outcomes for each intervention will match the outcomes approved by the CoC Steering Committee annually.

STANDARDS SPECIFIC TO EMERGENCY SHELTER

ELIGIBILITY: HOMELESS STATUS

Homeless clients entering into the shelter system must meet the HUD criteria for homelessness as either literally homeless (Homeless Category 1), at imminent risk of homelessness (Homeless
Category 2), homeless under another federal statute (Homeless Category 3), or fleeing/attempting to flee domestic violence (Homeless Category 4).

For additional details related to the HUD definition of Homeless and applicability to each program component, see Appendix A and Appendix C.

ELIGIBILITY: INTAKE AND ASSESSMENT

As already indicated above under Coordinating Assessment & Services, case managers will use the Continuum wide assessment tool to review client situation, understand eligibility, and begin the process of determining length of assistance. The tool will include an assessment form for diversion that providers are currently testing. Once testing has been finalized, the diversion assessment will be required for all providers, including DV providers.

Specific to Emergency Shelter,

- Any new client entering into shelter must also undergo a complete assessment to understand client needs and barriers and match the client to the most appropriate services provider.
- Clients will be prioritized within the emergency shelter system based on need, available resources and geographic area.

ELIGIBILITY: PRIORITIZATION & REFERRAL POLICIES

Emergency shelters will prioritize individuals/families that:

- Cannot be diverted; and
- Are literally homeless; and
- Can be safely accommodated in the shelter; and
- Are not in need of emergency medical or psychiatric services or are a danger to self or others.

Also note the following:

- Emergency Shelters cannot discriminate per HUD regulations.
- There are no requirements related to ID, income or employment;
- Transgender placement based on gender self-identification.

STANDARDS SPECIFIC TO HOMELESSNESS PREVENTION AND RAPID RE-HOUSING
ELIGIBILITY: STATUS AS HOMELESS OR AT-RISK OF HOMELESSNESS

HOMELESSNESS PREVENTION

Indivduals/families, who meet the HUD criteria for the following definitions, are eligible for Homelessness Prevention assistance:

- At Risk of Homelessness
- Homeless Category 2: Imminently at-risk of homelessness
- Homeless Category 3: Homeless under other federal statute and
- Homeless Category 4: Fleeing/attempting to flee DV (as long as the individuals/families fleeing or attempting to flee DV are not also literally homeless. If the individuals/families are also literally homeless they would actually qualify for Rapid Re-Housing instead. See below.)

Additional eligibility requirements related to Homelessness Prevention include:

- **Proof of residence** within the {Insert Name} service area. A map for reference is included on {Attach Map and Insert Page # or Appendix #}.
- **Total household income below 30 percent of Area Family Income** (AFI) for the area at initial assessment. Clients must provide documentation of household income, including documentation of unemployment and zero income affidavit for clients without income.

RAPID RE-HOUSING

Indivduals/families, who meet the HUD criteria for the following definitions, are eligible for Rapid Re-Housing assistance:

- Homeless Category 1: Literally homeless
- Homeless Category 4: Fleeing/attempting to flee DV (as long as the individuals/families fleeing or attempting to flee DV are also literally homeless).

For additional details related to the HUD definition of Homeless and At Risk of Homelessness and applicability of these definitions to each program component, see Appendix A, B and C.

ELIGIBILITY: INTAKE AND ASSESSMENT

Once coordinated access is available for all housing interventions, all clients must have an initial eligibility assessment and triage for appropriate housing by a specially trained housing assessor.
All clients come through coordinated access and are assessed using the housing triage in HMIS. Housing triage will identify, based on the standard assessment, individuals who are best suited for rapid re-housing. The standard assessment accounts for length and frequency of homelessness, physical and mental health status, criminal history, veteran status, domestic violence experience, substance abuse conditions and employment history.

TARGETED POPULATIONS: CLIENT PRIORITIZATION

HOMELESSNESS PREVENTION

Note that all targeted individuals and families described below have to meet the minimum HUD requirements for eligibility to HP.

{Insert Name} will use a shared assessment form that will target those clients with the most barriers to housing. Each barrier will have an allotment of points, and the higher score (and more barriers) the more likely the client will receive services. The assessment of barriers is based on an objective review of each client’s current situation using the tool rather than the subjective opinion of a case manager assessing each client’s needs. All clients must have a minimum score of {Insert Minimum Score} to receive assistance. See Appendix D for a copy of the assessment form.

Additionally, {Insert Name} prioritizes clients who are currently in their own housing, especially families with young children who have limited housing options but high needs for homelessness prevention funding.

Finally, the Coordinated Access Referral Guidance will use the following to determine whether ESG-HP is appropriate:

- If this is a person/head of household with no known serious disability that requires long-term services to manage a home, refer for Homelessness Prevention.
  - Diverted households
  - Has income or work history [Coordinated Access staff to assess for barriers to housing stability and create housing support plan prior to referral to ESG-HP]
RAPID RE-HOUSING

Coordinated access will prioritize individuals who are currently homeless but not in need of permanent supportive housing as eligible for rapid re-housing. This can include, but is not limited to individuals and households who,

- are first time homeless;
- have few recent episodes of homelessness; or
- are part of a family that is homeless.

It should be noted, rapid re-housing funds are directed to individuals with income or work history and skills that indicate employability.

FINANCIAL ASSISTANCE

DURATION AND AMOUNT OF ASSISTANCE

{Insert Name}, as part of the Houston/Harris County/Ft. Bend County CoC, has adopted the CoC approved Housing Models to measure community outcomes for all housing interventions. The CoC requires that all subrecipients for ESG Rapid Re-Housing funds use the CoC-wide assessment tools to assist in determining the duration and amount of assistance. The tools do not dictate the amount of assistance that each household receives, but guides the case manager and client to determine the appropriate amount of assistance for each household.

- All clients are assessed to determine initial need and create a budget to outline planned need for assistance.
- Agencies cannot set organizational maximums or minimums but must rely on the CoC wide tools to evaluate household need.
- Through case management, client files are reviewed monthly to ensure that planned expenditures for the month validate the financial assistance request.
- {Insert Name} expects that households will receive the minimum amount of assistance necessary to stabilize in housing.

Clients cannot exceed 24 months of assistance in a 36 month period. The Rapid Re-Housing Business Rules outline processes that may require supervisory approval.
PARTICIPANT SHARE

Participant share will be determined by use of common assessment and budgeting tools approved through the Continuum of Care. These tools will assist in determining the monthly assistance and client contribution amounts. Clients will participate in the development of their individual housing plan with a case manager. The housing plan will be based on client goals and shared goals for achieving housing stability. Case managers will use the housing plan to assist in determining the client contribution toward rent. Clients are expected to contribute a portion of their income based on budgeting to ensure housing stability. Financial assistance is available for households with zero income. Details of when clients are terminated or redirected to a more appropriate intervention are outlined in the business rules.

HOUSING STABILIZATION AND RELOCATION RELATED ASSISTANCE AND SERVICES

REQUIRED SERVICES: CASE MANAGEMENT & CASE LOADS

The Continuum of Care requires that all clients are referred to a case manager through the coordinated assessment system. Coordinated assessment will triage homeless clients for rapid re-housing that are in need of short to medium term assistance based on individual circumstances and vulnerability. Coordinated Access Assessors will refer to a rapid re-housing case management intermediary contracted by local funders. The Intermediary will assign a case manager who will perform an individual assessment and create a housing plan using the common assessment tools. This begins the process to rapidly re-house the homeless household as quickly and efficiently as possible.

Homelessness prevention clients must have an initial home visit when first approved for assistance and subsequent house visits with each recertification every three months. It is expected that case managers will conduct office visits with homelessness prevention clients between home visits, at least once per month. Case managers and program managers are encouraged to provide more than the minimum required services through case management.

Rapid re-housing case managers will maintain an average case load of 35 clients. This will allow case managers to provide quality case management and ensure that services are targeted to individuals most likely to be successful with rapid re-housing assistance. As the rapid re-housing program for the continuum expands, this number may increase.
Case management includes home and office visits determined by client need and supported by the housing plan.

As required by the Continuum of Care Housing Models, case managers are expected to follow up with clients that have successfully exited rapid re-housing case management at a minimum of 30 days after exiting the program. Clients who remain in housing for 90 days after exiting rapid re-housing, identified through HMIS, are categorized as stably housed.

Case management staff must touch base with the landlord and ensure that they have an updated copy of the Rental Assistance Agreement and are aware of anticipated changes to the participant rent share.

**REQUIRED SERVICES: HOUSING LOCATION SERVICES**

Any subrecipient of ESG assistance must also have a dedicated housing navigation and location specialist for households receiving rapid re-housing. This specialized position will be dedicated to finding appropriate housing and developing relationships with affordable housing providers so that ESG clients have access to housing choice through the subrecipient, rather than expecting that clients must navigate the system on their own. Housing navigators for rapid re-housing may have expertise based on location and type of housing.

**REQUIRED SERVICES: INSPECTION AND LANDLORD AGREEMENT**

Any unit that receives financial assistance through rapid re-housing must pass a Housing Quality Standards Inspection as outlined in the ESG regulations. The inspections will be conducted by a qualified agency with expertise in inspection and the process for identifying units and conducting an inspection is outlined in the rapid re-housing business rules.

Any unit that receives rental assistance payments through rapid re-housing must have an agreement in place between the financial assistance fiscal intermediary and the property. The rental assistance agreement details the terms under which rental assistance will be provided. The rental assistance agreement outlines the requirements for rental payment as well as terms regarding any notice to vacate or eviction by the owner.

**INELIGIBLE SERVICES: CREDIT REPAIR AND LEGAL SERVICES**

{Insert Name} will not allow ESG funds to be used for credit repair or legal services. These services are deemed ineligible activities. {Insert Name} has found limited access to this resource...
by clients and providers and will instead encourage the use mainstream service providers and establish them as part of the system of providers with formal relationship.

**OPTIONAL SERVICES: SECURITY/UTILITY DEPOSITS**

Rental and utility deposits can be included in housing stabilization services as dictated by the housing stabilization plan. Rental and utility deposits can be included in lieu of or in combination with rental assistance for a unit. Requirements for inspections and rental assistance agreements for units with only security deposits are outlined in the rapid re-housing business rules.

- Security deposits can cover up to two months of rent.
- Deposits may remain with the client if they are stably housed as outlined in the case management and caseloads section.
- Security and utility deposit transactions will be managed through the case management fiscal agent and are outlined in the business rules.

**OPTIONAL SERVICES: RENTAL APPLICATION FEES**

{Insert Name} expects that rapid re-housing navigation and location specialists will work closely with housing providers and establish trusting relationships among landlords in a way that will encourage property owners and managers to waive application fees for rental properties. To that end, application fees can only be provided for one application at a time; but note that this only limits the number of applications that require application fees. Case managers and housing specialists can and should work with clients and landlords to process as many free applications as possible.
ELIGIBILITY: PERIODIC RE-CERTIFICATION

All case managers are required to re-certify clients based on the following schedule. At that time, a case manager may decide to extend, decrease or discontinue providing assistance.

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Schedule</th>
<th>Re-certification Criteria</th>
</tr>
</thead>
</table>
| Homelessness Prevention | Every 3 months  | For both HP and RRH, to continue to receive assistance, clients must  
  • be at or below 30% AFI AND  
  • lack sufficient resources and support networks necessary to retain housing without ESG assistance.                                                                                           |
<p>| Rapid Re-Housing        | Annually        |                                                                                                                                                                                                                         |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Literally Homeless</td>
</tr>
<tr>
<td></td>
<td>Individual or family who lacks a fixed, regular, and adequate</td>
</tr>
<tr>
<td></td>
<td>nighttime residence, meaning:</td>
</tr>
<tr>
<td></td>
<td>• Has a primary nighttime residence that is a public or private</td>
</tr>
<tr>
<td></td>
<td>place not meant for human habitation;</td>
</tr>
<tr>
<td></td>
<td>• Is living in a publicly or privately operated shelter designated</td>
</tr>
<tr>
<td></td>
<td>to provide temporary living arrangements (including congregate shelters,</td>
</tr>
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<td></td>
<td>transitional housing, and hotels and motels paid for by charitable</td>
</tr>
<tr>
<td></td>
<td>organizations or by federal, state and local government programs); or</td>
</tr>
<tr>
<td></td>
<td>• Is exiting an institution where (s)he has resided for 90 days or less</td>
</tr>
<tr>
<td></td>
<td>and who resided in an emergency shelter or place not</td>
</tr>
<tr>
<td></td>
<td>meant for human habitation immediately before entering that institution</td>
</tr>
<tr>
<td>2</td>
<td>Imminent Risk of Homelessness</td>
</tr>
<tr>
<td></td>
<td>Individual or family who will imminently lose their primary</td>
</tr>
<tr>
<td></td>
<td>nighttime residence, provided that:</td>
</tr>
<tr>
<td></td>
<td>• Residence will be lost within 14 days of the date of application</td>
</tr>
<tr>
<td></td>
<td>for homeless assistance;</td>
</tr>
<tr>
<td></td>
<td>• No subsequent residence has been identified; and</td>
</tr>
<tr>
<td></td>
<td>• The individual or family lacks the resources or support</td>
</tr>
<tr>
<td></td>
<td>networks needed to obtain other permanent housing</td>
</tr>
<tr>
<td>3</td>
<td>Homeless under other Federal statutes</td>
</tr>
<tr>
<td></td>
<td>Unaccompanied youth under 25 years of age, or families with</td>
</tr>
<tr>
<td></td>
<td>children and youth, who do not otherwise qualify as homeless</td>
</tr>
<tr>
<td></td>
<td>under this definition, but who:</td>
</tr>
<tr>
<td></td>
<td>• Are defined as homeless under the other listed federal statutes;</td>
</tr>
<tr>
<td></td>
<td>• Have not had a lease, ownership interest, or occupancy</td>
</tr>
<tr>
<td></td>
<td>agreement in permanent housing during the 60 days prior to</td>
</tr>
<tr>
<td></td>
<td>the homeless assistance application;</td>
</tr>
<tr>
<td></td>
<td>• Have experienced persistent instability as measured by two</td>
</tr>
<tr>
<td></td>
<td>moves or more during in the preceding 60 days; and</td>
</tr>
<tr>
<td></td>
<td>• Can be expected to continue in such status for an extended period of</td>
</tr>
<tr>
<td></td>
<td>time due to special needs or barriers</td>
</tr>
<tr>
<td>4</td>
<td>Fleeing/ Attempting to Flee DV</td>
</tr>
<tr>
<td></td>
<td>Any individual or family who:</td>
</tr>
<tr>
<td></td>
<td>• Is fleeing, or is attempting to flee, domestic violence;</td>
</tr>
<tr>
<td></td>
<td>• Has no other residence; and</td>
</tr>
<tr>
<td></td>
<td>• Lacks the resources or support networks to obtain other</td>
</tr>
<tr>
<td></td>
<td>permanent housing</td>
</tr>
</tbody>
</table>
## APPENDIX B: HUD DEFINITION FOR AT RISK OF HOMELESSNESS

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals and Families</strong></td>
<td>An individual or family who:</td>
<td>(i) Has an annual income below 30% of median family income for the area; <strong>AND</strong> (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; <strong>AND</strong> (iii) Meets one of the following conditions:</td>
</tr>
<tr>
<td><strong>Unaccompanied Children and Youth</strong></td>
<td>A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute</td>
<td></td>
</tr>
<tr>
<td><strong>Families with Children and Youth</strong></td>
<td>An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.</td>
<td></td>
</tr>
<tr>
<td>Eligibility by Component</td>
<td>Emergency Shelter</td>
<td>Rapid Re-Housing</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td>Individuals and families defined as Homeless under the following categories are eligible for assistance in ES projects:</td>
<td>Individuals and families defined as Homeless under the following categories are eligible for assistance in RRH projects:</td>
</tr>
<tr>
<td></td>
<td>• Category 1: Literally Homeless</td>
<td>• Category 1: Literally Homeless</td>
</tr>
<tr>
<td></td>
<td>• Category 2: Imminent Risk of Homeless</td>
<td>• Category 4: Fleeing/Attempting to Flee DV (if the individual or family is also literally homeless)</td>
</tr>
<tr>
<td></td>
<td>• Category 3: Homeless Under Other Federal Statutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Category 4: Fleeing/Attempting to Flee DV</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Eligibility Requirements

All potential clients will be screened for the following:

**Income** – Only households with income below 30% of the Area Median Income are eligible for Homelessness Prevention services (see Attachment A for income limits)

PLUS

**Trigger Crisis** – An event has occurred which is expected to result in housing loss within 30 days due to one of the listed reasons (see Attachment B for qualifying trigger crises)

PLUS

**No resources or support network to prevent homelessness** – No other options are possible for resolving this crisis. “But for this assistance” this household would become literally homeless—staying in a shelter, a car, or another place not meant for human habitation

OR

**Unaccompanied children and youth who qualify as homeless under another Federal statute** – See Runaway and Homeless Youth Act definition or Documentation for school district certification of homelessness (see Attachment C for other definitions of homelessness)

OR

**Families with children or youth who qualify as homeless under another Federal statute** – See Runaway and Homeless Youth Act definition or Documentation for school district certification of homelessness (see Attachment C for other definitions of homelessness)

PLUS

**Score of at least 20 points**—or 15 – 19 points with override sign-off (see Attachment D for score sheet)
## Attachment A

### 30% Area Median Income (2012)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Median Income</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person Household</td>
<td>$14,500</td>
<td>($1,170/month)</td>
</tr>
<tr>
<td>2 Person Household</td>
<td>$16,050</td>
<td>($1,338/month)</td>
</tr>
<tr>
<td>3 Person Household</td>
<td>$18,050</td>
<td>($1,504/month)</td>
</tr>
<tr>
<td>4 Person Household</td>
<td>$20,050</td>
<td>($1,671/month)</td>
</tr>
<tr>
<td>5 Person Household</td>
<td>$21,700</td>
<td>($1,808/month)</td>
</tr>
<tr>
<td>6 Person Household</td>
<td>$23,300</td>
<td>($1,942/month)</td>
</tr>
<tr>
<td>7 Person Household</td>
<td>$24,900</td>
<td>($2,075/month)</td>
</tr>
<tr>
<td>8 Person Household</td>
<td>$26,500</td>
<td>($2,208/month)</td>
</tr>
</tbody>
</table>
Attachment B

Trigger Crisis

Will lose housing within 30 days due to one of the following:

___ Moved twice or more in the past 60 days
___ Living in the home of another person because of economic hardship
___ Notified that right to occupy their current housing or living situation will be terminated within 21 days after date of application
___ Living in hotel or motel and cost is not paid for by charitable organization or government program for low-income people
___ Living in SRO or efficiency where more than 2 people live; or in a larger housing unit with more than 2 people per room
___ Exiting a publicly funded institution or system of care
___ Exiting a publicly or privately funded inpatient substance abuse treatment program or transitional housing program
___ Living in rental housing that is being condemned by a government agency and tenants are being forced to move out
Attachment C

Other Definitions of Homelessness

- **Runaway and Homeless Youth Act (42 U.S.C 5701 et seq.)**
  Runaway and Homeless Youth funding is administered by the Family and Youth Services Bureau within the Administration for Children & Families (ACF) of the U.S. Department of Health and Human Services (HHS). Information about Runaway and Homeless Youth program grantees is available online at http://www2.ncfy.com/locate/index.htm.

- **Head Start Act (42 U.S.C. 9831 et seq.)**
  Head Start funding is administered by the Office of Head Start (OHS) within ACF/HHS. A listing of Head Start programs, centers, and grantees is available online at http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices.

- **Violence Against Women Act of 1994; subtitle N (42 U.S.C. 14043e et seq.)**
  Violence Against Women Act established the Office on Violence Against Women (OVW) within the U.S. Department of Justice (DOJ). OVW administers financial and technical assistance to communities across the country that are developing programs, policies, and practices aimed at ending domestic violence, dating violence, sexual assault, and stalking. Currently, OVW administers one formula grant program and eleven discretionary grant programs, all of which were established under VAWA and subsequent legislation. More information about OVW is available online at http://www.ovw.usdoj.gov/.

- **Public Health Service Act; section 330 (42 U.S.C. 254b)**
  The Public Health Service Act authorized the Health Center Program, which is administered by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA) of HHS. Information about local Health Centers can be found online at http://bphc.hrsa.gov/index.html.

- **Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.)**
  Food and Nutrition Act of 2008 relates to the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps. SNAP is administered by the U.S. Department of Agriculture (USDA). More information about SNAP can be found online at http://www.fns.usda.gov/snap/.

- **Child Nutrition Act of 1966; section 17 (42 U.S.C. 1786)**
  Child Nutrition Act of 1966 authorized numerous programs related to school lunches and breakfasts and funds for meals for needy students. For more information about these programs, contact the local School Department.

- **McKinney-Vento Act; subtitle B of title VII (42 U.S.C. 11431 et seq.)**
  McKinney-Vento Act authorized the McKinney-Vento Education for Homeless Children and Youths Program, which is administered via the Office of Elementary and Secondary Education within the U.S. Department of Education. More information about this program is available online at http://www2.ed.gov/programs/homeless/index.html. Also, contact the local School Department.
Attachment D

Prioritization Scoring

Income Scoring

___ Rent burden at 66 – 80% of income.... 5 points
___ Income at or below 15% AMI.... 20 points OR
___ Income 16 – 29% AMI.... 10 points

15% Area Median Income (2012)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Median Income</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>$7,250</td>
<td>($604/month)</td>
</tr>
<tr>
<td>2 Person</td>
<td>$8,025</td>
<td>($669/month)</td>
</tr>
<tr>
<td>3 Person</td>
<td>$9,025</td>
<td>($752/month)</td>
</tr>
<tr>
<td>4 Person</td>
<td>$10,025</td>
<td>($835/month)</td>
</tr>
<tr>
<td>5 Person</td>
<td>$10,850</td>
<td>($904/month)</td>
</tr>
<tr>
<td>6 Person</td>
<td>$11,650</td>
<td>($970/month)</td>
</tr>
<tr>
<td>7 Person</td>
<td>$12,450</td>
<td>($1,038/month)</td>
</tr>
<tr>
<td>8 Person</td>
<td>$13,250</td>
<td>($1,104/month)</td>
</tr>
</tbody>
</table>
## Tenant Barriers/Risk Factors Scoring

<table>
<thead>
<tr>
<th>Tally</th>
<th>Screening Barrier</th>
<th>Points for Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eviction history</td>
<td>1 point</td>
</tr>
<tr>
<td></td>
<td>No credit references: has no credit history</td>
<td>1 point</td>
</tr>
<tr>
<td></td>
<td>Lack of rental history: has not rented in the past</td>
<td>1 point</td>
</tr>
<tr>
<td></td>
<td>Unpaid rent or broken lease in the past (separate from current unpaid rent)</td>
<td>1 point</td>
</tr>
<tr>
<td></td>
<td>Poor credit history: late or unpaid bills, excessive debt, etc</td>
<td>1 point</td>
</tr>
<tr>
<td></td>
<td>Past Misdemeanors</td>
<td>1 point</td>
</tr>
<tr>
<td></td>
<td>Past Felony other than critical Felonies listed below</td>
<td>1 point</td>
</tr>
<tr>
<td></td>
<td>Exiting criminal justice system where incarcerated for less than 90 days</td>
<td>1 point</td>
</tr>
<tr>
<td></td>
<td>Critical Felony (drugs, sex crime, arson, crimes against other people)</td>
<td>5 points</td>
</tr>
<tr>
<td></td>
<td>Pregnant or has at least one child 0 – 6</td>
<td>5 points</td>
</tr>
<tr>
<td></td>
<td>Head of household under 30 years old</td>
<td>5 points</td>
</tr>
<tr>
<td></td>
<td>Family experienced literal homelessness in the past 3 years</td>
<td>5 points</td>
</tr>
<tr>
<td></td>
<td>Only 1 adult in household</td>
<td>5 points</td>
</tr>
<tr>
<td></td>
<td>TOTAL (Tally of Income &amp; Tenant Barriers Scoring)</td>
<td></td>
</tr>
</tbody>
</table>

### Override

If a household has 15 to 19 points but the agency believes there is a compelling reason to provide homelessness prevention services, the program can document reasons for overriding the score. The override must be signed off by an agency representative at a higher level of authority than direct service staff.
RRH System Process Flow

CoC Funds $2M
City of Houston
Harris County
Ft. Bend/Pasadena
State Funds

Admin - $600K
Financial Assistance Intermediary $3.84M

Admin - $275K
Case Management Intermediary $715K

RFP – 12 FTE Case Managers + Housing Location Services

Provider
Provider
Provider

Clients
Clients
Clients

Permanent Housing

Leverage Opportunity
$1 Private = $8.92 Public

Release of Funds - HMIS

Payment to Landlord – Direct Deposit

Reports by Funding Source

By funder

DRAFT
**RRH Household Process**

1. **Household on Street/Emergency Shelter**
   - Assessed for Eligibility by CA:
     - Assessment Hubs
     - VIA Phone

2. **Assessed for Eligibility**
   - Referral for assignment sent to CMI made in HMIS notifying of new matched family

3. **Referral to CM based on geographic preference and availability**
   - Geographic preference established in referral for assignment

4. **CM Assess in HMIS:**
   - Income
   - Barriers
   - Needs
   - Housing Plan completed
   - Program Enrollment in HMIS

5. **Housing search begins with CM agency housing specialist**
   - Unit Located

6. **CM Arranges Deposit and 1st month rent with FAI**

7. **FAI makes deposit & rent payment to LL**

8. **CM Services Continue:**
   - Home visits
   - Employment services

9. **CM continues monthly phone follow-up for 3 months**

10. **Stabilized:**
    - Rent Payments at $0 based on need

11. **CM Services Continue:**
    - Adjust rental assistance as warranted

**Key Terms:**
- **RRH:** Rapid Re-Housing
- **SSVF:** Supportive Services for Veteran Families
- **CA:** Coordinated Access
- **CMI:** Case Management Intermediary
- **CM:** Case Manager
- **FAI:** Financial Assistance Intermediary
- **HMIS:** Homeless Management Information System
- **LL:** Landlord