# August 2016 Steering Committee Meeting

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AGENDA

I. Call to Order – Daphne Lemelle  
   a) Roll Call – Barbara Dawson

II. Approval of Minutes – Daphne Lemelle  
    a) June 2016 CoC Steering Committee Meeting

III. Lead Agency Report -- Add to official minutes

IV. Recognition of new Steering Committee members  
    a) Recognition of Tom McCasland

V. NAEH conference updates – Deiko Taylor/Eva Thibaudeau

VI. Old Business  
    a) FY2016 NOFA – Eva Thibaudeau  
       • Progress  
       • Re-allocated projects  
       • New projects  
    b) CoC Coordinated Access Prioritization Policy – Eva Thibaudeau  
    c) CoC Governance Charter Updates – Eva Thibaudeau

VII. New Business  
    a) FY2015 NOFA Awards  
       • CoC Planning  
       • CoC Coordinated Access

VIII. Announcements  
    a) HCDVCC is Okra Bar charitable recipient for month of August

IX. Public Comments

X. Adjournment
Steering Committee Meeting

June 9, 2016

Minutes

Present:
   Barbara Dawson (MHMRA rep), Gerald Eckert (The Salvation Army), Tory Gunsolley (Houston Housing Authority), Marilynn Kindell (Ft Bend County Community Development), Kelli King-Jackson (Simmons Foundation), Becky Landes (The Beacon), Laura Marsh (Michael E. DeBakey, VA Medical Center), Daphne Lemelle (Harris County Community Services Dept.), Da'Quam Taylor (Consumer Representative), and Eva Thibaudeau (Lead Agency Staff)

Absent:
   Mike Temple (Houston Galveston Area Council), Heather Garza (City of Pasadena, Community Development), and Carl Wiley (Consumer Representative)

The meeting of the Continuum of Care (CoC) Steering Committee was held on June 9, 2016 at 601 Sawyer St., 1st Floor Conference Room # 102, pursuant to proper notification of all Steering Committee members.

Welcome and Introductions
Lemelle called the meeting to order at 3:34 pm. Dawson conducted roll call and noted that there was a quorum.

Approval of Minutes
The minutes from the May CoC Steering Committee meeting were presented. Daphne called for a motion to approve the April minutes as presented. Eckert motioned, Landes seconded.

The minutes were approved.

Lead Agency Report
The Lead Agency Report was presented by Thibaudeau and added to the official minutes.

2016 Point in Time
On Wednesday, May 25th, Coalition for the Homeless had the opportunity to acknowledge and thank volunteers who participated in Point in Time Count. Thibaudeau presented 2016 Homeless Count Overview to the Steering Committee.
Old Business

- **CoC Updates Memo** - This memo is to inform The Way Home Continuum of Care Steering Committee about the current status of specific system activities and the need for CoC Resolutions related to those specific activities. This memo was referred to throughout the meeting and added to the official minutes.

- **FY2016 NOFA Update – Project Scoring Tool (Resolution)** Thibaudeau reviewed NOFA Scoring Tool. This tool will be implemented for the upcoming HUD NOFA Competition upon CoC Steering Committee Approval. Gunsolley motioned for approval of the Project Scoring Tool, King-Jackson seconded, all were in favor. The resolution was approved.

- **CoC Communication Plan Updates** – Marilyn Brown and Jen from CKP Group followed with Communication points when addressing 2016 Point in Time Homeless Count Overview.

New Business

- **Recommendation for July Steering Committee meeting** – Lemelle calls for Executive Session to discuss recommendations for July Steering Committee meeting.

Announcements

No announcements

Public Comments

There were no public comments.

Adjournment

Upon approval, the meeting was adjourned at 4:15 pm.

Respectfully Submitted, Approved,

________________________    __________________________
Barbara Dawson, Secretary    Daphne Lemelle, Chairman

_____________________
Date
The Way Home

Lead Agency Report
August 11, 2016

A. Networks, Initiatives and Affinity Groups
   a. CoC Provider Input Forum
      i. The next Provider Input Forum is scheduled for Tuesday, August 23rd at 10:30am at Harris County CSD 8410 Lantern Point Drive, Houston, Texas.

   b. CoC Consumer Input Forum
      i. The Consumer Input Forum was conducted on Monday, July 11th at the Coalition for the Homeless Conference room. Dr. Cathy Troisi facilitated a focus group of 14 consumers who had participated in Coordinated Access. The Coalition will submit the report to the CoC Steering Committee upon receipt.

   c. Housing Houston’s Heroes
      i. The SSVF workgroup generally meets the second Thursday Monthly at US Vets from 11am-12:30pm. The SSVF workgroup met on July 14th and completed MOUs for the Coordinated Access system. Additionally, four of the agencies will be providing housing inspectors for the housing authority. A meeting on inspections will be held on August 11, 2016. Houston was requested to present in a VA SSVF national webinar set for August 16th at 1pm.

   d. Youth/Young Adult Affinity Group
      i. NEST invited Jama Shelton from The True Colors Fund to conduct a Train the Trainer session on LGBT homeless youth.

   e. RRH Workgroup
      i. The RRH Expansion Workgroup meets weekly on Wednesday mornings while the FAI/CMI meeting is conducted Tuesdays from 11:30 to 12:30 pm.
      ii. The ESG Funders Collaborative workgroup meets monthly and is comprised of Cities of Houston and Pasadena, Counties of Fort Bend and Harris and the CoC Lead Agency representing the CoC.

   f. Coordinated Access Workgroup
      i. 1115 team meetings conducted weekly from 3-4 on Wednesdays.
      ii. 1185 team meetings conducted weekly on Mondays from 3-4 pm.
      iii. The Coordinated Access workgroup only meets as needed.
      iv. The Permanent Supportive Housing Workgroup only meets as needed.
      v. A total of 12 Coordinated Access Hubs are in operation. In addition, a phone intake like is functioning and a phased roll-out is currently in place. Providers located far outside of Harris County as well as all RRH providers can now contact the Coordinated Access Intake Line to be assessed over the phone.

   g. Income Now Workgroup
      i. The Income Now Implementation Workgroup meets weekly on Tuesdays from 2:30pm to 4:00pm at SEARCH.
ii. Income Now was a featured presentation at the 2016 National Conference to End Homelessness on July 26, 2016 in Washington DC. Income Now is providing the Supported Employment system training on August 23 or 24 at the Sobering Center.

The SOAR Workgroup met on July 22nd at SEARCH for workflow to create implementation. Implementation of SOAR referrals in HMIS is targeted for October 2016. On July 20 and 21, Income Now held a community partner training on ticket to work and SSI/SSDI work incentives presented by expert John Coburn, JD.

B. Other CoC Items

a. The Housing Marketing Workgroup held a Legal Seminar on July 13 in partnership with the Houston Apartment Association and CORT Furniture. More than 50 property management staff and landlords attended the seminar and received information about recent Fair Housing guidance from HUD, as well as Texas House Bill 1510. Housing Marketing Workgroup members also networked with properties to share information about The Way Home's Rapid Re-housing program. The workgroup will plan future educational opportunities for landlords.

b. The Case Manager Resource Exchange was held on July 14th. The focus was on providers and city efforts being made to prevent human trafficking and support clients in Houston.

c. The Downtown Transition meetings are now occurring as needed.

d. The Medical Respite Workgroup continues to meet as needed. The group has outlined characteristics of extremely vulnerable clients that would need medical intervention prior to housing. In addition, a “hot list” of approximately 50-100 clients that fit the outline characteristics is being developed. This list will be provided to Outreach Teams as clients that need housing immediately.

e. On Monday, May 2, the US Department of Housing and Urban Development (HUD) announced that the TX-700 Continuum of Care (CoC) would receive funding for all of its Tier 2 new project requests made during the FY 2016 Continuum of Care CoC competition. When combined with Tier 1 renewal and planning awards, our CoC will receive $32,098,014 in FY 2016. This is an $8.4M funding increase from 2015, and every project that applied was awarded.

f. The Coalition for the Homeless sent staff to the National Alliance to End Homelessness Conference held from July 25-29, 2016 in Washington D.C. Many of our staff attended presentations, but additionally gave presentations. Ana Rausch hosted a presentation titled, “Using HMIS to Prioritize clients for Housing.” Since the implementation of our Income Now program, it’s been a very interested topic of conversation, and Gary Grier hosted a session regarding the implementation of that program.
Reallocation:

For the FY2016 Continuum of Care (CoC) NOFA Process, our Reallocation funding came from the few remaining Domestic Violence Transitional Housing Projects and one Permanent Supportive Housing project that has yet to drawdown after two years of award. It was communicated to the Transitional Housing agencies that they would not be able to renew after the FY2015 CoC NOFA Process, with an approved exception for programs that came into full compliance with current HEARTH interim regulations.

The communication to the Transitional Housing providers regarding the decisions of The Way Home Continuum of Care surrounding the renewal limitations began in 2013 by incentivizing those Transitional Housing providers to create a new project and voluntarily reallocate their funding and continued until the CoC Steering Committee decision in March 2015. The decision was that Transitional Housing, while it has a place in our community, is not the best or most efficient use of HUD funding.

Technical Assistance was provided following the FY2014 CoC Competition during which each transitional housing project in the community received one-on-one support, analysis and de-briefing (to include recommendations for compliance). During this time, agencies had the opportunity to recognize their areas for improvement and create plan for complying fully with HUD Regulations. Additionally, Technical Assistance aided agencies in re-categorizing to Rapid Re-Housing for those projects already performing as this component type. Ongoing assistance and guidance was provided by the HUD technical assistance team to provide follow up information to transitional housing providers.

Projects that are not fully expending or underspending their grant awards are also at risk of reallocation. Projects that have underspent more than 10% or $50,000 (whichever is less) may be reduced and those funds will go to reallocation. Projects that have under-expended in two consecutive program years are at risk of having their funding reduced through reallocation in the next CoC NOFA competition. The Temenos project was relying on construction, and after two years of no expenditures, it’s best for our CoC to reallocate those funds for PSH projects supporting chronically homeless. This was communicated on July 13, 2016.

As a result of the Reallocation Process, the following projects were put into reallocation funding, which was approved by The Way Home CoC Steering Committee on July 27, 2016:
<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Project Name</th>
<th>Grant Number</th>
<th>Reallocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area Turning Point</td>
<td>TH- Special Needs and Employment</td>
<td>TX0196L6E001508</td>
<td>$107,190</td>
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<tr>
<td>The Bridge Over Troubled Waters</td>
<td>The Bridge Transitional Shelter</td>
<td>TX0339L6E001504</td>
<td>$58,021</td>
</tr>
<tr>
<td>Temenos Community Development Corporation</td>
<td>FY2015 Temenos Place Apartments II</td>
<td>TX0265L6E001502</td>
<td>$1,136,324</td>
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<td></td>
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<td><strong>Subtotal</strong></td>
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**Reduction:**

One Victim Services Provider agency chose to present the CoC leadership with revised policies and procedures in order to retain 16 transitional units. The Way Home CoC Steering Committee accepted this updated model and voted to allow this agency to renew a reduced amount of transitional housing in accordance with CoC policy. When the Transitional Housing policy passed in March, limitations were imposed on continuing Transitional Housing projects which established a maximum annual allocation of $10,000 per TH bed. As a result, the following project has been reduced:

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Project Name</th>
<th>Grant Number</th>
<th>Renewed Funding</th>
<th>Reallocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston Area Women’s Center</td>
<td>Supportive Housing - Transitional Housing</td>
<td>TX0202L6E001508</td>
<td>$160,000</td>
<td>$462,493</td>
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<td><strong>Subtotal</strong></td>
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</table>

The reallocated amount from the aforementioned projects is $1,764,028.00. These funds will be competitively awarded in the FY2016 CoC Competition.
The FY2016 Continuum of Care NOFA allowed new projects to be applied for through Bonus or Reallocation funding. Per the posted Reallocation and Reduction policy, there was $1,597,748.87 available for new projects. Additionally, there was an opportunity for bonus funding in the amount of $1,571,578. The below chart shows how projects were ranked and their recommended funding amount.

New Project Ranking:

<table>
<thead>
<tr>
<th>Rank</th>
<th>Agency</th>
<th>Project Type</th>
<th>Funding Amount</th>
<th>Bonus or Reallocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Harris County Domestic Violence</td>
<td>Domestic Violence RRH</td>
<td>$548,572</td>
<td>Reallocation</td>
</tr>
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<td></td>
<td>Coordinating Council</td>
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<tr>
<td>2</td>
<td>The Salvation Army</td>
<td>Young Adult PSH</td>
<td>$366,398</td>
<td>Reallocation</td>
</tr>
<tr>
<td>3</td>
<td>SEARCH Homeless Services</td>
<td>PSH</td>
<td>$585,060</td>
<td>Reallocation</td>
</tr>
<tr>
<td>4</td>
<td>The Coalition for the Homeless</td>
<td>Coordinated Access 2</td>
<td>$263,998</td>
<td>Reallocation</td>
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<tr>
<td>5</td>
<td>SEARCH Homeless Services</td>
<td>PSH</td>
<td>$858,560</td>
<td>Bonus</td>
</tr>
<tr>
<td>6</td>
<td>Houston Housing Authority</td>
<td>RRH3</td>
<td>$713,018</td>
<td>Bonus</td>
</tr>
</tbody>
</table>
PURPOSE:
To ensure that homeless individuals and families assessed through Coordinated Access receive services in the most expedient way possible and that access to homeless assistance prioritizes those with the greatest needs who are least likely to end their homelessness in the absence of CoC support.

POLICY:
It is the policy of The Way Home that individuals and families with the most severe service needs and the longest lengths of time homeless are prioritized for housing.

PROCEDURE:
The Houston – Harris County Continuum of Care and The Way Home, with the input from area homeless providers, have established guidelines that outline the order of priority for housing homeless individuals and families. All current and newly developed Permanent Supportive Housing beds have been dedicated to individuals and families that are chronically homeless. All Permanent Supportive Housing turn-over beds have been prioritized for individuals and families that are chronically homeless. All Rapid Rehousing beds have been dedicated to literally homeless families with minor children and to youth ages 18-24. The steps below further outline the prioritization used for each subpopulation.

ORDER OF PRIORITY IN CoC PROGRAM FUNDED PERMANENT SUPPORTIVE HOUSING

1. First Priority – Chronically homeless individuals and families with the longest history of homelessness and the most severe service needs. Within the first priority, the CoC has stipulated that vulnerable sub-populations will be placed in housing in the following order:
   a. Chronically homeless youth (ages 18-24) that have been homeless living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months continuously or has had 4 separate occasions of such in the past 3 years.
      i. The chronically homeless youth, when assessed through Coordinated Access, will be assigned a Vulnerability Index (VI) score between 0-8, with 8 being the most severe service needs.
   b. Chronically homeless families with the head of household having been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months continuously or has had 4 occasions of such in the past 3 years.
      i. The chronically homeless head of household of a family, when assessed through Coordinated Access, will be assigned a Vulnerability Index (VI) score between 0-8, with 8 being the most severe service needs.
   c. Chronically homeless individuals who have been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months continuously or has had 4 occasions of such in the past 3 years.
      i. The chronically homeless individual, when assessed through Coordinated Access, will be assigned a Vulnerability Index (VI) score between 0-8, with 8 being the most severe service needs.

2. Second Priority – Chronically homeless individuals and families with the longest history of homelessness. Within the second priority, the CoC has stipulated that vulnerable sub-populations will be placed in housing in the following order:
   a. Chronically homeless youth (ages 18-24) that have been homeless living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months continuously or has had 4 separate occasions of such in the past 3 years; and
      i. the CoC has not identified any chronically homeless youth (ages 18-24) who meets all of the criteria for housing under the first priority.
   b. Chronically homeless families with the head of household having been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months continuously or has had 4 occasions of such in the past 3 years; and
      i. the CoC has not identified any chronically homeless families with a head of household who meets all of the criteria for housing under the first priority.
c. Chronically homeless individuals who have been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months continuously or has had 4 occasions of such in the past 3 years; and
   i. the CoC has not identified any chronically homeless individual who meets all of the criteria for housing under the first priority.

3. Third Priority – Chronically homeless individuals and families with the most severe service needs. Within the third priority, the CoC has stipulated that vulnerable sub-populations will be placed in housing in the following order:
   a. Chronically homeless youth (ages 18-24) that have been homeless living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
      i. the CoC has not identified any chronically homeless youth (ages 18-24) who meets all of the criteria for housing under the first or second priorities.
   b. Chronically homeless families with the head of household having been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
      i. the CoC has not identified any chronically homeless families with a head of household who meets all of the criteria for housing under the first or second priorities.
   c. Chronically homeless individuals who have been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
      i. the CoC has not identified any chronically homeless individual who meets all of the criteria for housing under the first priority and second priorities.

ORDER OF PRIORITY IN CoC AND ESG PROGRAM FUNDED RAPID REHOUSING

1. First Priority – Literally homeless youth with the most severe service needs and risk factors
   a. The literally homeless youth (ages 18-24) has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time.
   b. The chronically homeless youth, when assessed through Coordinated Access, will be assigned a rapid rehousing youth triage score between 0-18, with 18 being the most severe service needs and risk factors such as foster care/CPS, mental health, and criminal histories.
   c. The literally homeless youth with the highest triage score and longest time homeless will be placed in housing first, followed by those with the longest period of time homeless, followed by those with the most severe service needs.

2. Second Priority – Literally homeless families with minor children and the most severe service needs
   a. The literally homeless family has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time.
   b. The literally homeless family, when assessed through Coordinated Access, will be assigned a rapid rehousing family triage score between 0-10, with 10 being the most severe service needs and risk factors hindering family reunification such as CPS, mental health, & criminal histories.
   c. The literally homeless family with the highest triage score and longest time homeless will be placed in housing first, followed by those with the longest period of time homeless, followed by those with the most severe service needs.

3. Third Priority – Literally homeless individuals with the most severe service needs
   a. The literally homeless individual has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time.
   b. The literally homeless individual, when assessed through Coordinated Access, will be assigned a rapid rehousing singles triage score between 0-15, with 15 being the most severe service needs.
   c. The literally homeless individual with the highest triage score and longest time homeless will be placed in housing first, followed by those with the longest period of time homeless, followed by those with the most severe service needs.
Proposed Community-Wide Prioritization Standards for Coordinated Access

If we follow Federal Priorities:

1. Veterans
2. Chronics
3. Families/Youth
4. Singles

AND

If we agree that all Youth and Chronics are vulnerable

If we say PSH is for

- Chronics
- Youth (Chronic or 19-26 Score)
- Families (Chronic or 11-21 Score)

AND

If we say RRH is for

- Youth (Non-Chronic and 0-18 Score)
- Families (Non-Chronic and 0-10 Score)
- Singles (Non-Chronic)

AND

If we say that all programs with youth specific beds will retain those beds for youth

THEN...

We prioritize as follows:

<table>
<thead>
<tr>
<th>Housing Intervention</th>
<th>Prioritization</th>
<th>Subpopulation</th>
<th>Secondary Prioritization</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSH</td>
<td>1</td>
<td>Chronic Youth</td>
<td>1. Veteran</td>
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<td></td>
<td></td>
<td></td>
<td>2. Prioritization Score</td>
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<td>3. Length of Homelessness</td>
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<td>4. Date of Assessment</td>
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<tr>
<td></td>
<td>2</td>
<td>Chronic Families</td>
<td>1. Veteran</td>
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<td></td>
<td>2. Prioritization Score</td>
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<td>3. Length of Homelessness</td>
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<td>4. Date of Assessment</td>
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<td>3</td>
<td>Chronic Singles</td>
<td>1. Veteran</td>
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<td>2. Prioritization Score</td>
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<td>4. Date of Assessment</td>
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<td></td>
<td>4</td>
<td>Non-Chronic 19 - 26 Score Youth</td>
<td>1. Veteran</td>
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<td></td>
<td>2. Prioritization Score</td>
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<td>4. Date of Assessment</td>
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<td>5</td>
<td>Non-Chronic 11 - 21 Score Families</td>
<td>1. Veteran</td>
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<td>3. Length of Homelessness</td>
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<td>4. Date of Assessment</td>
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<td>6</td>
<td>Non-Chronic High Scoring Singles</td>
<td>1. Veteran</td>
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<td>2. Prioritization Score</td>
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<td>4. Date of Assessment</td>
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<td></td>
<td>Non-Chronic and 0-18 Score Youth</td>
<td>1. Veteran</td>
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</table>
| RRH | 1 | 2. Prioritization Score  
3. Length of Homelessness  
4. Date of Assessment |
|-----|---|-----------------------------------------------------------------|
|     | 2 | Non-Chronic and 0-10 Score Families  
1. Veteran  
2. Prioritization Score  
3. Length of Homelessness  
4. Date of Assessment |
|     | 3 | Non-Chronic Singles  
1. Veteran  
2. Prioritization Score  
3. Length of Homelessness  
4. Date of Assessment |
Due to the unique development needs and vulnerability of youth (ages 18-24), certain programs with youth dedicated beds will be prioritized as follows:

<table>
<thead>
<tr>
<th>Housing Intervention</th>
<th>Prioritization</th>
<th>Subpopulation</th>
<th>Secondary Prioritization</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSH</td>
<td>1</td>
<td>Chronic Youth Families</td>
<td>1. Veteran</td>
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<td>2. LGBTQ</td>
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<td>3. Prioritization Score</td>
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<td>5. Date of Assessment</td>
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<td>2</td>
<td>Chronic Youth Singles</td>
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<td>2. LGBTQ</td>
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<td>Non-Chronic 19 - 26 Score Youth Families</td>
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This Memorandum is to inform The Way Home Continuum of Care Steering Committee about updates to the CoC Governance Charter.

Background:

In order to prepare for the FY2016 HUD NOFA, certain updates had to be made to the Continuum of Care Governance Charter (which is submitted with the Consolidated Application). The updates are highlighted in yellow on the attached document.

The updates are as follows:

- Adding the new CoC entitlement jurisdiction seats and updating the number of total seats on the Steering Committee.
- Adding one at-large representative to maintain an odd number of steering committee seats.
- Revise and update the CoC Lead Agency duties to reflect actual, current activities in a more specific manner.

Discussion and direction are invited regarding the bulleted points on page 3, section E. The points for discussion are regarding virtual attendance of Steering Committee members and absentee voting.
The Way Home Continuum of Care Charter

1. Purpose of the Charter

This Charter sets out the composition, roles, responsibilities and committee structure of The Way Home Continuum of Care (CoC) whose jurisdiction includes the Houston, Pasadena, Conroe/Harris, Fort Bend, Montgomery Counties.

2. Purpose of the Continuum of Care

The purpose of the Houston/Harris County Continuum of Care is to create a collaborative, inclusive, community-based process and approach to planning for and managing homeless assistance resources and programs effectively and efficiently to end homelessness in the jurisdiction as specified in Department of Housing and Urban Development, 24 CFR Part 578, Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program.

3. CoC Steering Committee
   A. Roles and Responsibilities of Steering Committee

   The CoC Steering Committee is the lead decision-making body responsible for managing community planning, coordination and evaluation to ensure that the system of homeless services and housing rapidly ends people’s homelessness permanently. This includes planning for the use of U.S. Department of Housing and Urban Development HEARTH CoC resources and coordinating these funds with other relevant resources in the jurisdiction.

   Specific responsibilities include:
   • Providing overall direction and leadership of the process;
   • Making all formal decisions of the CoC;
   • Leading strategic planning and goal-setting;
   • Aligning and coordinating CoC and other homeless assistance and mainstream resources;
   • Ensuring the availability of data for planning;
   • Establishing priorities for and making recommendations to HUD about the allocation of CoC resources;
   • Establishing system and program outcomes for evaluation purposes;
   • Monitoring and evaluating both system wide and individual program performance on established goals;
   • Receiving reports and recommendations from sub-committees and task groups;
   • Establishing sub-committees and task groups as needed to perform CoC functions;
   • Selecting the lead support agency and HMIS administrator;
   • Entering into all contracts and MOUs on behalf of the CoC;
   • Monitoring performance under these contracts; and
   • Distributing official communications from the CoC.
B. **Members of the Steering Committee**
The membership of the Steering Committee consists of up to 19 designated seats as outlined below. Each Steering Committee member must have the fiscal and program authority of the organization they represent.

- City of Houston Housing and Community Development
- Harris County Community Services Division
- City of Houston Public Housing Authority
- Harris County Public Housing Authority
- Fort Bend Community Development Department
- Pasadena Community Development Department
- **Montgomery County Community Development Department**
- **Conroe Community Development Department**
- Two Service or Housing Provider Representatives
- Two Consumer Representatives
- Business Representative
- Funders Together Representative
- Faith Community Representative
- **Four** At-large Representatives from Public/Government/Academic Organizations (e.g., Health, Mental Health, Veterans Administration, Workforce Investment Board, University, etc.)

C. **Selection of Steering Committee Members**
- Each Steering Committee member that is a named organization or jurisdiction selects or appoints its representative(s) to the committee.
- Provider representatives are selected by the CoC Provider Forum.
- Consumer representatives are selected from the Community Input Forum participants. These representatives may be receiving services from agencies funded through the Continuum of Care process.
- Members of the business community and the faith community are nominated using a committee comprised of Steering Committee members. The full Steering Committee votes on this committee’s recommendations.
- At-large representatives are selected by a vote of the members of the Steering Committee.
- The Steering Committee can add new members by a majority vote of the existing members.

D. **Terms**
- For those members who represent a government department or organization, that person may serve as long as they continue to hold the same job/position.
- For those members who represent a segment of the population or a named organization, the term of office is two years. These members may serve up to three consecutive terms.
- A member may be reelected to the Steering Committee after a period of twelve (12) months of non-service.
• A term year is a calendar year, January through December.
• Members that fail to attend regularly scheduled meetings shall be subject to removal from the Steering Committee by vote of the Committee if they attend less than 75% of meetings. The Steering Committee will require the appointing and electing agencies to appoint a substitute in the event of the removal of a member of the Steering Committee.

E. Steering Committee Meetings, Quorum and Voting
• The Steering Committee shall meet no less frequently than every quarter.
• A quorum will be one-half plus one of the seats on the Steering Committee. In the event that all seats are not filled at any given time, a quorum will be one-half plus one of the total number of seats filled.
• The vote of a majority of members present and voting at a meeting at which a quorum is present is enough to constitute an act of the Steering Committee.

F. Conflicts of Interest
Steering Committee members with actual or perceived conflicts of interest must identify them as they arise. Individuals with a conflict of interest may participate in all discussion but should abstain from voting on any issue in which they may have a conflict. No member of the Steering Committee shall vote upon any matter which shall have a direct financial bearing on the organization that the member represents or sits as a board member on the organization. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions.

G. Compensation of Members
Steering Committee members will receive no compensation for their duties. They may receive direct expense reimbursement for any expenses incurred for activities directed by the Steering Committee. Consumer Representatives will be reimbursed for travel and meeting time.

H. Officers of the Steering Committee
There will be three officers of the Steering Committee – Chairman, Vice Chairman and Secretary. These positions will be recommended by the Nominating Committee and approved by the Steering Committee. Each officer will have a one year term with an optional additional one year renewal. Renewal options will be recommended by the Nominating Committee.
  • Chair – The Chair will preside at all meetings of the Steering Committee. Subject to the direction of the Steering Committee, the Chair shall give oversight to the development of policies and execution of the policies and programs of the Continuum of Care. The Chair will perform other duties prescribed by the Steering Committee and all duties incident to the office of Chair of the Steering Committee.
  • Vice Chair – The Vice Chair will preside over meetings of the Steering Committee in the absence of the Chairman and assist the Chair and the Steering Committee on matters as may be requested from time to time.
• Secretary – The Secretary will (or delegate to another) give all notices of meeting dates, times and locations, take minutes of the meetings and keep the minutes as part of the corporate records. The Secretary will perform duties incident to the office of the Secretary and such other duties as may be assigned by the Chair or Steering Committee.

I. Standing Committees
The Chair may establish standing committees as may be necessary to conduct the business of the Steering Committee. The Chair shall appoint the members of each committee established. The current standing committee is the Nominations Committee. No standing committee has the authority to act on behalf of the Corporation beyond duties described in the following sections.

• Nominations Committee Duties:
  o Recommend members to fill the positions of:
    ▪ Business Representative
    ▪ Faith Community Representative
    ▪ Four At-large Representatives from Public/Government/Academic Organizations (e.g., Health, Mental Health, Veterans Administration, School District, Workforce Investment Board, University, etc.)
  o Recommend a slate of officers annually.

4. Organization of the CoC

The Continuum of Care is comprised of several volunteer committees and task workgroups which have various roles and responsibilities. These committees/groups include but are not limited to the following:

• CoC Provider Forum
  • The CoC Provider Forum is the primary policy, input and planning group for the CoC provider community. Members of the CoC Provider Forum will include all homeless service provider agencies (see CoC Membership Policy). Participation in the CoC Provider Forum is vital to the CoC planning process.
  • The CoC Provider Forum shall elect the two service or housing provider representatives to the Steering Committee. These elected representatives will be the intermediary between the Steering Committee and the provider community.
  • The CoC Provider Forum will convene no less than quarterly and may convene for special meetings when needed.
  • The CoC Provider Forum will review the annual update to the CoC Charter.
• Consumer Input Forum
The Consumer Input Forum is the primary vehicle through which the CoC gathers input from the consumer population. Members of the Consumer Input Forum will include those currently experiencing homelessness and those who have formerly experienced homelessness.

The two consumer representatives to the CoC Steering Committee will be selected from participants in the Consumer Input Forums. These representatives, in cooperation with the Lead Agency, will convene forums no less than twice a year to gather input to inform the CoC Steering Committee in their decision making.

- **HMIS Forum**

  The Houston/Harris County HMIS will conduct quarterly HMIS Forums open to the public and specifically participating agency HMIS users and managers. The Forum will offer community reports on performance measures and provide user training opportunities when necessary. Notice of the Forum will be sent in advance to the HMIS e-mail distribution list.

- **HMIS Support Committee**

  The primary role of this committee is to guide policy decisions for the HMIS program. This committee will be responsible for providing input into the overall HMIS structure and assist in reviewing existing policies and procedures as well as recommending additional items as needed based HUD’s HMIS Data Standards, local needs to include both HUD funded and non-HUD funded agencies. The HMIS Support Committee will convene subcommittees as needed which will report back to the HMIS Support Committee recommendations for action.

- **Provider Affinity Groups**

  Provider Affinity Groups include existing and to be formed work groups focused on planning around specific program types or system components such as prevention/diversion, permanent supportive housing, transitional housing, rapid rehousing, outreach, etc. These groups include staff from provider and government organizations, consumers, funders, etc.

- **Population Specific Work Groups**

  Provider Specific Work Groups include both existing and to be formed groups focused on planning for the needs of specific sub-populations such as Domestic Violence Survivors and Youth/Young Adults. These groups include staff from provider and government organizations, consumers, funders, etc.

- **Task Specific Work Groups**

  Task Specific Work Groups include both existing and to be formed groups focused on planning for a task specific activity or function such as the Homeless Count, Community Conversation Planning, 25 Cities, Housing Houston’s Heroes, and the 100,000 Homes Campaign. These groups include staff from provider and government organizations, consumers, funders, etc.

5. **Lead Agency**
The CoC Steering Committee shall appoint a lead agency to provide staff and leadership to the various committees and work groups that constitute the CoC. The lead agency will perform a variety of necessary functions such as performance monitoring, workgroup facilitation, provider training, technical assistance, CoC coordination, leadership, advocacy, engagement and education of stakeholders and submission of the annual collaborative CoC grant application. The Steering Committee will maintain an MOU agreement with the lead agency that is reviewed and updated periodically, at a minimum, biennially. The lead agency will be eligible to apply for CoC planning and Coordinated Access funds through the CoC grant process when available. These funds will be used to provide dedicated staff and resources to leadership and work of the CoC including the CoC Steering Committee as specified by HUD guidelines. At this time, the Coalition for the Homeless has been designated as the lead agency for the counties of Harris, Fort Bend and Montgomery and the cities of Houston, Pasadena and Conroe.

Specific responsibilities include:

- Provide leadership to CoC stakeholders regarding best practices, system planning and direction
- Facilitate workgroups
- Produce planning materials
- Coordinate Needs/Gaps Assessments
- Collect and report CoC and program performance data
- Monitor program performance
- Coordinate resources, integrate activities and facilitate collaboration
- Prepare collaborative application for CoC funds
- Act as collaborative applicant for other funds as deemed necessary and appropriate to meet CoC goals
- Provide technical assistance and training to CoC members
- Represent progress and learnings of the CoC in state and national forums
- Build awareness
- Recruit Stakeholders
- Analyze and report on CoC expansion opportunities for the CoC Steering Committee

6. HMIS Administrator

The CoC Steering Committee shall select an administrator for the Homeless Management Information System (HMIS) for the CoC. The Steering Committee will maintain an HMIS Governance Agreement with the HMIS administrator. This agreement is updated periodically, at a minimum, biennially. The administrator is eligible to apply for HMIS funds through the CoC grant process and other sources and will use these funds to dedicate staff and resources to the functions of the HMIS as specified by HUD guidelines.

At this time, the Coalition for the Homeless has been designated as the HMIS administrator for the CoC which includes the counties of Harris, Fort Bend and Montgomery and the cities of Houston, Pasadena and Conroe.
The HMIS administrator will be responsible for the following:

- Execute HMIS participation agreements;
- Monitor compliance with applicable HMIS standards on a regular basis;
- Establish and review annually End User Agreements;
- Maintain and update as needed the files for HMIS software to include software agreements, HUD Technical Submissions, HUD executed agreements and Annual Progress Reports;
- Develop and maintain HMIS agency files to include original signed participation agreements, original signed user license agreements and all other original signed agreements pertaining to HMIS;
- Develop and update as needed a Data Quality Plan;
- Review and update HMIS Privacy Policy yearly;
- Develop and review annually the HMIS Security Plan, including disaster planning and recovery strategy;
- Review and update as needed HMIS Policies and Procedures;
- Provide copies of the Data Quality Plan, Privacy Policy, Security Plan and Policy and Procedures to the HMIS Steering Committee for review and feedback on an annual basis;
- Review national, state and local laws that govern privacy or confidential protections and make determinations regarding relevancy to existing HMIS policies;
- Provide new user training and refresher user training monthly;
- Pro-actively contact new users for immediate follow up and issuance of username and password to access HMIS in an effort to begin entry of data as soon as possible following training;
- Provide on-site technical support to agencies using HMIS for trouble-shooting and data input;
- Monthly review of HMIS data and bed lists to ensure that participating agency programs are using HMIS accurately;
- Provide assistance to agencies upon request for additional on-site training and support
- Conduct unduplicated accounting of homelessness annually.

7. Reporting

- Proceedings of all Steering Committee meetings are documented in minutes.
- Minutes of all meetings are circulated and approved at the subsequent meeting. Once approved, minutes are made available electronically to the public.
Thank you for submitting a question to HUD Exchange Ask A Question.

This question has been answered, and the response to your question is below.

Note that AAQ correspondence occurs via email, so please add aaq@hudexchange.info (mailto:aaq@hudexchange.info) to your safe list and check your spam or junk folder for AAQ messages.

Question Text

**Question Subject:** HIV Specific Provider

Sent by Ana Rausch on 06/23/2016 01:34 PM (ET)

Our CoC has a provider whose mission statement is to serve individuals who have been diagnosed with HIV/AIDS. They receive both HOPWA and CoC Funds. Their CoC Funded permanent supportive housing programs have also served chronically homeless individuals whose disability was HIV/AIDS. Currently the CoC Permanent Supportive Housing Waitlist no longer has any individuals with HIV/AIDS. According to the CoC's prioritization policies, this provider must now serve the next person on the waitlist that has a disability other than HIV/AIDS. The provider is refusing as it is against their mission statement. Is refusing to serve a client with the wrong type of disability against Fair Housing regulations?

Response

07/19/2016 10:45 AM (ET)

Thank you for your question.

CoC Program-funded PSH that is targeted to specific subpopulations should follow the order of priority under Sections III.A. or III.B. of the Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status (https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in- psh-and-recordkeeping-requirements/) to the extent persons within that subpopulation meets the criteria. What this means is that to the extent that there is permanent supportive housing that is targeted to serving persons with HIV/AIDS, the recipient would follow the orders of priority as they relate to persons with HIV/AIDS.

If there are no chronically homeless persons with HIV/AIDS within the CoC, the recipient could either: 1. Prioritize the persons with HIV/AIDS with the most severe service needs and so forth (as outlined in Section III.B of the Notice); or 2. Serve other chronically homeless persons without HIV/AIDS.

Please note, since HOPWA funds are statutorily limited to serving persons with HIV/AIDS, the recipient may continue to do this and it is in accordance with the Fair Housing Act. CoCs must work with providers to create written standards that are not in violation with any statutory requirements that would go against their grant agreement.
As a reminder, under the CoC Program, CoCs are required to create written standards which must include policies and procedures for determining and prioritizing which eligible individuals and families will receive TH, RRH, and PSH assistance funded with CoC Program funds (24 CFR 578.7(a)(9)). If your CoC chose to adopt the orders of priority in Notice CPD-14-012, the CoC has the discretion to further prioritize persons within each categorized order of priority based on locally determined factors.

HUD will be issuing updated guidance related to prioritizing homeless and chronically homeless households for PSH assistance in in light of the updated definition of chronically homeless in the final rule. In the meantime, CoCs are encouraged to continue following the orders of priority established in CPD-14-012 while noting that priorities (c) and (d) under the order of priority that was included for dedicated and prioritized PSH are no longer considered chronically homeless under the new definition and those households should instead be prioritized in accordance with the order of priority for non-dedicated and non-prioritized PSH.

If CoCs would like to update their written standards to incorporate the revised definition and to establish new orders of priority for CoC Program funded PSH prior to the publication of the updated guidance, then HUD encourages those CoCs to prioritize those households with the longest length of time homeless and with the most severe service needs. For example, for non-dedicated PSH, a CoC could choose to make their first order of priority a chronically homeless household with more than 12 months of living in a place not meant for human habitation, in an emergency shelter, or in a safe haven cumulatively over the last three years but over fewer than 4 occasions.

Please note: the response provided in this email is specific to the question you submitted and may not apply to similar questions. Therefore, please use discretion in providing the response to others, as the answer may not apply to their particular situations.
Ask A Question

Thank you for submitting a question to HUD Exchange Ask A Question.

This question has been answered, and the response to your question is below.

Note that AAQ correspondence occurs via email, so please add aaq@hudexchange.info (mailto:aaq@hudexchange.info) to your safe list and check your spam or junk folder for AAQ messages.

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**Question Text**

**Question Subject:** Specific disability requirements for PSH

Sent by Ana Rausch on 06/23/2016 01:17 PM (ET)

Are CoC funded Permanent Supportive Housing programs allowed to specify what type of disability a client must have before program enrollment? For example, Housing Provider A only serves people with HIV/AIDS as the primary disability. Housing Provider B only services people with a serious mental illness as the primary disability. What if this disability type was a preference indicated in the provider's initial application to HUD but it no longer applies due to HUD's & the CoC's prioritization policies?

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**Response**

08/03/2016 11:36 AM (ET)

Thank you for your question. We will provide this response in different sections as your questions relate to different aspects of participant eligibility for PSH under the CoC Program.

**Regarding documentation of disability:**

Please note that the CoC interim rule does not require that the disability of the program participant be included in the documentation of disability required for program entry. However, the documentation of the disability needs to be sufficient enough for the recipient, and HUD, to determine that the professional certifying disability is licensed to diagnose and treat that disability.

Additionally, under the CoC Program, recipients are expected to provide supportive services for program participants that meet the needs of their program participants and are expected to conduct ongoing assessments of the supportive services needed by the program participants, along with the availability of the services needed, and the coordination of such services needed to ensure long-term housing stability and must make adjustments to their project, as necessary (§ 578.75(e)). Therefore, in order to meet other requirements in the CoC Program, it is likely that the provider will need to know the disability of the household presenting for assistance, and document it in the case file, in order to document that other program requirements have been met even if it is not documented on the eligibility records in the program participant's case file.

**Order of Priority under Notice CDP-16-11:**

With regard to prioritization, CoC Program-funded PSH that is targeted to specific subpopulations should follow the order of priority under Sections III.A.3. of the Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing
(https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/) (published July 2016) to the extent persons within that subpopulation meets the criteria. What this means is that to the extent that there is permanent supportive housing that is targeted to serving persons with HIV/AIDS or SMI, the recipient would follow the orders of priority as they relate to persons with HIV/AIDS or SMI.

If there are no chronically homeless persons within the CoC that identify with the subpopulation identified in your grant agreement, the recipient could either:

1. Prioritize the persons within the targeted subpopulation that have the most severe service needs and so forth (as outlined in Section III.B of the Notice); or
2. Serve other chronically homeless persons that don't identify under the subpopulation identified in your grant agreement (e.g., persons without HIV/AIDS or SMI).

In July 2016, HUD published Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/). This Notice supersedes Notice CPD-14-012 (https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/) and provides guidance to CoCs and recipients of CoC Program (24 CFR part 578) funding for PSH regarding the order in which eligible households should be served in all CoC Program-funded PSH (including PSH that is dedicated and prioritized for chronic homelessness and PSH that is not dedicated or prioritized).

HUD encourages all CoCs adopt into their written standards the following orders of priority for all CoC Program-funded PSH. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice.

**Compliance with grant agreement:**

Be aware, projects that were originally awarded under the Shelter Plus Care or Supportive Housing Program and renewed under the CoC Program may limit assistance to persons with specific disabilities, including persons with Serious Mental Illness (SMI), as permitted in the program. This is because awards made under the Shelter Plus Care or Supportive Housing Program before August 30, 2012 were eligible for renewal in the CoC program even if the awardees would not be eligible for a new grant under the program, so long as they continue to serve the same population and the same number of persons or units in the same type of housing as identified in their most recently amended grant agreement signed before August 30, 2012 (§ 578.33(d)(1)).

In addition, some programs, such as HOPWA, are statutorily limited to serving persons within a specific subpopulation (e.g., persons with HIV/AIDS). In these cases, CoCs must work with providers to create written standards that are not in violation with any statutory requirements that would go against their grant agreement.

In general, grant funds may only be used to carry out permanent supportive housing for the homeless subpopulation identified in your grant agreement. However, if you are having difficulty identifying households within your subpopulation to serve in this project, HUD would not expect you to keep a unit empty until a household is identified, but would allow you to fill the unit with another eligible household who would benefit from the services provided by your project and who otherwise meets the eligibility criteria described above. Serving a limited number of households that are not included in the target subpopulation would not be considered a significant change if the overall project target population remains the same.
Please review the final rule for the most accurate information on recordkeeping requirements for all recipients of CoC Program-funded PSH for persons experiencing chronic homelessness. You may also access FAQs (https://www.hudexchange.info/coc/faqs/#?topic=Program%20Requirements&id=34309C5F-787B-4982-B57D0661EC1D9253&subtopic=Definition%20of%20Chronic%20Homelessness) and a recording of the webinar and its supporting materials (https://www.hudexchange.info/training-events/courses/defining-chronically-homeless-final-rule-webinar/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=7657188f22-Recording+and+Materials+for+the+Defining+2%2F1%2F16&utm_medium=email&utm_term=0_f32b935a5f-7657188f22-19225693) related to the definition of chronically homeless for more detailed information.

Please note: the response provided in this email is specific to the question you submitted and may not apply to similar questions. Therefore, please use discretion in providing the response to others, as the answer may not apply to their particular situations.

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[Ask A New Question]

[Reopen This Question]
Coordinated Access Improvement Lab

Highlights & Common Themes:

- Need more Navigation across the system
- HMIS bed data (check-ins) & availability is not accurate
- Better follow-up from PSH providers about referrals – communication back to clients & updating referrals in HMIS
- Prioritization tool doesn’t take into account other vulnerability factors
- Improve access for clients outside of the city
- Improve chronic homeless documentation

Three Workgroups Needed: sign-up sheets provided

1. Business Rules & Monitoring
2. Technology and Communication
3. Staffing & Management