

2021 ANNUAL ACTION PLAN

HOME-ARP ALLOCATION PLAN

CITY OF HOUSTON

SYLVESTER TURNER, MAYOR

HOUSING AND COMMUNITY DEVELOPMENT
DEPARTMENT

KEITH W. BYNAM, DIRECTOR

July 1, 2021-June 30, 2022



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Introduction

In September 2021, the U.S. Department of Housing and Urban Development (HUD) announced the allocation to the City of Houston (City) of over \$37 million in a new grant called the Home Investment Partnerships Grant American Rescue Plan (HOME-ARP). The purpose of the HOME-ARP funds is to provide homelessness assistance and supportive services through several eligible activities. Eligible activities include acquisition and development of non-congregate shelter, tenant based rental assistance, supportive services, HOME-ARP rental housing, administration and planning, and nonprofit operating and capacity building assistance. A certain portion of HOME-ARP funds must assist people in HOME-ARP "qualifying populations", which include

- Sheltered and unsheltered homeless populations
- Those currently housed populations at risk of homelessness
- Those fleeing or attempting to flee domestic violence or human trafficking
- Other families requiring services or housing assistance or to prevent homelessness
- Those at greatest risk of housing instability or in unstable housing situations

To receive funding, the City must develop and submit to HUD a HOME-ARP Allocation Plan, which describes the distribution of HOME-ARP funds and identifies any preferences for eligible activities. The development of the HOME-ARP Allocation Plan must also be informed through stakeholder consultation and community engagement. The following is the City of Houston's HOME-ARP Allocation Plan.

Consultation

Summarize the consultation process.

The City partners with public and private entities, and these stakeholders were consulted during the development of the HOME-ARP Allocation Plan. These consultants have relevant knowledge that can speak to the needs, gaps in services, and potential activities that would best benefit qualified populations. Stakeholders consulted included those who work with families or individuals experiencing or at-risk of homelessness, fleeing domestic violence, and other vulnerable qualifying populations.

In the development of the allocation plan, HCDD consulted with stakeholders and asked for their input concerning the HOME-ARP grant, eligible activities, and the proposed budget. Consultants articulated their gap in services and/housing needs by providing written and verbal input. HCDD synthesized the consultants' feedback, and the following table and narrative summarizes the feedback received. HCDD also deployed a HOME-ARP Consultation Survey for community partners to give their input on how to utilize HOME-ARP funds and on the needs and challenges that arise when working to address homelessness and housing instability. HCDD will continue to meet with stakeholders throughout the implementation of the HOME-ARP activities to assess the ongoing needs of stakeholders' clients. HCDD will also strive to collaborate with stakeholders to develop and effectuate strategies that will help end chronic homelessness.



List the organizations consulted, and summarize the feedback received from these entities.

Table 1 Agencies/Organizations Consulted

Agency/Organizations Consulted	Type of Agency/Organizations	Method of Consultation	Feedback
Coalition for the Homeless of Houston/Harris County	CoC serving the Houston area Public agency that addresses the needs of qualifying populations	Virtual Meeting Consultation Survey	<p>HCDD consulted regarding the “Needs Assessment and Gap Analysis” section of this Plan.</p> <p>The Coalition also manages the HMIS system subrecipients report accomplishments related to homelessness. Data from HMIS is used to evaluate program performance.</p> <p>The Coalition is the lead agency to the Way Home Continuum of Care (CoC), and the CoC was consulted about potential HOME-ARP activities, fund distribution, and collaborations. The Coalition supported need for the funds to address public services and permanent supportive housing.</p> <p>The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.</p>
City of Houston – Mayor’s Office of Homeless Initiatives	Public agency that addresses the needs of qualifying populations	Virtual Meeting	<p>HCDD consulted with the Mayor’s Office of Homeless Initiatives to determine priorities for addressing needs of persons experiencing homelessness. The feedback received supported funds to be used for non-congregate shelter and supportive services.</p>
Covenant House	Homeless service provider	Homeless Strategy Report Virtual Meeting	<p>Covenant House provides housing and supportive services to HOME-ARP qualifying populations, including homeless, trafficked, and at-risk youth. Needs described included non-congregate shelter.</p>



Agency/Organizations Consulted	Type of Agency/Organizations	Method of Consultation	Feedback
Houston Housing Authority (HHA)	Public housing agency Homeless service provider Organization that addresses civil rights and fair housing	Virtual Meeting	HHA serves on the CoC Board of Directors. HCDD and HHA will continue to meet regularly to discuss current projects and plan for potential future projects and initiatives to address homeless needs. Tenant based rental assistance continues to be a need for HHA applicants.
Way Home Funders	Public agency that addresses the needs of qualifying population	Email and Annual Report	To address homeless needs identified in the HOME-ARP Allocation Plan, HCDD has consulted with Funders Together, a public/private funding group that has participated in homeless planning efforts and has agreed to strategically invest resources to leverage public investment and help meet the CoC's goals.
Houston Area Women's Center	Domestic violence service provider Homeless service provider	Email and Annual Report Virtual Meeting	HAWC serves HOME-ARP qualifying populations including women, children, and families escaping domestic violence, sexual assault, or human trafficking. Needs include non-congregate shelter to help stabilize families.
Various Housing Advocates	Regional organization	Virtual HCDD Housing Advocates Collective Meetings	Housing Advocates stated more assistance should be given to veterans experiencing homelessness, and more partnerships should be established to provide program information to community and grassroots organizations.
Community Organizations	Services-homeless Regional organization Planning organization	Consultation Survey	Summary is included in the Consultation Survey section below.
A Caring Safe Place, Inc.	Homeless service provider Organization that addresses the needs of persons with disabilities Public organization that addresses the needs of qualifying populations	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.



Agency/Organizations Consulted	Type of Agency/Organizations	Method of Consultation	Feedback
Access Care of Coastal Texas	Homeless service provider Organization that addresses the needs of persons with disabilities	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.
AIDS Foundation Houston	Homeless service provider Organization that addresses the needs of persons with disabilities	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.
Alliance for Multicultural Community Services	Organization that addresses the needs of qualifying populations Private organization that addresses Civil rights and Fair housing	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.
Child Care Council of Greater Houston	Private organizations that provides services LMI households	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.
Buckner Children and Family Services	Homeless service provider	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.
Fort Bend Women's Center	Homeless service provider Domestic violence service provider	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.
The Housing Corporation	Homeless service provider Organization that addresses the needs of persons with disabilities	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.
Harris County Domestic Violence Coordinating Council	Domestic violence service provider Public service agency that addresses the needs of qualifying populations	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.



Agency/Organizations Consulted	Type of Agency/Organizations	Method of Consultation	Feedback
Harris County Community Services Department	Public agency that addresses the needs of qualifying populations Organization that addresses civil rights and fair housing	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.
The Montrose Center	Homeless service provider Domestic violence service provider Organization that addresses the needs of persons with disabilities	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.
Northwest Assistance Ministries	Homeless service provider Domestic violence service provider	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.
SER Jobs for Progress of the Texas Gulf Coast, Inc.	Service provider to veterans	Consultation Survey	The majority of survey respondents thought that rental assistance was the highest priority for HOME-ARP funds. A summary of the Consultation Survey is included in the section below.

See the Appendix for more organizations and agencies that were consulted during the HOME-ARP planning process but did not provide feedback.

Consultation Survey

During the consultation process, HCDD sent a HOME-ARP Consultation Survey to 45 agencies and community partners, including organizations that serve qualifying populations like those that address homelessness, domestic violence, veterans’ issues, fair housing and civil rights, and the needs of persons with disabilities. Those that responded to the survey serve more than 28,000 individuals and over 12,000 families who fall within the HOME-ARP qualified populations, including sheltered individuals and families or individuals fleeing family or sexual violence. Respondents included staff from the following organizations:

- A Caring Safe Place, Inc.
- Access Care of Coastal Texas
- AIDS Foundation Houston
- The Alliance
- Child Care Council of Greater Houston
- City of Houston
- Coalition for the Homeless
- Buckner Children and Family Services
- Fort Bend Women’s Center

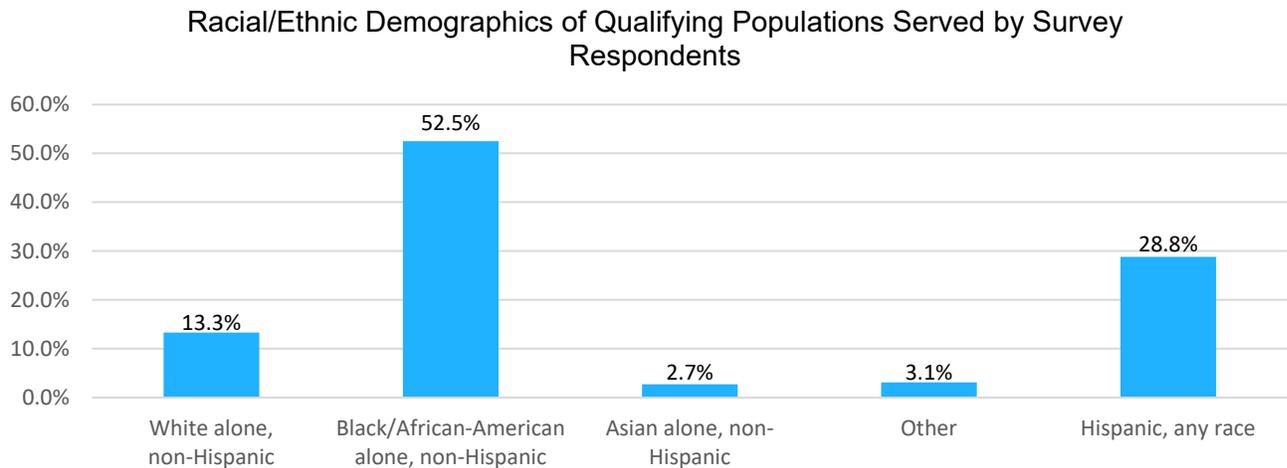


- The Housing Corporation
- Harris County Domestic Violence Coordinating Council
- Harris County Community Services Department
- The Montrose Center
- Northwest Assistance Ministries
- SER Jobs for Progress of the Texas Gulf Coast, Inc.

Almost 80% of the households served by the survey respondents are households seeking asylum from domestic/dating violence or sexual assault. About 61% of the population that respondents served were sheltered households experiencing homelessness and/or families at risk of homelessness.

The survey asked respondents to report the level of service provided to varying racial/ethnic groups. Survey responses showed that on average African Americans (52.5%) accounted for the largest racial/ethnic category of HOME-ARP qualifying populations receiving assistance provided by survey respondents. The next largest racial/ethnic category served by survey respondents was Hispanic residents, which encompassed about 28.8% of the qualified populations served by survey respondents.

Figure 1 Consultation Survey: Racial/Ethnic Demographics of Qualified Populations Served by Survey Respondents



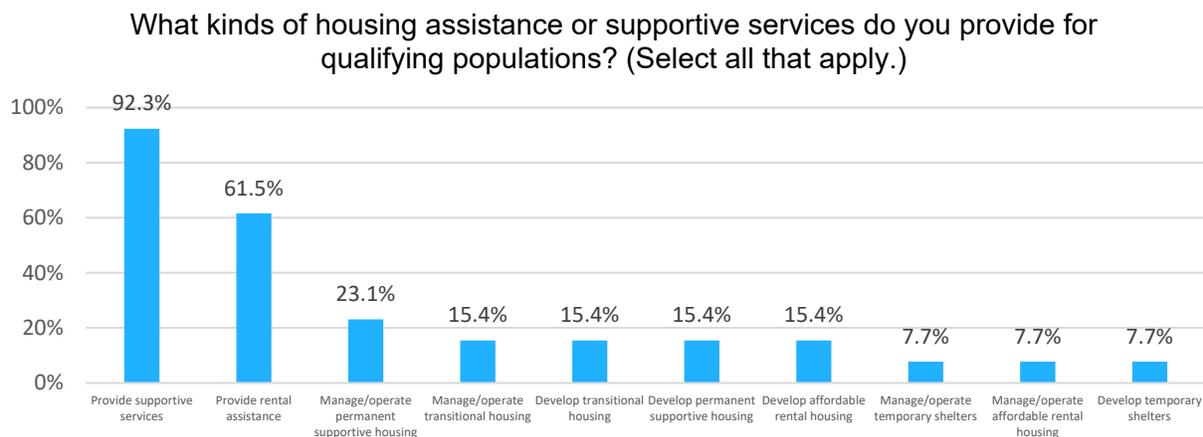
Survey respondents expressed the need for supportive services for qualifying populations like case management, job placement, legal assistance, parenting classes, transportation, childcare substance abuse services, and mental health, amongst many other services. Daily essentials like food and clothing are also among the priority needs for their served populations. Service providers also specified housing-related priority needs like permanent supportive housing, housing placement, appropriate housing units based on family size, rental assistance, and other housing subsidies. Some respondents expressed the need for more funding to cover operating costs to manage housing programs more effectively.

Some survey respondents also reported that there are varying needs amongst racial ethnic groups. For example, employment and healthcare resources for immigrants, irrespective of documentation, are severely limited. Needs may also vary between documented and undocumented individuals; however, language assistance is a critical need, especially because of Houston’s proximity to the Texas/Mexico border and because Houston is an international hub,

where a significant number of Hispanics and other immigrants need services and materials provided in languages other than English.

Many of survey respondents meet these needs of Houstonians by providing supportive services and rental assistance. Almost all provide supportive services, and over half, 61.5% said that they provide rental assistance. Only 23% of the respondents said that they manage or operate permanent supportive housing, while between 7-15% of respondents provide other services or housing assistance related temporary supportive housing or affordable rental housing. The demand for these services shows that there is a great need in Houston.

Figure 2 Consultation Survey: Kinds of Housing Assistance or Supportive Services



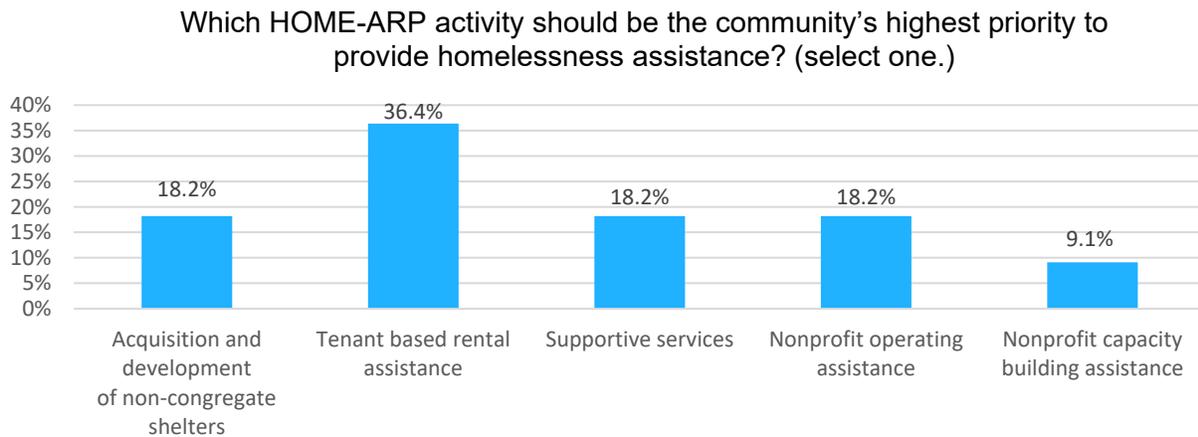
Despite the number of households served, respondents indicated there are gaps in services and assistance. Some respondents reported that households may have trouble being placed in housing because there is an “overwhelming shortage of housing units and a lack of short-term emergency housing, especially for persons with a criminal history.” Not only is there a lack of affordable housing and rental assistance, but it is also difficult for seniors to find homes because of the cost, available stock, and assistance.

Fair housing barriers may also contribute to gaps in services. The majority of survey respondents, 61.5%, reported that there are fair housing barriers that qualifying populations experience. Such barriers include accessible housing for individuals with multiple disabilities and cognitive disabilities, and many households, irrespective of disabilities, need help navigating complex systems and filling out paperwork. Some households also experience housing discrimination because of their sexual orientation or racial/ethnic group. Those who are don’t speak English or have limited English proficiency also encounter difficulties because of their need for language assistance. Other respondents also expressed concerns regarding the difficulties that individuals face when fleeing domestic violence like demonstrating income or rental denials. These barriers related to fair housing are likely to be associated with gaps in services.

Survey respondents agreed that the highest priority for HOME-ARP funding should be tenant-based rental assistance, as represented in Figure 3. The second highest priority was tied with acquiring and developing of non-congregate shelters, providing supportive services, and providing assistance to non-profit operating costs. Although the proposed HOME-ARP funding does not meet the need in Houston, survey respondents generally agreed that funding the

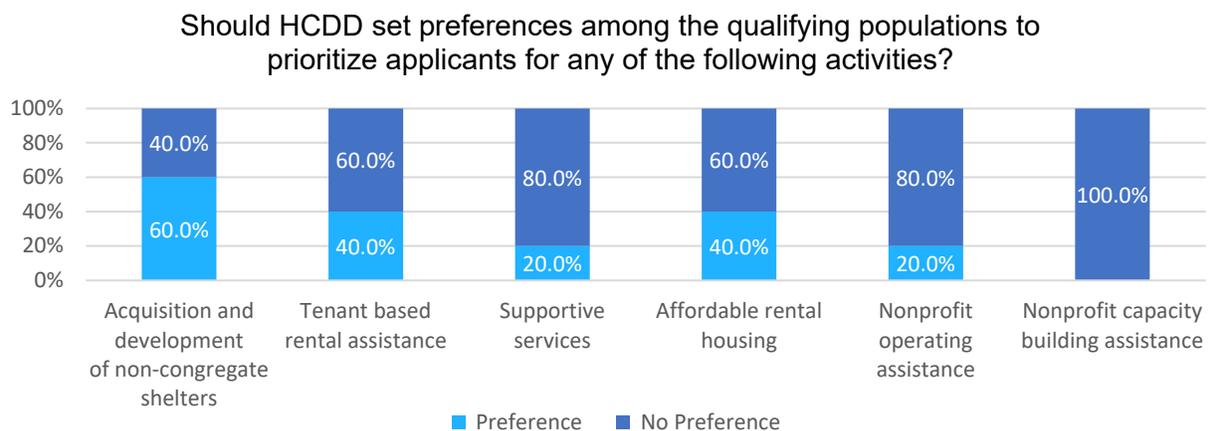
acquisition or development of non-congregate shelters should be a high priority. Not only are more non-congregate shelters needed in Houston, but other cities in the region would also benefit from this kind of housing. Generally, respondents agreed with the proposed activities and distribution of HOME-ARP funds, although a few respondents indicated more funding should be allocated for rental assistance.

Figure 3 Consultation Survey: HOME-ARP Activity Priorities



When asked if HCDD should set preferences among the qualifying populations to prioritize applicants for any of the following activities, the majority of respondents did not indicate preferences for activities (see Figure 4). For those that did indicate preferences, only acquisition and development of non-congregate shelters had the majority of survey responses indicate that it should include preferences, and the preferences for qualified populations should be given to households fleeing domestic/dating violence or sexual assault. Conversely, all respondents (100%) seemed to agree that HCDD should not give preferences when funding assistance for nonprofit capacity building, and most survey respondents reported that no preference should be given to specific qualified populations for other activities like TBRA, supportive services, affordable rental housing and nonprofit operating assistance. However, one respondent noted that high priority should be given to domestic violence agencies providing housing services when providing non-profits with assistance for operating costs.

Figure 4 Consultation Survey: HOME-ARP Activity Preferences



Public Participation

Describe the public participation process, including information about and the dates of the public comment period and public hearing(s) held during the development of the plan:

Public participation is a vital element in assessing the needs of and a gathering input from Houstonians. HCDD seeks to exceed the statutory requirements of holding one public hearing by hosting two public hearings in preparation for the HOME-ARP Allocation plan.

HCDD held two public hearings that discussed the development of the HOME-ARP Allocation Plan, which incorporated information and discussion of community needs and eligible activities related to HOME-ARP, along with the chance to provide public comment on the proposed budget and activities. These hearings were held on November 4 and 10, 2021.

During the public hearings, HCDD presented eligible HOME-ARP activities and the City's proposed HOME-ARP budget. At the meetings, HCDD also had breakout groups in which each attendee had the opportunity to discuss the HOME-ARP budget and activities with HCDD staff and give their input on how HCDD should plan activities using to HOME-ARP funding.

The public notice describing the budget and activities and how to review the HOME-ARP Allocation Plan was published in the *Houston Chronicle* on November 4, 2021 in English and in the *La Voz* on November 10, 2021 in Spanish. The public comment period on the Draft HOME-ARP Allocation Plan coincided with the public hearings and began November 4, 2021 and ended on November 19, 2021.

Describe any efforts to broaden public participation:

HCDD has employed a comprehensive strategy to broaden public participation in the development of the HOME-ARP Allocation Plan. HCDD aspires to reach many residents and stakeholders from varying backgrounds, including persons of color, limited English and non-English speakers, persons with disabilities, and special needs populations. To increase public participation, HCDD created several methods for residents to participate in development of the HOME-ARP Allocation Plan. HCDD's efforts are summarized below.

- HCDD conducted two virtual public hearings to gather residents' input from all areas of the city. The hearings were held on Microsoft Teams and broadcasted on HTV, HTV Facebook Live, and HCDD's Facebook Live.
- The two public hearings were held at staggered times (afternoon and evening) to broaden resident reach.
- HCDD provided a Spanish interpreter for Spanish speakers with limited English proficiency and provided real-time captioning for persons who are deaf or have a hearing loss during the public hearings.
- Flyers for the public hearings were posted at community centers and on local news station community calendars.
- HCDD's Electronic Newsletters with information about the public hearings were sent to over 27,000 city residents and stakeholders on October 20 and November 1, 2021.
- The hearings and the Draft Allocation Plan comment period were advertised in the *Houston Chronicle*, *La Voz* in Spanish (Spanish newspaper), and *Viet Moi* in Vietnamese (Vietnamese newspaper).



- Residents were also able to download the draft. Residents could comment through email, voicemail, and postal mail or simply complete an online comment form.
- HCDD staff attended stakeholder and community meetings to inform residents of the HOME-ARP grant and public hearings, which included several Super Neighborhood meetings and Super Neighborhood committee meetings, HCDD's Housing Advocates Collective Meeting, and Coffee and Conversations with the Department of Neighborhoods.

Summarize the comments and recommendations received through the public participation process:

A full summary of comments and recommendations received during the public comment period and the public hearings are in the Appendix of the 2021 Annual Action Plan. The main topics of comments received during the public hearings encouraged program transparency, encouraged funding for economic development in certain areas to increase access to amenities and create jobs with good pay, and highlighted community needs, including providing health and social service information in languages other than English and Spanish, providing additional health and mental health services, providing social services in areas outside of central Houston, and addressing safety and gentrification concerns in certain neighborhoods.

Summarize any comments or recommendations not accepted and state the reasons why:

All comments were accepted.



Needs Assessment and Gaps Analysis

To assess the unmet needs of HOME-ARP qualifying populations, HCDD evaluated the size and demographic composition of those populations. HCDD has also identified gaps within its current shelter and housing inventory, as well as the service delivery system. In the needs assessment and gaps analysis, HCDD used current data, including Comprehensive Housing Affordability Data (CHAS), 2021 Point in Time Count (PIT Count), 2020 CoC Housing Inventory Count (HIC), or other data available data sources.

While the amount of people estimated to be experiencing homelessness may be underrepresented due to COVID-19, the following information includes the basis for the needs assessment and gap analysis for HOME-ARP qualified populations based on the latest available data.

Table 2 Homeless Needs Inventory and Gap Analysis Table

Homeless													
	Current Inventory					Homeless Population				Gap Analysis			
	Family		Adults Only		Vets	Family	Adult	Vets	Victims of DV	Family		Adults Only	
	# of Beds	# of Units	# of Beds	# of Units	# of Beds					# of Beds	# of Units	# of Beds	# of Units
Emergency Shelter	924	253	1,014	1,014	30								
Transitional Housing	176	54	617	617	63								
Permanent Supportive Housing	2,223	703	3,834	3,834	1,357								
Other Permanent Housing	1,077	350	704	704	206								
Sheltered Homeless						604	928	101	301				
Unsheltered Homeless						0	1,510	73	36				
Current Gap										992	315	2,750	2,750

Data Sources: 2021 Point in Time Count (PIT); 2020 Continuum of Care Housing Inventory Count (HIC); Consultation
 Note: A "Family" household is a household with at least 1 child, and an "Adult" household includes a household without children. The average household size is 3.15.



Table 3 Non-Homeless Needs Inventory and Gap Analysis Table

Non-Homeless			
	Current Inventory	Level of Need	Gap Analysis
	# of Units	# of Households	# of Households
Total Rental Units	531,110		
Rental Units Affordable to HH at 30% AMI (At-Risk of Homelessness)	106,535		
Rental Units Affordable to HH at 50% AMI (Other Populations)	84,500		
0%-30% AMI Renter HH w/ 1 or more severe housing problems (At-Risk of Homelessness)		80,050	
30%-50% AMI Renter HH w/ 1 or more severe housing problems (Other Populations)		39,160	
Current Gaps			121,780

Data Sources: 2014-2018 Comprehensive Housing Affordability Strategy (CHAS)

Table 4 Current Gaps for Single Adults & Youth

Program Component	Current System for Individuals (Units)	Estimated Optimal System for Individuals (Units)	Estimated Current Gap
Emergency Shelter	1,050	1,570	520
Diversion/Prevention	0	875	875
Transitional Housing	658	625	-
Rapid Rehousing	650	1,500	850
Bridge to Permanent Supportive Housing	25	750	725
Permanent Supportive Housing	3,125	5,025	1,900

Data Sources: 2020 The Way Home Community Plan; 2021 Point in Time Count (PIT); 2020 Continuum of Care Housing Inventory Count

Table 5 Current Gaps for Families

Program Component	Current System for Individuals (Units)	Estimated Optimal System for Individuals (Units)	Estimated Current Gap
Prevention	0	50	50
Emergency Shelter	400	160	-
Diversion/Prevention	0	80	80
Transitional Housing	120	100	-
Rapid Rehousing	170	485	315
Bridge to Permanent Supportive Housing	0	50	50
Permanent Supportive Housing	415	290	-

Data Sources: 2020 The Way Home Community Plan; 2021 Point in Time Count (PIT); 2020 Continuum of Care Housing Inventory Count

Describe the size and demographic composition of qualifying populations within the PJ's boundaries:

HUD requires HOME-ARP funds be used to primarily benefit individuals and families in specified HOME-ARP "qualifying populations." Qualifying populations include, but are not limited to, the following



- Sheltered and unsheltered homeless populations
- Those currently housed populations at risk of homelessness
- Those fleeing or attempting to flee domestic violence or human trafficking
- Other families requiring services or housing assistance or to prevent homelessness
- Those at greatest risk of housing instability or in unstable housing situations

Homeless Populations

In accordance with HUD’s definition of homeless for the HOME-ARP grant under 24 CFR § 91.5, HCDD will consider a homeless family or individual to include:

- An individual or family who lacks a fixed, regular, and nighttime residence as defined in 24 CFR § 91.5
- A person or family who will imminently lose their primary residence within 14 days from the date of application for assistance with no subsequent residence identified and lacks resources or support networks
- 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 qualify under 24 CFR § 91.5
- Any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, has no other residence, and lacks the resources and family networks

The Way Home Continuum of Care (CoC) is a collaborative effort to prevent and end homelessness in the Houston region (3,711 sq. miles), including in Houston, Pasadena, Conroe, Harris County, Fort Bend County, and Montgomery County. The Coalition for the Homeless Houston/Harris County (Coalition) serves as the lead agency and HMIS lead agency to The Way Home. The Coalition’s 2021 Point-in-Time Homeless Count & Survey (PIT Count) found a total of 3,055 individuals experiencing homelessness on the night of January 19, 2021, 1,532 people staying in shelter (51%) and 1,510 people living unsheltered (49%) in Harris, Fort Bend and Montgomery counties, Texas.

In the homeless population, over four out of five persons experiencing homelessness were over the age of 24. Approximately one out of eight were under the age of 18, and all of those under age 18 were residing in sheltered situations. The population living unsheltered was older with forty-nine out of fifty (97%) 25 years of age or older. The sheltered population experiencing homelessness was younger, due to the inclusion of children in that population. Overall, three out of five persons, in the population experiencing homeless were male, and men made up an even higher percentage of the unsheltered population (81%).

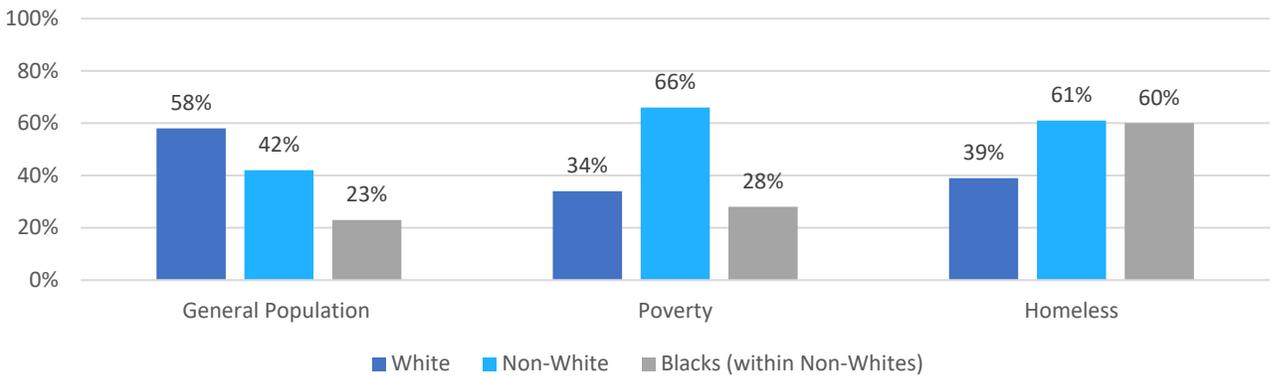
The analysis of subpopulation showed that nearly one out of five people met the HUD definition of chronic homelessness. One out of eleven people self-identified as a veteran, and high rates of serious mental illness (two out of five) and substance use disorder (three out of five) were also reported. A total of 187 young adults (18-24) were among those experiencing homelessness, with 9% reported as chronically homeless. Thirty children were found in parenting youth households, and all of them were in emergency shelter or transitional housing.

The vast majority of those experiencing homelessness were either Black/African American (56%) or White (40%). One in seven individuals experiencing homelessness who were interviewed



considered themselves Hispanic. The findings show a higher percentage of white homeless people were found in the unsheltered population than in the sheltered population.

Figure 5 Racial Equity Analysis in 2020



Data Source: HMIS; U.S. Census Bureau 2019 American Housing Survey; Wellfareinfo.org

People of color are disproportionately overrepresented in the homeless system. The homeless response system and governmental funders play a role in these disturbing levels of inequity, and they have an important role to play in addressing them and must ensure that the homeless response system does not perpetuate injustice. Houston, while working to end homelessness for everyone, must ensure system policies, programmatic practices, and unconscious bias are not preventing or delaying people of color from accessing services, or directing them to services not of their choosing. As the homeless response system transforms, all people, especially people of color, must have equitable access and opportunity.

Figure 6 Homeless Population by Race

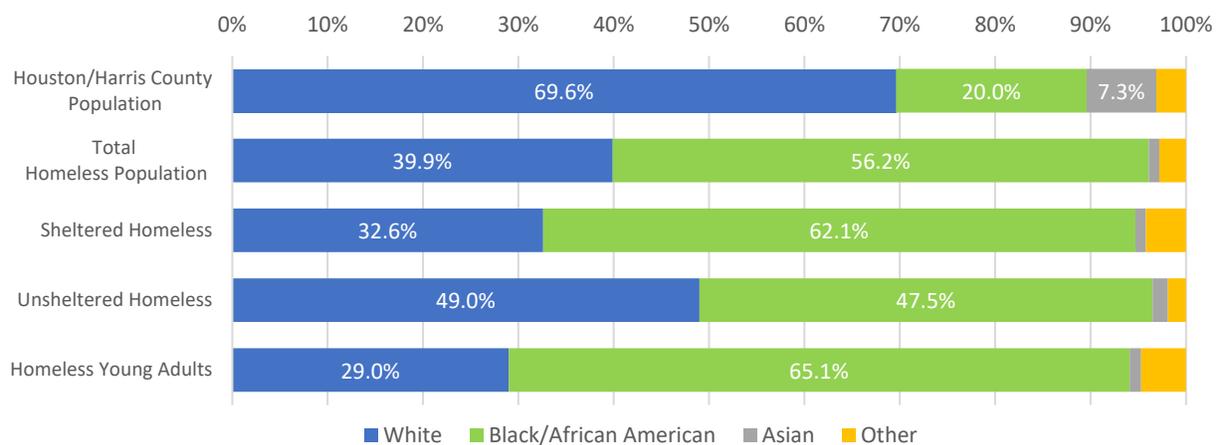
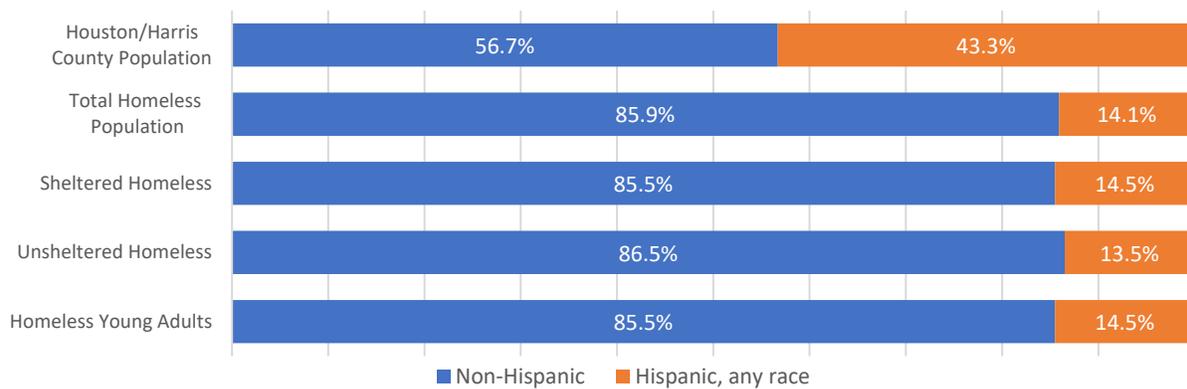


Figure 6 shows that African Americans experience a severely disproportionately higher rate of homelessness compared to other races and ethnicities. The percentage of African Americans that experience homelessness (56.2%) is more than twice that of the area’s population (20%). Other races and ethnicities have lower percentages of homeless population compared to

percentages of the total population. For example, white residents make up about 69.6% of total residents living in the Houston/Harris County area; yet they are only 39.6% of the homeless population.

Not only do African Americans have the greatest homeless proportion, but it likewise has the greatest proportion of homeless youths. Of the total amount of homeless youths, African American youths make up about 65.1% of this population. This is more than three times greater than the total population. As shown in both figures 6 and 7, no other racial/ethnic group experiences such disproportionate disparities in homelessness.

Figure 7 Homeless Population by Ethnicity



Individuals and Families at Risk of Homelessness

HUD defines those at risk of homelessness as individuals and families who have an income below 30% of the area median income (AMI) and do not have sufficient resources or support networks immediately available to prevent them from moving to into an emergency shelter or another place of homelessness. They must also meet one of the following conditions, as per 24 CFR § 91.5:

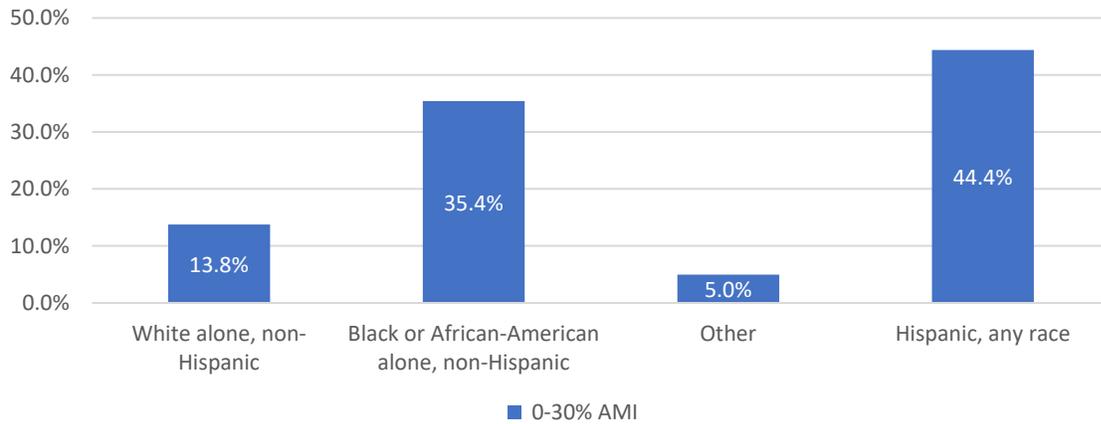
- Has moved 2 or more times in the 60 days immediately preceding the application for homeless prevention assistance because of economic hardships
- Is living in the home of another because of economic hardship
- Has been notified in writing that their housing or living situation will be terminated within 21 days after the date of application for assistance
- Lives in a hotel or motel without receiving assistance through a program for low-income individuals
- Lives in a single-room occupancy (SRO) or efficiency with in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room
- Leaving a publicly funded institution or system of care
- Lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan

Using HUD's 2014-2018 CHAS data, Houston has 136,630 households with incomes at or below 30% AMI, which is 16.1% of all Houston's households. Almost all households, 80.0%, with incomes at or below 30% AMI are renter households. As shown in Table 3 above, there are approximately 80,050 renter households that earn 30% AMI or under and have one or more



severe housing problems, which could include housing cost burden, overcrowding, lack of kitchen facilities, or lack of plumbing facilities. These housing problems can lead to housing instability, especially for low-income households earning below 30% of AMI; therefore, these households are considered to be at risk of becoming homeless.

Figure 8 Renter Households Earning Below 30% AMI with Housing Problems by Race and Ethnicity



Non-Hispanic African Americans account for 35.4% of households earning below 30% AMI, which is the largest racial/ethnic group of households that are at-risk of homelessness. Since this racial group only accounts for 20% of the total Houston/Harris County population (see figure 8), African Americans households at 30% AMI or below are disproportionately at-risk of homelessness. While the disparity is not as significant as African Americans, the proportion of Hispanic households at-risk of homelessness (44.4%) is larger compared to the percentage of Hispanics in the total Houston/Harris County population (43.3%).

Fleeing or attempting to flee domestic violence or human trafficking

For HOME-ARP, this population includes any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking. It includes cases where an individual or family reasonably believes that there is a threat of imminent harm from further violence due to dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return or remain within the same dwelling unit.

Since 2017, Houston has experienced an alarming rise in domestic violence reports. According to the Texas Council on Family Violence Annual Honor Victims report, the Houston-Harris County area has seen a 45% increase in reported domestic violence cases. Of the domestic violence cases in Texas during 2019, about 21% of those incidents occurred in the Houston/Harris County Area, but since COVID-19 in 2020, the number of domestic violence cases increased by 8.2%.¹

According to the Texas Council on Family Violence (TCFV), the conditions of the coronavirus

¹ 2020 Crime in Texas Report (2020) Texas Department of Public Safety) https://www.dps.texas.gov/sites/default/files/documents/crimereports/20/2020cit.pdf&sa=U&ved=2ahUKEwjW9pSZ1PfzAhX7k2oFHTwgBS84HhAWegQIBhAB&usq=AOvVaw3Vqli1_v5AP84irIPHBua7.



pandemic in 2020 increased isolation and economic stressors that compounded the impact of are fair housing barrier abuse, including frequency and severity of violence. They documented the highest number of intimate partner homicides in the last decade and a 23% increase in homicides between 2019 and 2020. This increase is also shown through the crisis response hotline calls from the Houston Area Women’s Center which received a marked increase in calls in 2020 at 45,904 calls, compared to 2019 at 39,615 calls and 2018 at 36,471 calls.

The majority of family violence fatalities are women. In 2020, TCFV found that 183 women were killed by male partners, 40 men were killed by female partners, and 5 men and women were killed by a same sex partner. The victims ranged in age from 14 to 90 years old. In addition, according to the Domestic Violence Defense using data from the Texas Department of Public Safety, Harris County had more family violence incidents, at 41,300, than any other county in Texas in 2018. The next highest number of incidents occurred in Dallas County with 22,136 incidents and Bexar County with 15,242 incidents.

In the Houston Area Women’s Center (HAWC) 2020 Annual Report, HAWC reported that the organization housed or assisted 4,178 families or individuals fleeing domestic or dating violence, sexual assault, or sex trafficking. Of those families or individuals assisted 4,000 received supportive services such as counseling, court and/or legal services, and case management. HAWC also assisted families and their households which included accompanying 399 survivors to the hospitals, housing 632 survivors, placing 557 survivors in safe harbor hotels, and providing \$1.6 million in direct assistance, yet HAWC was only able to support 30% of families or individuals in need of their services.²

Residents living in housing instability or in unstable housing situations

HOME-ARP qualifying populations also include other populations who have previously qualified as homeless, are currently housed with temporary or emergency assistance, and who need additional housing assistance or supportive services to avoid a return to homelessness. In addition, HUD defines those at greatest risk of housing instability as households that have an annual income less than 30% AMI and are experiencing severe cost burden or have an income less than 50% AMI and meet a certain condition, like living in someone else’s home or living in a hotel due to an economic hardship.

Many renters in Houston experience varied housing challenges. Over half (59.6%) of all Houston renters have housing problems or severe housing problems. In CHAS data, HUD defines housing problems as a household that has one or more of the following: lacking a kitchen or plumbing, having more than one person per room, or being housing cost burdened at 30% of more. Of these problems, housing costs negatively impact most renters whose household income is at or below 50% AMI. About three in four (70.1%) renters earning at or below 50% AMI are either cost burdened or severely cost burdened.

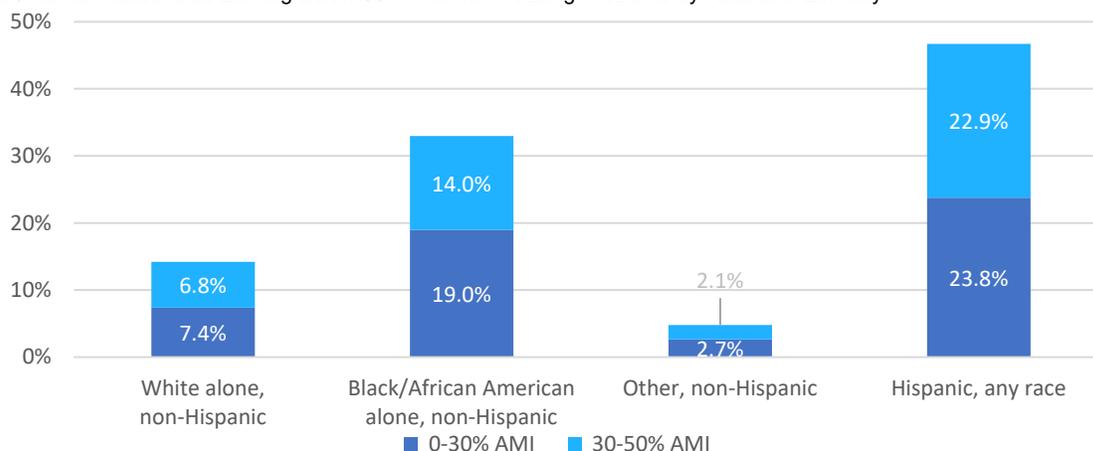
The Houston-Harris County Emergency Rental Assistance Program launched in March 2021. As of October 28, 2021, 131,843 applications for assistance had been submitted to receive rent assistance because they were financial impacted by the COVID-19 pandemic, experienced housing instability, and whose household income was at or below 80% AMI. In addition, the

² HAWC 2020 Annual Report (2020) Houston Area Women’s Center.
https://hawcdv.org/sdm_downloads/hawcs-fiscal-year-2020-annual-report/. #



Coalition, through the Community COVID Housing Program (CCHP), has housed 873 people experiencing chronic homelessness in permanent supportive housing, provided short term rapid re-housing for 2,674 people who have fallen into homelessness due to COVID-19, and provided diversion services to assist 2,224 people maintain or regain housing over the past year, from October 1, 2020 to October 20, 2021.

Figure 9 Renter Households Earning Below 50% AMI with Housing Problems by Race and Ethnicity

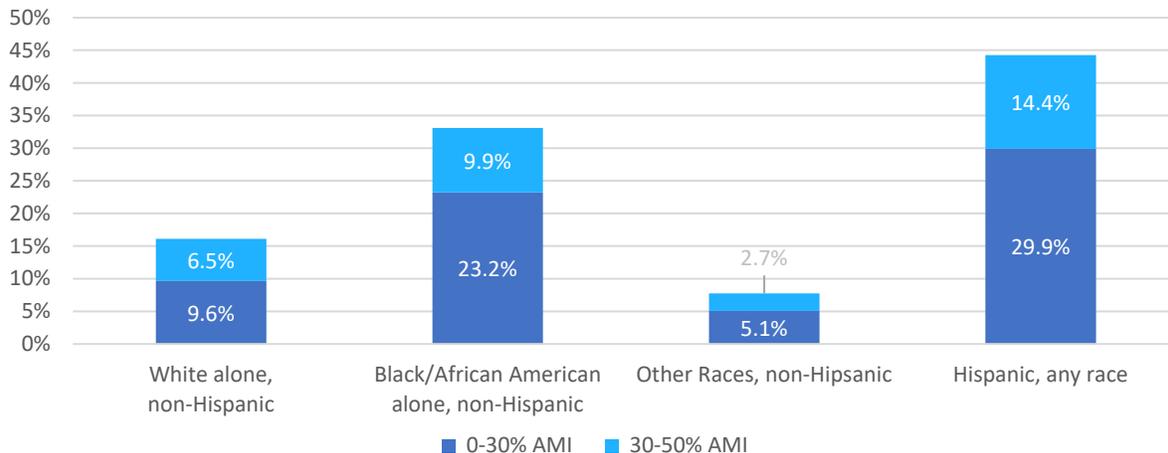


Housing instability is greater for populations of color, especially for Hispanics, irrespective of race, and non-Hispanic African Americans. When comparing the proportion of residents in the two lowest income categories by race/ethnicity, Hispanics (49.7%) and African Americans (33.0%) have the highest proportion of residents with housing problems, as shown in Figure 9, demonstrating that these two racial/ethnic groups have the greatest propensity to experience housing instability. Both groups also experience housing instability at a disproportionately higher rate than other racial/ethnic groups.

This is the same for one of the severe housing problems, severe cost burden. Figure 10 also shows that Hispanic and African American households make up the greatest proportion of renter households earning below 50% AMI with severe housing cost burden. Of all the Houston renters earning below 50% AMI that are severely cost burdened, Hispanics are 44.3% of that population and African Americans make up 33.1%; together these groups equate to 77.4% of all severely cost burdened renters earning below 50% AMI. This shows that more resources are needed in communities of color to assist with lessening housing cost burdens.

Figure 10 Renter Households Earning Below 50% AMI with Severe Cost Burden by Race and Ethnicity





Many families may need more critical resources to help them achieve and maintain long-term housing stability, especially those who are Hispanic or African American. Rental assistance and wrap around or supportive services are indispensable services that can assist households who are living in housing instability or that have recently received housing assistance due to COVID-19 impacts.

Describe the unmet housing and service needs of qualifying populations, including but not limited to:

- Sheltered and unsheltered homeless populations;
- Those currently housed populations at risk of homelessness;
- Other families requiring services or housing assistance or to prevent homelessness; and,
- Those at greatest risk of housing instability or in unstable housing situations:

Many of the needs of the qualifying populations are similar and include the need for a flexible response system, available housing that is affordable, wrap around services, and supportive services or assistance that could prevent homelessness or greater housing instability. The following reviews the needs of each qualifying population.

Homeless Populations

People experiencing unsheltered homelessness are at great risk of continued harm due to higher rates of morbidity and mortality resulting from pre-existing health conditions, exposure to the elements, lack of access to healthcare, and elevated rates of hospitalizations with longer, more complex hospital stays. Long periods of living without shelter also put individuals at a greater risk of social isolation and the chance of victimization. The process of resolving unsheltered homelessness is much more complicated and takes longer compared to that for people receiving crisis shelter.

A subpopulation of the homeless qualified population is those who are chronically homeless. These are usually individuals who lack a fixed, regular, and adequate nighttime residence for extended periods of time. Chronically homeless individuals live in a place not meant for human habitation or living at an emergency shelter over a year, or on at least 4 separate occasions of homelessness in the last 3 years. These individuals typically need affordable housing assistance with long-term support services that are designed to build independent living and tenancy skills



and connect people with community-based health care, treatment, and employment services.

Another homeless subpopulation is the literally homeless who are individuals or families that lack a fixed, regular, and adequate nighttime residence for shorter time periods. This includes those that live in places not meant for human habitation, those living in supervised facilities, or those who both lived in an institution for 90 days and lived in an emergency shelter or place not meant for human habitation. To best assist literally homeless populations, service providers must provide housing without preconditions (such as employment, income, absence of criminal record, or sobriety) with resources and services tailored to the needs of the person.##

Houston has seen success in reducing the number of people experiencing chronic and literal homelessness by prioritizing the most vulnerable households first. This means that the CoC makes every effort to pair the Houston area's limited resources to those who are most vulnerable. Affordable housing paired with supportive services is the solution to homelessness, and the City continues to work to expand access to permanent supportive housing and rapid rehousing to serve these populations.

Those who are at imminent risk of homelessness are also a subpopulation of the homeless qualified population. Individuals and families will fall within this population if they will imminently lose their primary nighttime residence within 14 days of applying for homeless assistance, cannot find a home, and lack resources or a support network. Those who are at imminent risk of homelessness usually need housing mediation and limited financial assistance. With the creation of the Community COVID-19 Housing Program (CCHP), the City of Houston, Harris County, and the Coalition have tailored a coordinated effort to divert these families and individuals away from homelessness by quickly identifying and accessing safe housing alternatives to emergency shelter.

It is important to connect the most vulnerable populations to permanent and adequate housing with the right level of services to ensure their success. Housing options must be flexible, client-centered, easily accessible and paired with support services necessary to help clients remain in housing for the long-term. Returning to homelessness after a housing placement is re-traumatizing for the families and an inefficient use of assistance resources. The CoC's most recent 5-year plan outlines the strategies to address immediate unmet needs:

- Expand the supply of permanent supportive housing (PSH) to meet the current total system gap of 1,900 units for single adults and youth; this includes a place to live that is affordable paired with supportive services.
- Expand the annual supply of rapid re-housing to meet the current system gap of 1,165 annual slots for single adults, families, and youth; this includes a place to live that is affordable paired with supportive services.
- Secure resources to provide rehousing navigation support by recruiting and retaining a reliable supply of landlords and rental units.
- Implement a "moving on" strategy, targeting up to 20% of current PSH residents for transition to general population affordable housing, thus freeing up PSH for new tenants, which often requires access to affordable and/or subsidized units.
- Establish, support, and use all available homeless preferences for affordable housing resources and assets available through public housing authority (PHA) properties, multi-family developments, and Low-Income Housing Tax Credit developments.



In addition to the strategies to meet immediate needs listed above, both the housing response system and crisis response system must also be strengthened. To address these needs, the CoC has also identified the following ways to refine engagement strategies for people living unsheltered:

- Expand the number of outreach teams and staff to ensure appropriate coverage to all geographies throughout the CoC. Coordinate outreach teams to ensure standardization of outreach practices, schedules, and engagement strategies across all outreach efforts.
- Undertake proactive, non-punitive responses to outreach, which are critical when there are high numbers of people who are unsheltered to reduce significant dangers found at encampments.
- Expand crisis housing response to include a navigation/ engagement center for the most vulnerable unsheltered people who require specialized services to address comorbidities of mental illness, substance use disorders, chronic health conditions and prolonged social dislocation.
- Reduce barriers to existing crisis services by easing sobriety requirements and by easing restrictions that inhibit access for people with untreated behavioral health issues, couples, people with support animals, people of non-binary gender identity, and people needing extra space for storage of their belongings.
- Ensure expanded crisis housing capacity is accessible and targeted to special populations for whom there are not enough beds in current shelters. Target groups, including single people experiencing mental illness, developmental disabilities, and chronic health conditions. Crisis housing should be low barrier, enabling immediate access without preconditions such as requiring engagement in treatment, employment, or services.
- Leverage person-centered, housing-focused case management with enhanced training in evidence-based best practices (e.g., trauma-informed care, critical time intervention, motivational interviewing, and housing first strategies) for service delivery.

Individuals and Families at Risk of Homelessness

Individuals and families at risk of homelessness may need housing assistance that could vary from eviction assistance, diversion assistance, or rent and utility assistance in addition to other types of supportive services. Households who need assistance with maintaining or regaining housing to prevent homelessness will benefit from targeted services, like diversion services. However, diversion services, for instance require specialized outreach and engagement services targeted to high-risk populations and geographies to ensure people and communities at highest risk for homelessness are engaged with housing supports before experiencing literal homelessness. Services that may be needed to assist individual and families at risk of homelessness include

- Short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices or are experiencing a hardship that may lead to homelessness
- Security deposits and first month's rent to permit homeless families to move into their own apartment
- Light case management services geared towards problem solving and rapid resolution for people receiving diversion services
- Mortgage payments
- Rapid resolution case management and/or mediation services



Fleeing or attempting to flee domestic violence or human trafficking

The City of Houston Mayor's Office of Human Trafficking and Domestic Violence recently formulated a comprehensive municipal response to human trafficking through engaging a 6-month analysis and stakeholder engagement period. The analysis found that survivors lacked easy access to short-term shelter and quick access to medical and psychological services. In addition, there were only informal networks to connect survivors to job opportunities. Without economic independence, many survivors are caught in abusive relationships and the gains they make with traditional social services are not fully realized. Creating better access to short-term shelter and housing as well as increasing the supportive services available could help stabilize this qualifying population.

Residents living in housing instability or in unstable housing situations

Residents who have been previously homeless or are currently using some type of rental assistance may need the assistance to continue for a short or long period of time. Funding existing services and housing assistance programs is important to the housing stability of these individuals and families. In addition, the City of Houston and surrounding region has a lack of quality affordable housing available for residents in need causing cost burdens leading to housing instability. There is also a need to assist residents living in unstable housing situations increase their income, build savings, and acquire assets through additional supportive services in the community. The HOME-ARP Consultation Survey found that fair housing barriers, barriers for persons with disabilities, and language barriers often impact the housing options available to these qualifying populations.

Identify and consider the current resources available to assist qualifying populations, including congregate and non-congregate shelter units, supportive services, TBRA, and affordable and permanent supportive rental housing:

The City of Houston receives an annual allocation of almost \$45 million in federal formula grant funding, including the Community Development Block Grant (CDBG), the HOME Investment Partnerships (HOME) Grant, the Emergency Solutions Grant (ESG), and the Housing Opportunities for Persons Living with HIV/AIDS (HOPWA). HCDD utilizes this grant funding to assist families with obtaining affordable homes, supportive services, rental assistance, emergency shelter and other services. These services can and often benefit qualifying populations. For instance, although the City uses CDBG to fund public services to the greatest extent possible, which can help stabilize individuals and families by providing services like healthcare, childcare, job training, and homeless services, there is a cap of 16.77% of the total grant amount of CDBG that can be used for public services. The City works with community partners to leverage resources and build up systems to serve Houstonians.

Since March of 2021, HCDD has partnered with Harris County to serve the community with the Houston-Harris County Emergency Rental Assistance Program. This program provides comprehensive rental and utilities assistance to households who are at risk of losing their homes due to COVID-19. As of October 2021, the program was funded with over \$283 million. Although the current funds are expected to be exhausted by the end of 2021, there may be additional funding available over the next year to continue this program.

The Houston region also receives approximately \$42 million in Continuum of Care (CoC) funding annually. This funding helps to keep approximately 5,000 formerly homeless people housed. The CoC Program is designed to:



- Promote communitywide commitment to the goal of ending homelessness
- Provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness
- Promote access to and effect utilization of mainstream programs by homeless individuals and families
- Optimize self- sufficiency among individuals and families experiencing homelessness

In addition to the annual CoC funding, the City provides additional resources to assist Houstonians that are part of the qualifying populations. The City is partnering with Harris County and the Coalition for the Homeless to effectively utilize CARES Act relief funding through the Community COVID Housing Program (CCHP). The CCHP announced a joint, \$65 million plan to serve 5,000 people experiencing homelessness by October 2022 to limit the spread of COVID-19 by permanently housing people who are currently experiencing literal homelessness (e.g., living in shelters, encampments or on the streets), as well as those who may fall into homelessness as a result of the economic effects of the coronavirus.

The CCHP began on October 1, 2020, and as of October 20, 2021, approximately 3,553 people had been housed through the CCHP. The CCHP focuses on using three primary interventions: (1) "Bridge" to PSH for those experiencing chronic homelessness, (2) Rapid re-housing for those who may fall into homelessness as a result of COVID, and (3) Homelessness diversion to help people immediately maintain or regain housing, so that they do not have to experience the trauma literal homelessness may cause.

The community is working towards solving homelessness with the current resources through the CCHP. The CCHP is expected to make a deep, and hopefully lasting, impact on homelessness in the CoC, and it is likely that there are fewer unsheltered persons counted in the 2021 PIT Count because of this program.

In addition to CCHP, The Way Home CoC was recently awarded \$10 million to end youth homelessness - the fourth-highest award in the nation. The Youth Homelessness Demonstration Program (YHDP) will provide our community with the funding, technical assistance, and flexibility to develop and implement a coordinated community approach to youth homelessness that matches the needs, assets, constraints, and preferences of our community stakeholders. Over the next several months, the CoC will work to form a YHDP workgroup in partnership with child welfare agencies, other community partners and most importantly, youth, to create a comprehensive community plan to address and end youth homelessness in our community. This work will help address one of the implement goals in the Coalition's Community Plan to build an equitable homeless response system that can effectively end youth homelessness.

Identify any gaps within the current shelter and housing inventory as well as the service delivery system:

The Coalition, with the help of a consultant, identified permanent supportive housing and rapid rehousing as ways to address the gaps in the current shelter and housing inventory to best assist people experiencing homelessness. The following details immediate gaps in the homeless system:

- There is a current total system gap of 1,900 units for single adults and youth, which



includes a place to live that is affordable paired with supportive services.

- There is a current system gap of 1,165 annual housing or shelter units for single adults, families, and youth, which includes a place to live that is affordable paired with supportive services.
- To allow for social distancing during COVID, the system's homeless response estimates a gap of 520 emergency shelter beds for youth and single adults, as well as a need for Diversion services to reduce inflow into homelessness.
- The increased service-levels and access to Diversion services are crucial to targeting and preventing households from experiencing or returning to homeless.

The Houston housing inventory has a severe gap in the number of affordable homes available compared to those that are needed. The *2021 State of Housing in Harris County and Houston* finds that the affordability gap for renters is growing. Income continues to grow at a slower pace than housing process leading to Houston and Harris County's renter's being more cost burdened than renters in Dallas, Chicago and Atlanta. In 2019 the eviction filing rate was 8.8%, and the eviction rate was 4.5%, which is higher than many similar metro areas. The supply of affordable homes is not keeping up with demand, and higher land and construction costs may lead to an additional gap in the affordable homes that are needed.

The estimated gap of affordable rental homes that are needed in Houston, as shown in Table 3, is approximately 119,735 rental homes. Housing affordability in Houston and the surrounding region impacts the HOME-ARP qualifying populations, but also other low- and moderate-income households and other vulnerable populations, such as persons with disabilities and persons fleeing domestic violence, sexual assault, and sex trafficking. Through the stakeholder engagement during the development of the HOME-ARP Allocation Plan, stakeholders indicated the need for more available affordable housing, supportive housing, rental assistance, and the need for additional social services.

Identify the characteristics of housing associated with instability and an increased risk of homelessness if the PJ will include such conditions in its definition of "other populations" as established in the HOME-ARP Notice:

The number one indicator of households falling into homelessness from a place of housing instability is a previous history of homelessness. Homeless assistance is generally the last resort for households in extreme poverty with few resources of their own and limited connections to others who could offer temporary, emergency support. Additionally, when other systems of care, like hospitals, behavioral health settings, child welfare, and criminal justice systems, are unable to address the reasons why people cannot stay housed, people have no alternative than turning to the homeless response system.

To prevent people from falling into homelessness, public systems for justice, anti-poverty, prevention, health (including behavioral health), child welfare and affordable housing must use data to identify how people are falling into homelessness and target prevention strategies and policies to address these areas.

Additionally, families with children, or unaccompanied youth who are unstably housed and likely to continue in that state, including those people who are doubled up in other people's homes because they lack a home of their own, are not considered to be experiencing homelessness by the U.S. Department of Housing and Urban Development (HUD) and are not eligible for its



homeless assistance. These same families are, however, considered to be experiencing homelessness by the U.S. Department of Education and are eligible for additional educational services and supports. People are considered to be “at risk of homelessness” if they are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within the next 21 days and lack resources or support networks to remain in housing.

Identify priority needs for qualifying populations

HOME-ARP qualifying populations often have many competing needs. In the HOME-ARP Consultation Survey, stakeholders indicated a variety of needs for qualifying populations, including 1) housing, such as shelter, short-term housing, permanent supportive housing, and rental and utility assistance, and 2) supportive services, such as medical care, counseling, substance abuse service, case management, child care, transportation, legal services, and job training. The needs overlap but also vary amongst these populations, and the following information covers the priority needs for each of the qualified populations.

Homeless or At-Risk of Homelessness Populations

HCDD has partnered with the CoC to identify and prioritize the needs of the homeless population in Houston. The CoC’s Community Plan outlines goals that address the needs of homeless veterans, people experiencing chronic or near chronic homelessness, homeless families and youth. As identified in the Community Plan, families and individuals struggling with homelessness need an improved crisis response system.

Although the needs of each group generally overlap, each of these subpopulations may have greater needs than others. Those who are experiencing or are at-risk of homelessness need more affordable housing and shelter options that provide short-term, mid-term, and long-term interventions. Those who are at-risk of homelessness have a strong need for homelessness prevention and stabilizing services, while those who are currently homeless or experiencing chronic homelessness need more street outreach and case management services.

Domestic Violence Populations

Families or individuals fleeing domestic or dating violence need increased safety measures to minimize risk of returning to unsafe residential environments. This qualified population has a critical need for temporary shelter for safe harboring and supportive services to help them transition into permanent supportive housing. Even while these families or individuals are need services to assist them with the legal advocacy, childcare, employment services, and case management.

Residents living in housing instability or in unstable housing situations

Many residents who are living in unaffordable and/or unsafe homes have many needs and compounding challenges. These households need support with staying housed. While many families may gain stability through rental assistance, other families need more housing options that are safe and affordable. However, most of these households will also need a livable wage and supportive services to create long-term self-sufficiency.



Explain how the level of need and gaps in its shelter and housing inventory and service delivery systems based on the data presented in the plan were determined

The gaps in services and programs need to provide shelter, housing, and services were determined using data from multiple sources, including stakeholder and public engagement. The level of need for unsheltered and shelter households experiencing homelessness was determined by evaluating the number of unsheltered households and the level of resources available to adequately house the families or individuals with permanent supportive housing and critical long-term supportive services to achieve housing stability.

For households that are currently housed but have challenges maintaining their home, the level of need was measured by the amount of inventory that had affordable, safe, and adequate living conditions and the number of renter households that are experiencing severe housing cost burdens. These households need housing outcomes that help them stay housed without incumbering them with the cost of their home



HOME-ARP Activities

Describe the method for soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors and whether the PJ will administer eligible activities directly:

As with HOME funds, HCDD will use HOME-ARP funds to promote public/private partnerships as a vehicle for preserving and expanding the stock of affordable homes. HOME-ARP funds may be leveraged with private and public funding sources to support activities for supportive services, tenant-based rental assistance, and the development of non-congregate shelters. HCDD will continue to support eligible activities through partners, like the Houston Housing Authority and/or other agencies, to assist very low-income households.

HOME-ARP funds will be awarded to City departments or nonprofit or for-profit organizations, based on the merit of proposals received prior to or during the grant implementation period. For development activities and supportive services, greater preference is given to proposals that have other sources of equity and financing and are in line with HCDD’s priorities. The locations of activities will be determined after subrecipients are selected.

If any portion of the PJ’s HOME-ARP administrative funds were provided to a subrecipient or contractor prior to HUD’s acceptance of the HOME-ARP allocation plan because the subrecipient or contractor is responsible for the administration of the PJ’s entire HOME-ARP grant, identify the subrecipient or contractor and describe its role and responsibilities in administering all of the PJ’s HOME-ARP program:

HCDD will not allocate any funds to a subrecipient or contractor to administer the entire HOME-ARP program prior to HUD’s acceptance of the HOME-ARP allocation plan.

Use of HOME-ARP Funding

Table 6 HOME-ARP Budget

	Funding Amount	Percent of the Grant	Statutory Limit
Supportive Services	\$ 6,699,885.00		
Acquisition and Development of Non-Congregate Shelters	\$ 22,550,000.00		
Tenant Based Rental Assistance (TBRA)	\$ 2,500,000.00		
Development of Affordable Rental Housing	\$ 0.00		
Nonprofit Operating	\$ 0.00	0%	5%
Nonprofit Capacity Building	\$ 0.00	0%	5%
Administration and Planning	\$ 5,602,920.00	15%	15%
Total HOME ARP Allocation	\$ 37,352,805.00		

Additional narrative, if applicable:

Table 6 shows the proposed HOME-ARP budget, which indicates the amount of HOME-ARP funding that is planned for each eligible HOME-ARP activity type including administrative costs within HOME-ARP statutory limits.



Describe how the characteristics of the shelter and housing inventory, service delivery system, and the needs identified in the gap analysis provided a rationale for the plan to fund eligible activities:

HCDD has identified activities that will assist families and individuals of the most vulnerable qualified populations.

The gap analysis of rental units shows that there is a great need for affordable rental units because many households have housing problems, which includes affordability. Almost 30% of all renters in Houston cannot afford their home because they are either cost burdened or severely cost burdened. Cost burdened households spend between 30% and 50% of their income on housing cost while severely cost burdened households spend over 50% of their income on housing costs. Almost all (84.6%) renters who are at or below the 50% Area Media Income (AMI) are cost burdened or severely cost burdened.

Among the most vulnerable qualified populations in jeopardy of housing instability are families and individuals who have challenges with housing affordability. To help keep families housed, HCDD will fund activities that provide rental assistance to low- and moderate-income families. Tenant-based rental assistance will be administered by local non-profits or public agencies that support families or individual who are at-risk of homelessness.

Following the housing instability that was exacerbated by COVID-19, there is also critical need for permanent and temporary supportive housing. Unlike CDBG and HOME grants that do not provide an avenue for acquiring, developing, or rehabilitating non-congregate shelters, which leaves insufficient alternatives for temporary shelter, the HOME-ARP grant provides an opportunity to assist households with temporary supportive housing through the development of non-congregate shelters. These shelters will not only help those experiencing homelessness, but they will also assist families or individuals who are fleeing, or attempting to flee, domestic violence and sexual assault.

Many of the families or individuals who receive assistance to mitigate homelessness or flee violent circumstances require wrap-around services because of the compounding challenges they face. HCDD will support organizations that provide supportive services to help program participants achieve self-sufficiency.



HOME-ARP Production Housing Goals

Estimate the number of affordable rental housing units for qualifying populations that the PJ will produce or support with its HOME-ARP allocation:

Although HCDD will not fund or produce any affordable rental housing units for qualifying populations using HOME-ARP funding, HCDD will fund rental assistance, acquisition and development of non-congregate shelters, and supportive services. HCDD expects to assist 160 households with tenant based rental assistance (TBRA). HCDD also anticipates developing or rehabilitating 510 non-congregate shelter units and providing 510 households with supportive services.

Table 7 HOME-ARP Goals

Eligible HOME-ARP Activity	Anticipated Goal
Supportive Services	510 households
Acquisition and Development of Non-Congregate Shelters	510 units
Tenant Based Rental Assistance (TBRA)	160 households

Describe the specific affordable rental housing production goal that the PJ hopes to achieve and describe how it will address the PJ’s priority needs:

HCDD identified several priority needs for qualified populations to help build long-term self-sufficiency, stability, and improve their quality of life. Qualified populations need shelter, short-term housing, permanent supportive housing, rental and utility assistance, and supportive services. Many families and individuals need a variation of housing assistance with some level of supportive services to achieve the ultimate outcome of long-term stability.

Although HCDD will not produce any affordable rental housing, HCDD will use HOME-ARP to address priority needs through the following activities.

Rental Assistance

Rental assistance through permanent supportive housing (PSH), Rapid Rehousing (RRH), Navigation, or Diversion is estimated to help 160 renter households that need assistance with transitioning to and maintaining long-term housing stability. The estimated number of households assisted is based on the average cost per unit for a 12-month period of assistance for each household.

To assist qualified populations that have high barriers obtaining and maintaining their homes, especially those who are chronically homeless, PSH will provide housing assistance interlaced with supportive services and case management that help improve independent living and tenancy skills. This type of intervention is designed to serve the most vulnerable qualified populations.

RRH will assist those who are experiencing literal homelessness attain housing or help maintain housing for those who are housing instable while pairing them with resources and services provided that are tailored to the needs of the household. RRH will assist qualifying populations with obtaining housing quickly, increasing self-sufficiency, and staying housed without intensive



support and without consideration of preconditions like employment, income, absence of criminal record, sobriety, etc. This temporary intervention is designed so that tenants do not pay more than they can afford for rent, and when coupled with supportive services, it will help tenants increase their income and achieve self-sufficiency.

Qualified populations that are at imminent risk of homelessness or literally homeless may also receive assistance through diversion services where they will be diverted from emergency shelter to housing that provides safer alternatives. Intervention through diversion will quickly identify housing alternatives and support qualified populations with financial assistance, conflict resolution and/or family mediation and other familial supports. Diversion will help circumvent the number of those who enter homelessness while simultaneously reducing the demand for shelter beds.

Non-Congregate Shelters

The development and rehabilitation of almost 510 non-congregate shelter (NCS) units will provide private temporary supportive housing to families and individuals. The estimated number of units is based on similar past projects and current projections of development costs. NCSs do not require occupants to sign a lease or occupancy agreement and will provide a safe harbor for families who need to be temporarily housed due to volatile or instable circumstances, like those are fleeing domestic violence or youth who are experiencing homelessness. Temporary housing and shelters, especially for certain populations, were identified as a gap in the needs assessment.

Supportive Services

HCDD will also support agencies that provide a range of supportive services to serve about 510 households with HOME-ARP funds. These services will meet basic human needs by improving access to health services, housing counseling, workforce development, social, educational, and other supportive services. Supportive services will typically be paired with a variation of housing assistance like permanent supportive housing, rapid rehousing, diversion, or non-congregate shelter.

Since the average cost of service delivery is about \$500 per month, HCDD expects to serve 510 households with supportive services over a period of two years. These supportive services may be paired with those who receive assistance through HOME-ARP funded non-congregate shelters; however, these supportive services may also be accessed by residents who are a part of other services.



Preferences

Identify whether the PJ intends to give preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project

After the housing crisis following COVID-19, the most vulnerable qualifying populations in Houston need support to improve their resiliency. These most vulnerable families and individuals experience compounded obstacles. Because of this along with information received during the consultation for the HOME-ARP Allocation Plan, HCDD will give preference to these populations to help house or keep these families or individuals housed through eligible activities. Based on the need and gap analysis, HCDD will continue to partner with The Way Home's coordinated entry process (CE), known as the Coordinated Access System, to ensure that all people experiencing a housing crisis are assessed, and assistance is prioritized for those with the greatest need.

HOME-ARP funded rental assistance, supportive service, and non-congregate shelters activities will utilize referrals through Coordinated Access and give preference in the following ways.

Permanent Supportive Housing: Preferences for this activity will be three subpopulations under the homeless qualifying population. The first preference is chronically homeless individuals and families with a disability with the longest history of homelessness and the most severe service needs; the second preference is literally homeless individuals and families with a disability and the most severe service needs; the third preference is literally homeless individuals and families with the most severe service needs. The goal is to assist populations who have the most vulnerability and severe needs.

Rapid Re-Housing: The preference is the subpopulation of literally homeless under the homeless qualifying population, which will help to quickly rehouse eligible applicants.

Diversion: Those at imminent risk of homelessness or literally homeless, subpopulations under the homeless qualifying population, will be the preferences because these subpopulations can be diverted from emergency shelters by finding safe housing alternatives.

Navigation: The preference is individuals and households experiencing literal homelessness or chronic homelessness, which are subpopulations under the homeless qualifying population.

Supportive Services: Some supportive services, including but not limited to case management, employment support, mental health support, and SSI/SSDI Outreach Access and Recovery (SOAR), may be offered without preferences that target specific qualified populations. However, some supportive services may give preference, as listed below.

Outreach support services targets individuals experiencing unsheltered homelessness, a subpopulation under the homeless qualifying population.

Mental health support targets individuals seeking housing or have been placed in housing or at risk of becoming homeless again due to underlying behavioral health issues.

Domestic violence mobile advocacy targets individuals and families experiencing domestic violence, sexual assault, dating violence stalking, and human trafficking.

Other supportive services like case management, employment support, and SSI/SSDI Outreach Access and Recovery (SOAR) may be offered but will not have preferences that target specific qualified populations.

Non-Congregate Shelter: HCDD may assist multiple developments providing non-congregate shelter units, and these developments will receive referrals through the Coordinated Access and Domestic Violence Coordinated Access systems. It is anticipated that at least one development will target the qualifying population that includes individuals or families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking. It is anticipated at least one development will target assistance for homeless youth.

Anyone is eligible to seek assistance through Coordinated Access, including all qualifying populations irrespective of preferences. No qualified populations will be excluded from applying and receiving assistance through HOME-ARP. Coordinated Access directs applicants to the interventions and services that are most aligned to their needs. Prioritization will occur after coordinated intake and will align with the preferences stated above. Therefore, all HOME-ARP qualified populations, despite preferences, are eligible to be served with HOME-ARP funds through Coordinated Entry System for rental assistance, non-congregate shelter, or supportive services.

If HOME-ARP is used for victim services, providers may use, but are not required to use, the Coordinated Access system; however, those who require victim services but do not use the Coordinated Access system may also receive assistance with HOME-ARP funds through the Domestic Violence Access System. HCDD will coordinate with the CoC to ensure that these preferences and the Coordinated Access system will comply with all applicable nondiscrimination and equal opportunity laws as required by HOME-ARP.

If a preference was identified, explain how the use of a preference or method of prioritization will address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or category of qualifying population, consistent with the PJ's needs assessment and gap analysis:

The use of the preferences above will ensure that those in most need of services will be targeted for assistance. HCDD will support families and individuals who are the most vulnerable within the qualified populations. These populations are likely to have great compounded challenges that require more intensive supportive services to achieve and maintain housing stability. These mid-term to long-term services require assistance transitioning to housing and providing permanent supportive housing, along with case management, healthcare, legal services, and other supportive services. With better housing options and wrap-around services, these families will have a higher likelihood of becoming self-sustaining over time.

As discussed in the needs assessment and gap analysis, those who are experiencing or are at-risk of homelessness need more affordable housing and shelter options that provide short-term, mid-term, and long-term interventions. This includes vulnerable populations like victims of domestic violence and homeless youth. Those who are at-risk of homelessness have a strong need for homelessness prevention and stabilizing services, while those who are currently



homeless or experiencing chronic homelessness need more street outreach and case management services.

Houston has seen success in reducing the number of people experiencing homelessness by prioritizing the most vulnerable households first, including people experiencing chronic and literal homelessness. Chronically homeless and literally homeless individuals typically need affordable housing assistance with long-term support services that are designed to build independent living and tenancy skills and to connect people with community-based health care, treatment, and employment services. This directly corresponds to the preferences stated above where preference for permanent supportive housing and navigation services are given to chronically and literally homeless individuals.

Also, the homeless subpopulations of literal homeless and those at imminent risk of homelessness will be preferred applicants for diversion and rapid re-housing services because these interventions will help keep these populations housed and out of shelters. For supportive services, these preferences will help ensure that households are matched to certain services that will best assist their needs.

The Harris, Montgomery, and Fort Bend County Continuum of Care and The Way Home, with input from area homeless providers, have established guidelines that outline the Coordinated Access System and the Domestic Violence Coordinated Access System. Anyone is eligible to seek assistance through the Coordinated Access System, including all qualifying populations. No qualified populations will be excluded from applying and receiving assistance through HOME-ARP. Both Coordinated Access systems direct applicants to the intervention and services that are most aligned with their needs. Prioritization will occur after coordinated intake and will align with the preferences stated above, and each eligible applicant will be placed on a first come, first served waiting list for programs that align with their needs.

To meet the needs of all qualifying populations, HCDD has coordinated with the local CoC to expand the Coordinated Access System to ensure that it is consistent with HOME-ARP requirements. The CoC will work to update the guidelines and procedures in the Coordinated Access System Operations Manual to include all HOME-ARP qualifying populations and referral methods, and all subrecipients will use the Coordinated Access System for referrals to HOME-ARP activities to ensure that all qualifying populations are included. Revisions to the Operations Manual were proposed during the June CoC Steering Committee Meeting and are expected to be completed by July 2022. The Domestic Violence Coordinated Access System Operations Manual currently includes the definition of the qualifying population of individuals fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking.

As described in the needs assessment and gap analysis, it is important to match people in need with assistance that will be most beneficial, which includes the various subpopulations of homeless qualifying populations. To connect people with the appropriate housing intervention, HCDD's HOME-ARP subrecipients will utilize the Coordinated Access System.

- **Sheltered and Unsheltered Homeless Populations:** Those who are experiencing homelessness, whether sheltered or unsheltered, can access the Coordinated Access System through multiple access points, including the Coordinated Access System



Hotline Line at 832-531-6041, the Coordinated Access System assistance email (ca@homelesshouston.org), and in-person Assessment Hubs. The Coordinated Access System will assess eligible applicants according to their level of vulnerability in order to identify appropriate services and resources.

- **Populations Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking:** For safety and privacy reasons, there is a separate but equal Coordinated Access System process for domestic violence providers – Domestic Violence Coordinated Access system (DV CAS) – that uses de-identified data to maintain client confidentiality. The Coordinated Access system may refer domestic violence victims to the DV CAS, which will also connect eligible applicants with HOME-ARP services. The DV CAS evaluates need through a danger and vulnerability assessment to refer applicants to services and is placed on a first come, first serve waiting list that is appropriate for each client’s housing and support need. Clients can call the Domestic Violence Hotline at calling 1-800-885-4673.
- **At-Risk Populations:** Households at-risk of homelessness can also access the CAS system through multiple access points, including can access the CAS system through multiple access points which includes the Coordinated Access System Hotline Line, the Coordinated Access System assistance email, and in-person Assessment Hubs.
- **Other Populations Needing Prevention Assistance or With Greatest Risk of Housing Instability:** Populations that need prevention assistance or have a great risk of housing instability can likewise access the Coordinated Access System through multiple access points, including can access the CAS system through multiple access points which includes the Coordinated Access System Hotline Line, the CAS assistance email, and in-person Assessment Hubs.

Current information about referral procedures can be found in *Appendix 4: The Way Home’s Coordinated Access System Operations Manual* and in *Appendix 5: The Domestic Violence Coordinated Access Operations Manual*. The Way Home’s Coordinated Access System Operation’s Manual is expected to be updated by the summer of 2022, and more information about the Operations Manual and other documents can be found on the Way Home’s website at <https://www.homelesshouston.org/thewayhome>.

If a preference was identified, describe how the PJ will use HOME-ARP funds to address the unmet needs or gaps in benefits and services of the other qualifying populations that are not included in the preference:

Other qualified populations like veteran households or households who are at or below 50% AMI and experiencing housing problems will be eligible to receive rental assistance or supportive services. As stated in prior sections, these families and individuals have difficulty affording a rental home and have a great risk of having housing instability, and these challenges may be exacerbated by the COVID-19 Pandemic. HCDD will fund eligible activities that also support the stabilization of these households, which will alleviate affordability challenges, overcrowding, and unsafe living conditions.



Appendices

Appendix 1: Additional Consultation Organizations

Below is a list of additional organizations and agencies that were consulted during the HOME-ARP planning process but did not provide feedback.

Agency/Organizations Consulted	Type of Agency/ Organizations	Method of Consultation
Access Care of Coastal Texas	Agency that addresses the needs of the qualifying populations	HOME-ARP Consultation Survey
Agape Home CDC (South Union Area)	Organization that provides services to low- and moderate-income households	Housing Advocates Collective Meeting
Alliance Community Assistance Ministries	Agency that addresses the needs of the qualifying populations	Housing Advocates Collective Meeting
	Organization that addresses civil rights and fair housing Homeless service provider	
BakerRipley	Agency that address the needs of the qualifying populations	HOME-ARP Consultation Survey
Bayview Apartment Homes	Organization that provides services to low- and moderate-income households	Housing Advocates Collective Meeting
Brentwood Community Foundation	Agency that addresses the needs of the qualifying populations	HOME-ARP Consultation Survey
Capital IDEA	Agency that addresses the needs of the qualifying populations	HOME-ARP Consultation Survey
Career and Recovery Resources, Inc.	Agency that addresses the needs of the qualifying populations	HOME-ARP Consultation Survey
	Organization that addresses the needs of persons with disabilities Organization that addresses veteran services	
Change Happens, CDC	Agency that addresses the needs of the qualifying populations	Housing Advocates Collective Meeting
	Organization that addresses civil rights and fair housing	
Encourage to Continue	Agency that addresses the needs of the qualifying populations	Fall Community Meeting
Endeavors	Agency that addresses the needs of the qualifying populations	HOME-ARP Consultation Survey
	Organization that addresses veteran services	
Fair Housing Neighborhood Rights	Organization that provides services to low- and moderate-income households	Housing Advocates Collective Meeting
	Organization that addresses civil rights and fair housing	Fall Community Meeting
GMC Consultants, LLC	Organization that provides services to low- and moderate-income households	Housing Advocates Collective Meeting
Greater Houston Fair Housing Center	Organization that addresses civil rights and fair housing	HOME-ARP Consultation Survey
Houston Area Urban League (HAUL)	Organization that provides services to low- and moderate-income households	Housing Advocates Collective Meeting
	Organization that addresses civil rights and fair housing	
Houston Builder's Institute (HBI)	Agency that addresses the needs of the qualifying populations	HOME-ARP Consultation Survey



Agency/Organizations Consulted	Type of Agency/ Organizations	Method of Consultation
Healthcare for the Homeless	Agency that addresses the needs of the qualifying populations Homeless service provider	HOME-ARP Consultation Survey
H.E.A.R.T.	Agency that addresses the needs of the qualifying populations Organization that addresses the needs of persons with disabilities	HOME-ARP Consultation Survey
Houston H.E.L.P./Corder Place	Agency that addresses the needs of the qualifying populations Organization that addresses the needs of persons with disabilities	HOME-ARP Consultation Survey
Houston SRO Housing Corporation	Agency that addresses the needs of the qualifying populations	HOME-ARP Consultation Survey
Memorial Assistance Ministries (MAM)	Agency that addresses the needs of the qualifying populations Homeless service provider	HOME-ARP Consultation Survey
NestQuest	Agency that addresses the needs of the qualifying populations	HOME-ARP Consultation Survey
Salvation Army	Agency that addresses the needs of the qualifying populations Homeless service provider	HOME-ARP Consultation Survey
SEARCH Homeless Services	Agency that addresses the needs of the qualifying populations Homeless service provider	HOME-ARP Consultation Survey
SEARCH House of Tiny Treasures	Agency that addresses the needs of the qualifying populations Organization that addresses the needs of persons with disabilities Homeless service provider	HOME-ARP Consultation Survey
Spring Branch Community Health Center	Agency that addresses the needs of the qualifying populations Organization that addresses the needs of persons with disabilities	HOME-ARP Consultation Survey
Super Neighborhood #45	Community organization	Fall Community Meeting
Super Neighborhood #88	Community organization	Fall Community Meeting
Texas Housers	Organization that addresses civil rights and fair housing	Housing Advocates Collective Meeting
The Men's Center (recenter)	Agency that addresses the needs of the qualifying populations Homeless service provider	HOME-ARP Consultation Survey
The Women's Home	Agency that addresses the needs of the qualifying populations Homeless service provider	HOME-ARP Consultation Survey
TXRX	Organization that provides services to low- and moderate-income households	HOME-ARP Consultation Survey
Village Learning	Agency that addresses the needs of the qualifying populations Organization that addresses the needs of persons with disabilities	HOME-ARP Consultation Survey



Appendix 2: Public Notices

2021 Fall Public Hearings

Houston Chronicle

La Voz de Houston

Public Notice

The City of Houston Housing and Community Development Department (HCDD) anticipates an allocation of \$37,352,805.00 in Home Investment Partnerships Grant – American Relief Plan (HOME-ARP) to help create affordable housing and provide services for people who are homeless, people at risk of becoming homeless, and other vulnerable populations. The City will request this funding from the U.S. Department of Housing and Urban Development (HUD) through a Substantial Amendment to the 2021 Annual Action Plan. The Amendment will include additional information regarding community needs and the proposed HOME-ARP activities in a HUD prescribed format called the HOME-ARP Allocation Plan. The following table shows the proposed budgeted activities for HOME-ARP.

HOME Investment Partnerships Grant – American Rescue Plan		
Acquisition and Development of Non-Congregate Shelters/ Activity Delivery	\$22,550,000	60.4%
Tenant-Based Rental Assistance	\$2,500,000	6.7%
Supportive Services	\$6,699,885	17.9%
Planning and Administration	\$5,602,920	15.0%
Total	\$37,352,805	100.0%

The public may comment on the Amendment, including the HOME-ARP Allocation Plan and proposed budget, during the 15-day comment period extending from Thursday, November 4, 2021 to Friday, November 19, 2021. Public comments may be submitted by email to HCDDPlanning@houstontx.gov, by mail: HCDD, ATTN: Planning 2100 Travis Street, 9th Floor, Houston TX, 77002, or by voicemail at 831-394-5400. Summaries of public comments and responses will be available in the amended 2021 Annual Action Plan. Please join us for the Virtual Fall Community Meeting and Public Hearing where we will discuss the HOME-ARP allocation and the development of the 2022 Annual Action Plan. The schedule is as follows:

Ways to Participate Live	Dates
Online at bit.ly/2021EPH Call US (Toll): 1-936-755-1521 English ID: 235 663 157# Spanish ID: 630 833 061# Facebook Live @HoustonHCDD	Thursday, November 4, 2021 at 3:00 pm Wednesday, November 10, 2021 at 6:00 pm

Closed Captioning will be provided. For additional information or to request special arrangements at the live virtual meetings (interpreter or other), contact Ashley Lawson at (832) 394-5438 or Ashley.Lawson@houstontx.gov.

Can't make live virtual meetings? You can view materials and get involved at our website: www.houstontx.gov/housing. For specific questions or concerns about fair housing or landlord/tenant relations, please contact Yolanda Guess-Jeffries at (832) 394-6200 ext. 5.

Aviso Público

El Departamento de Vivienda y Desarrollo Comunitario de la Ciudad de Houston (HCDD, por sus siglas en inglés) anticipa una asignación de \$37,352,805.00 en Home Investment Partnerships Grant – American Relief Plan (HOME-ARP) para ayudar a crear viviendas asequibles y proporcionar servicios para personas sin hogar, personas en riesgo de quedarse sin hogar y otras poblaciones vulnerables. La Ciudad solicitará este financiamiento al Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (HUD, por sus siglas en inglés) a través de una Enmienda Sustancial al Plan de Acción Anual 2021. La Enmienda incluirá información adicional sobre las necesidades de la comunidad y las actividades propuestas de HOME-ARP en un formato prescrito por HUD llamado Plan de Asignación HOME-ARP. En el cuadro siguiente se muestran las actividades presupuestadas propuestas para HOME-ARP.

HOME Investment Partnerships Grant – American Rescue Plan		
Adquisición y desarrollo de refugios no congregados / entrega de actividades	\$22,550,000	60.4%
Asistencia de alquiler basada en el inquilino	\$2,500,000	6.7%
Servicios de Apoyo	\$6,699,885	17.9%
Administración y Planificación	\$5,602,920	15.0%
Total	\$37,352,805	100.0%

El público puede comentar sobre la Enmienda, incluido el Plan de Asignación HOME-ARP y el presupuesto propuesto, durante el periodo de comentarios de 15 días que se extiende desde el jueves 4 de noviembre de 2021 hasta el viernes 19 de noviembre de 2021. Los comentarios públicos pueden enviarse por correo electrónico a HCDDPlanning@houstontx.gov, por correo: HCDD, ATTN: Planning 2100 Travis Street, 9th Floor, Houston TX, 77002, o por correo de voz al 831-394-5400. Los resúmenes de los comentarios y respuestas del público estarán disponibles en el Plan de Acción Anual 2021 modificado. Únase a nosotros para la Reunión Virtual de la Comunidad de Otoño y la Audiencia Pública donde discutiremos la asignación home-ARP y el desarrollo del Plan de Acción Anual 2022. El calendario es el siguiente:

Formas de Participar en Vivo	Fechas
En línea a través de bit.ly/2021FPH Llame US (Gratis): 1-936-755-1521 English ID: 235 663 157# Español ID: 630 833 061# Facebook Live @HoustonHCDD	Jueves 4 de noviembre de 2021 a las 3:00 pm Miércoles 10 de noviembre de 2021 a las 6:00 pm

Se proporcionarán subtítulos. Para obtener información adicional o para solicitar arreglos especiales en las reuniones virtuales en vivo (intérprete u otro), comuníquese con Ashley Lawson al (832) 394-5438 o Ashley.Lawson@houstontx.gov.

¿No puede hacer reuniones virtuales en vivo? Puede ver los materiales e involucrarse en nuestro sitio web: www.houstontx.gov/housing. Para preguntas o inquietudes específicas sobre vivienda justa o relaciones entre propietarios e inquilinos, comuníquese con Yolanda Guess-Jeffries al (832) 394-6200 ext. 5.



2021 Fall Public Hearings

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Public Notice

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Appendix 3: SF-424, SF-424B, SF-424D, and HOME-ARP Certifications



FC78826
2021-1084

OMB Number: 4040-0004
Expiration Date: 12/31/2022

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): A: Increase Award * Other (Specify):
--	--	---

* 3. Date Received:	4. Applicant Identifier: M21-MP48-0206
---------------------	---

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
--------------------------------	-------------------------------

State Use Only:

6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: City of Houston	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 746001164	* c. UEI: J4MAQ69KQKF5

d. Address:

* Street1:	2100 Travis Street, 9th Floor
Street2:	
* City:	Houston
County/Parish:	
* State:	TX: Texas
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	77002

e. Organizational Unit:

Department Name:	Division Name:
------------------	----------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	* First Name: Keith
Middle Name: W.	
* Last Name: Bynam	
Suffix:	
Title: Director	
Organizational Affiliation:	
* Telephone Number: 832-394-6134	Fax Number:
* Email: Keith.Bynam@houstontx.gov	

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.239

CFDA Title:

HOME Investment Partnership Grant-American Rescue Plan (HOME-ARP)

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Houston

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

HOME-ARP Grant

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 18, 22, 29, 36

* b. Program/Project 18, 22, 29, 36

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="37,352,805.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="37,352,805.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

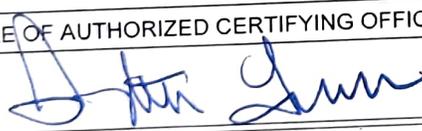
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Mayor
APPLICANT ORGANIZATION	DATE SUBMITTED
City of Houston	7/7/20

ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009
Expiration Date: 02/28/2025

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

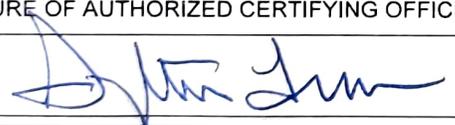
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Mayor
APPLICANT ORGANIZATION	DATE SUBMITTED
City of Houston	7/7/22

Attest/Seal:



City Secretary

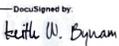
Countersigned:



City Controller

DATE OF COUNTERSIGNATURE: July 14, 2022

APPROVED:

DocuSigned by:


Director
Housing and Community Development Department

APPROVED AS TO FORM:

DocuSigned by:


Senior Assistant City Attorney

HOME-ARP Budget Page

HOME-ARP Funds	Allocation	Percentage
Sources		
Projected HOME Grant Award	\$ 37,352,805	
Projected HOME-ARP Funding	\$ 37,352,805	
Uses		
Planning and Administration*	\$ 5,602,920	15.0%
Acquisition and Development of Non-Congregate Shelters	\$ 22,550,000	60.4%
Tenant Based Rental Assistance	\$ 2,500,000	6.7%
Supportive Services	\$ 6,699,885	17.9%
Total	\$ 37,352,805	100.0%

**Planning and Administration up to 15% of Grant Amount.*

HOME-ARP CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the participating jurisdiction certifies that:

Affirmatively Further Fair Housing --The jurisdiction will affirmatively further fair housing pursuant to 24 CFR 5.151 and 5.152.

Uniform Relocation Act and Anti-displacement and Relocation Plan --It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (42 U.S.C. 4601-4655) and implementing regulations at 49 CFR Part 24. It will comply with the acquisition and relocation requirements contained in the HOME-ARP Notice, including the revised one-for-one replacement requirements. It has in effect and is following a residential anti-displacement and relocation assistance plan required under 24 CFR Part 42, which incorporates the requirements of the HOME-ARP Notice. It will follow its residential anti-displacement and relocation assistance plan in connection with any activity assisted with funding under the HOME-ARP program.

Anti-Lobbying --To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Authority of Jurisdiction --The consolidated plan is authorized under State and local law (as applicable) and the jurisdiction possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations and program requirements.

Section 3 --It will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR Part 75.

HOME-ARP Certification --It will use HOME-ARP funds consistent with Section 3205 of the American Rescue Plan Act of 2021 (P.L. 117-2) and the CPD Notice: *Requirements for the Use of Funds in the HOME-American Rescue Plan Program*, as may be amended by HUD, for eligible activities and costs, including the HOME-ARP Notice requirements that activities are consistent with its accepted HOME-ARP allocation plan and that HOME-ARP funds will not be used for prohibited activities or costs, as described in the HOME-ARP Notice.



Signature of Authorized Official



Date

Mayor

Title

Appendix 4: The Way Home’s Coordinated Access System Operations Manual





System Operations Manual
TX – 700 Continuum of Care

TX – 700 Continuum of Care

Coordinated Access System

Operations Manual

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Purpose and Background

Under the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act), the TX-700 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 TX-700 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 (rapid rehousing and permanent supportive housing) regarding: eligibility for services, priority populations, expected outcomes, and targets for length of stay;
- ❖ Agreed upon **prioritization 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 TX-700 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*.

History

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;

(ii) Has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year; OR

(iii) Has had at least four (4) separate occasions of the above homelessness in the past three (3) years where the combined length of the occasions is twelve (12) months; AND

(iv) Can be diagnosed with a disability such as a substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Disability (HUD Definition):

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

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

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

Literally Homeless (HUD Homeless Definition Category 1):

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

At imminent risk of homelessness (HUD Homeless Definition Category 2)

Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

Homeless under other Federal statutes (HUD Homeless Definition Category 3)

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and (iv) can be expected to continue in such status for an extended period of time due to special needs or barriers

Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)

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

2019 Area Median Income Limits (Houston, Baytown, Sugarland, Metro Area)

Household Size	30% Area Median Income (HUD Extremely Low Income Limit)	50% Area Median Income (HUD Very Low Income Limit)	80% Area Median Income (HUD Low Income Limit)
1 person	16,050	26,750	42,750
2 persons	18,350	30,550	48,850
3 persons	21,330	34,350	54,950
4 persons	25,750	38,150	61,050
5 persons	30,170	41,250	65,950
6 persons	34,590	44,300	70,850
7 persons	39,010	47,350	75,750
8 persons	43,430	50,400	80,600

Housing Prioritization Tool

A single assessment tool will be used to prioritize homeless households for entry into permanent supportive housing or rapid rehousing program. The assessment tool is used to target youth, families, and single individuals. The housing prioritization tool focuses on the length of literal homelessness, physical & mental disabilities, frequency of service usage, & lack of adequate mental or health care. Additionally, families with minor children presenting for assessment are asked to provide information regarding what school district the child(ren) attend. Referrals for this population will be sent with this data point so that children do not have to change schools. The assessment asks questions tailored to each population & include the following:

1. Homeless history
2. History of involvement with hospitals or jails
3. Criminal background history
4. Mental health history and lack of care
5. Physical health history and lack of care

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 counties including Harris, Montgomery, and Fort Bend, 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 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 *CA Staff*;
- 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.
- Managing all PR requests related to Coordinated Access

Project Manager – The *Coordinating Entity* staffs a *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 (CA Staff, Database, Providers, etc.)

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 Rapid Re-housing (RRH) and Permanent Supportive Housing (PSH) 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 interview and enroll households 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 a locally developed prioritization tool (described in Definitions & located in the Appendix of this manual) to rank Applicants in order of vulnerability, with the most vulnerable households ranked at the top.

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 partner organizations that play a critical role in the system. Additional details can be found in the subsequent sections of this manual and the Coordinated Access workflow.

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

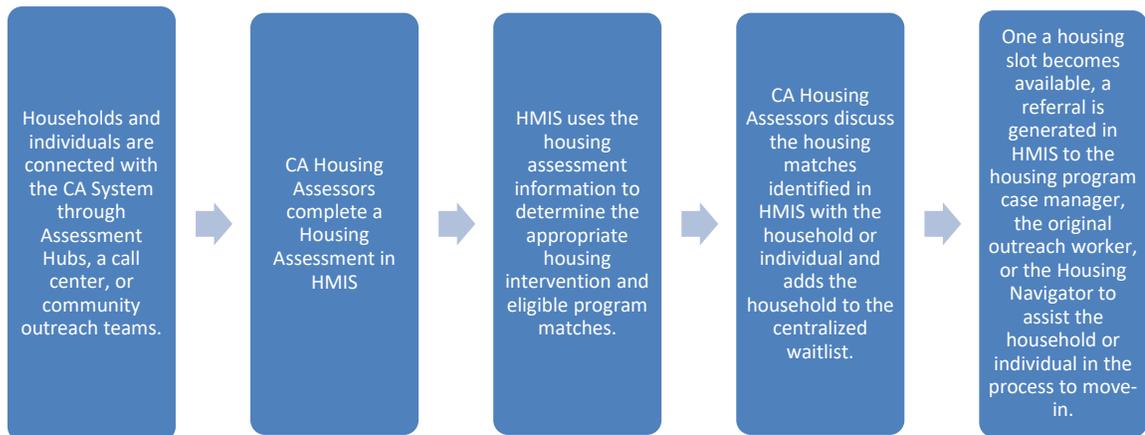
- Step 1: Connecting to the Coordinated Access System/Initial Request for Services - To ensure accessibility to households in need, the *Coordinated Access System* provides access to services from multiple, convenient physical locations. Households in need may initiate a request for services in person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

Detailed information regarding Hub locations and hours of operation are posted on the Coalition for the Homeless Houston's website www.homelesshouston.org as well as on the community's website www.thewayhomehouston.org.

- 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. The assessment is completed using HMIS. An additional *Housing Prioritization Tool* is generated in HMIS for all households identified as a match for Permanent Supportive Housing or Rapid Re-housing and to prioritize referrals. Individuals and families must be re-assessed if more than 90 days have passed since the previous assessment and there have been no services in HMIS during that time.

- **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 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, the *Housing Assessor* will add the household member(s) to the *Centralized Waitlist*. Currently there are not enough housing slots available to send referrals in real time.
- **Step 5: Housing Navigation** - After being referred to a housing provider, households will be connected with a *Housing Navigator*. This connection can be made by pulling from the *Coordinated Access Centralized Waitlist*. The *Housing Navigator* can be one of the following: the housing program Case Manager, the original Coordinated Access referring Outreach Worker, or a designated *Coordinated Access Housing Navigator*. The *Housing Navigator* begins the process of securing the identified unit. This process may include, but is not limited to the following activities: Obtaining ID, obtaining social security cards, obtaining homeless verification documents, obtaining a security deposit, obtaining application fees, providing transportation to tour available units, etc. **The process from referral to move in should be completed within 30 days.** Below is an illustration of the CA Workflow:

Coordinated Access Workflow



Coordinated Access Policies and Procedures

1. Connecting to the Coordinated Access System

- 1.1. Locations & Hours – Assessments are conducted at designated *Assessment Hubs*. A future call center will also be established at one of the *Assessment HUBs*. Current Assessment Hub locations and assessment hours can be found on the Coalition for the Homeless Houston’s website www.homelesshouston.org as well as on the community’s website www.thewayhomehouston.org.
- 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:

Permanent Supportive Housing

Permanent housing that is coupled with supportive services that are appropriate to the needs and preferences of residents.

Individuals have leases, must abide by rights and responsibilities, and may remain with no program imposed time limits.

Housing may include various combinations of subsidy resources and services. Supportive housing in Houston is Housing First, and follows a harm reduction philosophy.

Program Description	Essential Program Elements	Time Frame	Population	Desired /Expected Outcomes
<p>Rental assistance with supportive services for persons who are coming from the street or shelter/interim housing. Majority of programs serve households with a disabled head-of-household, but disability requirement will be based on subsidy source requirements.</p> <p>Programs can operate on a project-based or scattered-site model.</p>	<p>Case Management</p> <ul style="list-style-type: none"> Assistance with lease process Provision of or linkage to: Assessment, Intervention, link to mainstream resources, community building, peer to peer and all other services that assist a person in remaining stably housed Services are voluntary to the clients and are not a condition of the lease <p>Rental Subsidy</p> <ul style="list-style-type: none"> Provides a rental subsidy to make the unit affordable Provides assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc.) Ensure coordination between property manager or landlord <p>Health Care Access</p> <ul style="list-style-type: none"> Wellness services Physical and mental health services <p>Harm Reduction and Housing First</p> <ul style="list-style-type: none"> All supportive housing embraces and practices Harm Reduction and Housing First Incorporate proven best practices and evidence-based practices Programs do not require sobriety or medication/treatment compliance as a condition of housing attainment or retention 	<p>No time limits</p>	<ul style="list-style-type: none"> 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 <p>Prioritizing: Disabling condition and long-term, multiple episodes of homelessness (Housing Prioritization scores of 28 or higher) and veterans</p>	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicators: Threshold: 80% clients will remain permanently housed for 6 months. Threshold (increasing): 20% of all participants have employment income.</p> <p>Threshold (increasing): 56% of all participants have non-employment income.</p> <p>Threshold (increasing): 56% of participants obtain mainstream benefits.</p>

Rapid Re-Housing

Program of stabilization and assessment, focusing on re-housing all persons, regardless of disability or background, as quickly as possible in appropriate permanent housing.

Program Description	Essential Program Elements	Time Frame	Population	Desired /Expected Outcomes
<p>Short-term rental assistance and supportive services program that rapidly re-houses and stabilizes persons who are homeless into appropriate permanent housing.</p>	<p>Case Management</p> <ul style="list-style-type: none"> ● Housing location ● Housing stabilization planning using common tools ● Employment assistance ● Linkage to mainstream resources ● Linkage to mental health services as appropriate ● Linkage to medical services as needed ● Linkage to substance use treatment services as appropriate ● Transportation assistance ● Financial management <p>Domestic Violence Specific Considerations:</p> <ul style="list-style-type: none"> ● Access to crisis intervention services ● Safety planning ● Legal advocacy <p>Temporary Financial Assistance</p> <ul style="list-style-type: none"> ● Rental assistance based on lease and housing stabilization plan <ul style="list-style-type: none"> ○ Need based rental assistance ● Utility assistance ● Childcare ● Job Training <p>Housing Relocation</p> <ul style="list-style-type: none"> ● Provision of or formalized partnership to housing referrals and placement services ● Linkage to community supports and/or wraparound system of services in relation to housing placement ● Temporary financial assistance (security deposits, utility deposits, furniture, household supplies) <p>Harm Reduction and Housing First</p> <ul style="list-style-type: none"> ● All supportive housing embraces and practices Harm Reduction and Housing First ● Incorporate proven best practices and evidence-based practices ● Programs do not require sobriety or medication/treatment compliance as a condition of housing attainment or retention 	<p>Up to 24 months of rent subsidy and supportive services, during which households are stabilized</p>	<p>Literally homeless households or those residing in shelters. Households that show the ability to become self-sufficient in a short period of time as evidenced by: having income potential, and do not need intense services to remain housed; recently became homeless; no serious known disabilities</p> <p>May be used as a bridge to PSH</p> <p>Priority populations: Veteran households with children residing on streets or in emergency shelters who are not eligible for VA-funded RRH.</p>	<p>Outcome: Households will secure and maintain appropriate, affordable permanent housing.</p> <p>Indicators:</p> <p>The Way Home CoC Threshold: 80% of households will exit to permanent housing.</p> <p>The Way Home CoC Threshold: 70% of households remain housed 3 months after exit.</p> <p>The Way Home CoC Threshold: 70% of households increase income during program enrollment.</p> <p>The Way Home CoC Threshold: 70% of participants obtain mainstream benefits.</p>

Rapid Re-Housing for Young Adults (ages 18-24 years old)

Program of stabilization and assessment, focusing on re-housing all persons, regardless of disability or background, as quickly as possible in appropriate permanent housing.

Program Description	Essential Program Elements	Time Frame	Population	Desired /Expected Outcomes
<p>Supportive services program that rapidly re-houses and stabilizes young adults (ages 18-24 years old) who are homeless into appropriate permanent housing with up to 24 months of rental assistance.</p>	<p>Case Management</p> <ul style="list-style-type: none"> ● Housing navigation ● Housing stabilization planning using common tools ● Linkage to mainstream resources ● Linkage to mental health, medical, and substance use treatment services as appropriate ● Transportation assistance ● Financial, lease, household management ● Negotiating housemate agreements <p>Peer Specialist</p> <ul style="list-style-type: none"> ● <p>Employment Assistance</p> <ul style="list-style-type: none"> ● Rapid Employment Model ● Job coaching ● Emphasis on retention methods <p>Temporary Financial Assistance</p> <ul style="list-style-type: none"> ● Rental assistance based on lease and housing stabilization plan ● Utility assistance ● Childcare <p>Best Practices/Evidence-Based Practices</p> <ul style="list-style-type: none"> ● Developmentally appropriate program models are employed ● Trauma-informed programming and housing ● Self-Sufficiency focused case planning ● Job coaching, rapid employment and job retention practices are incorporated into program ● Housing embraces and practices Harm Reduction and Housing First ● Incorporate proven best practices and evidence-based practices ● Programs do not require sobriety or medication/treatment compliance as a condition of housing attainment or retention 	<p>Up to 24 months of rent subsidy and supportive services, during which households are stabilized</p>	<p>Literally homeless 18-24 year old households or those residing in shelters. LGBTQ young adults, pregnant and parenting young adults, young adults with extensive involvement in juvenile justice system and/or child welfare system.</p> <p>May be used as a bridge to PSH</p> <p>Priority populations: Households who are transgender, pregnant and parenting, or lesbian, gay or bisexual.</p>	<p>Outcome: Young adult households will secure and maintain employment and permanent housing.</p> <p>Indicators:</p> <p>The Way Home CoC Threshold: 80% of households will exit to permanent housing.</p> <p>The Way Home CoC Threshold: 70% of households remain housed 3 months after exit.</p> <p>The Way Home CoC Threshold: 70% of households increase income during program enrollment.</p> <p>The Way Home CoC Threshold: 70% of participants obtain mainstream benefits.</p>

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.

2. The Housing Assessment Process

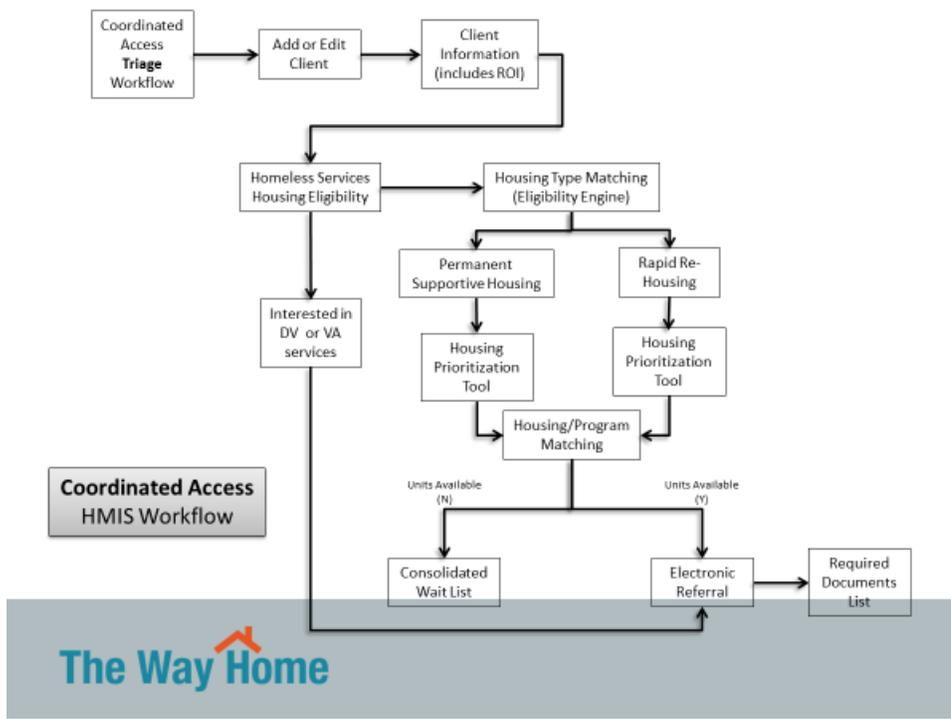
2.1. Housing Assessors

2.1.1. Roles and Responsibilities - *Housing Assessors* are 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* (removed VI & next step)
- Client notification of *Eligibility and Referral Decisions*
- Submission of referrals to the *Receiving Program* through HMIS as directed
- Collecting & uploading all documents available at assessment
- 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 6 hours “Housing Assessor Orientation” in addition to HMIS training on the *Coordinated Access* workflow.

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 immediately. Once a referral is made, the *Receiving Program* has 24 business hours to acknowledge the receipt of the referral. The *Receiving Program* must then enroll or deny the referral within 7 days. The *Receiving Program* can reject or deny the referral if the assigned case manager has been unable to contact the household after 7 days. If a household shows up at the *Receiving Program* after the 7 days have expired, the case manager will assist the household in reentering the system through the CAS. All of 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 and user training to participating agencies and end-users.

3.2. Housing Navigators

3.2.1. Roles and Responsibilities - *Housing Navigators* are staff from designated community agencies. *Housing Navigators* office out of *Assessment Hubs*, their home agencies, or in the field. 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 & uploading 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, landlord negotiation, 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 6 hours “*Housing Navigator Orientation*” in addition to training HMIS training on 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 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 able to post the anticipated availability date up to 14 days before unit vacancy. 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 – There is one *Centralized Waitlist* for both permanent supportive housing and rapid re-housing:
- 4.1.1. Permanent supportive housing is dedicated to households and individuals that are chronically homeless followed by a prioritization score of 28 or higher.
 - 4.1.2. Rapid re-housing plus is dedicated to households and individuals with high vulnerability scores but are not chronically homeless, followed by a prioritization score between 18-27. This housing intervention is extremely scarce, so long waits are to be expected.
 - 4.1.3. Rapid re-housing is dedicated to households and individuals that are not chronically homeless, followed by a prioritization score between 10-17.
 - 4.1.4. If the waitlist indicates an opening for either PSH or RRH, a referral to that opening will be generated in HMIS by an Assessor.
 - 4.1.5. If the program to which the referral was made is one that requires a Navigator, then the Assessor will also generate a referral to the appropriate Navigator.
 - 4.1.6. Navigators or Case Managers attempt to make contact with the client for seven (7) business days.
 - 4.1.7. If the client cannot be contacted within that timeframe, then staff move on to the next client on the list.
 - 4.1.8. Once staff makes contact with the client, the client must decide immediately whether to accept or decline the unit.
 - 4.1.9. If the client accepts the unit, he/she moves forward in the next steps towards move-in.
 - 4.1.10. 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 appropriate waitlist based on their housing prioritization score.
- 4.2. Receiving Program Responsibilities – Once a referral is made, the *Receiving Program* has 24 business hours to acknowledge the receipt of the referral. The *Receiving Program* must then enroll or deny the referral within 7 days. The *Receiving Program* can reject or deny the referral if the assigned case manager has been unable to contact the household after seven (7) days. If a household shows up at the *Receiving Program* after the seven (7) days have expired, the case manager will assist the household in reentering the system through the *CAS*. All of this information is tracked 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). 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 *Receiving Program* has been unable to make contact with the individual or family for seven (7) consecutive business days;
- 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 property owner/landlord 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 update the referral outcome in HMIS for any decisions to accept or reject a client. 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 if possible.

4.2.3. Client Choice – Clients may decline a referral because of program requirements that are inconsistent with their needs or preferences. For example, clients may decline participation in programs requiring sobriety. The client may decline a referral up to three times, after the third denial the client will be reassessed and placed on the bottom of the waitlist.

4.3. Move-In – If the homeless individual or family is accepted, the *Receiving Program* must update the referral outcome 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. PSH to PSH – under the CoC Program, permanent supportive housing projects may serve individuals and families from other permanent supportive housing projects who originally met the eligibility requirements for permanent supportive housing so long as the program participants were eligible for the original permanent supportive housing (Section 423(f) of the McKinney-Vento Act, as amended by the HEARTH Act). This means that an individual or family may transfer from one permanent supportive housing program to another under the CoC Program. This could occur under the following circumstances:

- If there were another permanent supportive housing program that better met the service needs of the program participant;
- The program participant is evicted by the landlord or housing program and the participant is still eligible for case management services; or
- The current permanent supportive housing program in which the individual or family is enrolled in has lost their funding.

4.4.1. PSH to PSH Referral – If any of the above scenarios apply, a staff member from the current PSH must notify the *Coordinated Access Project Manager* in writing via email to initiate the process of transferring the client. The *Coordinated Access Project Manager* will verify that the request falls within the guidelines for the transfer as outlined in this manual. The *Coordinated Access Project Manager* will determine if a PSH unit is available, create the referral in HMIS, and notify the current PSH. The current PSH will then be responsible for assisting the program participant in completing the documentation necessary for the new PSH. Transfer requests outside of the ones outlined in this manual will not be approved. If no

PSH unit is available, then the current PSH will have to continue to work with the program participant in securing alternate housing options.

- 4.5. 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.
 - 4.5.1. 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.
 - 4.5.1.1. Emergency Transfer Plan – An individual or household who is a victim of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking and is currently residing in a non-DV housing program may request a transfer if: the individual reasonably believes that there is a threat of imminent harm from further violence if the individual remains within the same unit. If the individual is a victim of sexual assault, the he/she may also be eligible to transfer if the sexual assault occurred on the premises.

A client/tenant requesting an emergency transfer must expressly request the transfer by notifying their Case Manager. Case Manager and Client will troubleshoot any other possible options to resolve the solution in a safe way. Case Manager and Client will discuss how much of the situation the Client wants to reveal to the Landlord to possibly resolve the situation. If the situation cannot be resolved and moving the Client is the only option, the Case Manager will contact Coordinated Access and request a transfer.

Coordinated Access will discuss options with the Client and determine if the Client is eligible for a program that has an available space. The Client will be offered the option to go through the DV Coordinated Access process and receive services from a DV provider. In this situation

the DV Coordinated Access system will take over and the Client's record in HMIS will be closed upon transfer. If client declines DV services/programs, Coordinated Access will the next possible transfer and informs the Client of the program/location. At that point the Client can accept or deny the referral. If the Client approves of the transfer, the Case Manger will complete a warm hand off to the next program, assist with the transfer, and facilitate a mutual rescission with the Landlord. If the Client wants to deny the transfer, they will stay at the top of the list and wait for the next vacancy in a program they are eligible for. If the Client is in a Scattered Site program with a voucher or rental assistance through Rapid Re-Housing, the Case Manager can assist the Client with a unit transfer to a safer location.

- 4.5.2. 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 VA services, the *Housing Assessor* at the VA Drop-In Center will complete the CA Assessment in HMIS and will either a) refer the household to an available unit or b) add the household to the appropriate waitlist in accordance with the processes outlined 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 *Receiving Program*. Case conferences 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.

In cases in which a homeless individual or family is facing program termination, 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 including plans to have the individual or family re-assessed for a more suitable housing program.

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 TX-700 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 will be displayed on dashboards located on the *Coordinating Entity's* & community's websites and 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.

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Coordinated Access Housing Intervention Assessment

A. History of Homelessness

Where did you stay last night?	
<p><u>Literally Homeless</u></p> <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing (not chronic) <input type="checkbox"/> Hotel paid for by an agency <input type="checkbox"/> Institution (<input type="checkbox"/> <90 days) →Prior to institution must be 1, 2, or 4 above	<p><u>Not Literally Homeless</u></p> <input type="checkbox"/> Friend or Family <input type="checkbox"/> Own Housing/Permanent Housing <input type="checkbox"/> Motel paid for by client <input type="checkbox"/> Institution (>90 days) <input type="checkbox"/> Other _____
How many people are in your household?	
Adults = _____ Children = _____	
Desired area for housing: <input type="checkbox"/> Harris County – Southwest <input type="checkbox"/> Harris County – Northwest <input type="checkbox"/> Harris County – Northeast <input type="checkbox"/> Harris County – Southeast <input type="checkbox"/> Ft. Bend County <input type="checkbox"/> Montgomery County	
Document your housing for the past 3 years. (“Let’s start with last night and work our way backwards.”) Homeless occasions can only be streets, emergency shelter, hotels paid for by agencies, or <90 days institution (if in one those locations prior)	
Dates: _____ _____ _____ _____ _____ _____	Location (Be specific; street names, over pass, building): _____ _____ _____ _____ _____ _____

Are you a veteran? Yes No

If yes, what was your discharge? Honorable General Other than Honorable
 Bad Conduct Dishonorable

If yes, how many months of active duty did you serve? _____

Are you interested in access VA services? Yes No

If yes, refer directly to a Veteran service agency for appropriate housing.

Are you homeless because someone is hurting you? Yes No

Are you interested in accessing DV services? Yes No

Would you like a referral to access DV services? Yes No

If yes, refer directly to a domestic violence service agency for appropriate housing.

B. Health History

Have you been diagnosed with any of the following?

Check all that apply.

- Serious mental illness
- Developmental disability
- Chronic physical illness or disability that limits your ability to work or perform daily activities
- HIV/AIDS

- Substance Use Disorder
How frequently do you use? Daily Weekly
 Monthly No longer using
- Have you ever been involuntarily hospitalized for a mental health condition? Yes No
- How many times have you been to the ER in the past 2 years? _____

Do you have health insurance? Yes No

If yes: What type of insurance do you have?

- VA Medicaid Medicare Gold Card
- Private Other

If Medicare or Medicaid: Who is your insurance company?

- United Healthcare Molina
- Amerigroup/Anthem

C. Criminal History

1. How many times have you been incarcerated/in jail in the past 2 years?

2. Do you have a past felony conviction(s)? Yes No

3. Have you or anyone who will live with you been convicted of a sexual offense? Yes No

C. Employment & Income

Please describe your current employment situation or income received

1. Do you currently have income? Yes No
If yes, how much? _____

2. Where does your income come from?
 Employment SSI/SSDI VA Retirement

3. When was the last time you worked?
 Currently employed 30 days 31-90 days
 3-6 months 6-12 months 1 yr or more

4. How often do you go to Workforce Solutions?
 Every Day (Where? _____)
 Once per week Once a month
 Twice a year Never

5. Do you need to secure disability income?
 Yes No
If yes: Are you currently applying?
 Were you in Special Ed classes?
 Have you seen a doctor in the past 6 months?
 Have you ever been involuntarily hospitalized for a mental health condition?
 Have you been diagnosed with any life threatening conditions? (_____)

	Coalition for the Homeless of Houston/Harris County Subject: Service Delivery <i>Applies to: The Way Home</i>	Housing Prioritization <i>Effective: 11/18/2018</i>
---	---	---

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 Harris, Montgomery, and Fort Bend 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 individuals and families. The goal of this policy is to ensure that those individuals and families who have spent the longest times in places not meant for human habitation or in emergency shelters, and who have the most severe service needs are prioritized for housing. Severity of service needs refers to individuals or families who have a history of high utilization of crisis services such as emergency rooms, jails, and psychiatric facilities and significant health or behavioral challenges such as substance use disorders or functional impairments.

ORDER OF PRIORITY IN CoC PROGRAM FUNDED PERMANENT SUPPORTIVE HOUSING

1. **First Priority – Chronically homeless individuals and families with a disability with the longest history of homelessness and the most severe service needs.**
 - a. The chronically homeless individual, head of household of a family, or youth, when assessed through Coordinated Access, will be assigned a vulnerability score between 28-51, with 51 being the most severe service needs.
2. **Second Priority – Literally homeless individuals and families with a disability and the most severe service needs.**
 - a. The literally homeless individual, head of household of a family, or youth, when assessed through Coordinated Access, will be assigned a vulnerability score between 18-27, with 27 being the most severe service needs; and
 - i. the CoC has not identified any chronically homeless individuals, families, or youth who meets all of the criteria for housing under the first priority.
3. **Third Priority – Literally homeless individuals and families with the most severe service needs.**
 - a. The literally homeless individual, head of household of a family, or youth, when assessed through Coordinated Access, will be assigned a vulnerability score between 18-27, with 27 being the most severe service needs; and
 - i. the CoC has not identified any chronically homeless individuals, families, or youth who meets all of the criteria for housing under the first priority.

ORDER OF PRIORITY IN CoC AND ESG PROGRAM FUNDED RAPID REHOUSING

1. **Priority – Literally homeless individuals and families**
 - a. The literally homeless individual, head of household of a family, or youth, when assessed through Coordinated Access, will be assigned a vulnerability score between 10-17, with 17 being the most vulnerable.

Housing Prioritization Tool

		Answer	Score
1a	Chronic?	Yes/No/Logic	25
1b	Where did you sleep last night? (only show if chronic = no)	Streets/Logic	4
1c		Shelter/Logic	2
1d	Have you been homeless before? (only show if chronic = no)	Yes	2
1e	How many times have you been homeless in the past 3 years? (only show if chronic = no)	>4	2
2	Frequent yes/no from dashboard (don't ask)	Yes	2
3	Do you or anyone in your household have a disabling condition? (only show if chronic = no)	Yes/Logic	4
4	How many times in the past 6 months have you accessed medical services in the ER?	1/Logic	1
		2	2
		3	3
		4	4
		5+	5
5a	Do you have a serious physical health condition that requires frequent medical care? (Examples: symptomatic AIDS, cancer, tracheotomy, colostomy, open wounds with instructions to keep clean, end-stage renal disease, end-stage liver disease, amyotrophic lateral sclerosis (ALS or Lou Gherig's disease) terminal illness, or in hospice)	Yes/No/Logic	3
5b	Observation: Assessor, do you observe signs or symptoms of a serious physical health condition?	Yes	5
6a	Has a doctor or professional ever recommended mental health services?	Yes/No/Logic	2
6b	Observation: Assessor, do you observe signs or symptoms of a mental health condition?	Yes	2
7a	In the past year, have your drugs or alcohol usage had a negative impact on your life?	Yes/No/Logic	2
7b	Observation: Assessor, do you observe signs or symptoms of drugs or alcohol use?	Yes	2
8	How many times in the past year have you been arrested or been in jail/prison/juvenile detention?	1/Logic	1
		2	2
		3	3
		4	4
		5+	5
9	Have you experienced domestic violence in the past 60 days?	Yes	2
10a	Has someone asked (or forced) you to have sex or sell anything in exchange for something?	Yes	1
10b	Is someone threatening to harm you or your family if you don't do what they ask?	Yes	1
11	Do you have income?	No/Logic	1

PSH: 28+	Chronic Max: 51
Non C: 27-18	Non-chronic Max: 38
RRH: 17-10	
Income: 9 & below	

Coordinated Access The Way Home Houston

VERIFICATION OF DISABILITY FOR SUPPORTIVE HOUSING

Applicant's Name: _____ DOB: _____

This form verifies that the applicant named above has a disability necessary for determining eligibility for a HUD CoC Permanent Supportive Housing Program. A person shall be considered to have a disability if he or she has one or more of the following and that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the applicant's ability to live independently:

1. Serious mental illness;
2. A developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002);
3. Substance use disorder;
4. Post-traumatic stress disorder;
5. Cognitive impairments resulting from brain injury; **OR**
6. Chronic physical illness or disability.

Diagnosis: _____

Printed Name of Physician or Licensed Professional: _____

License Number: _____

Agency or Clinic Name: _____

Phone Number: _____ Fax Number: _____

By signing below, you are verifying that this applicant has the condition as stated above & that you are qualified to make that diagnosis.

Signature/Credentials: _____ Date: _____

In addition to MD's, the following is a list of acceptable qualified professionals determined by HUD to diagnose a disability:

LCSW (Licensed Clinical Social Worker)	LPHP (Licensed Practitioner Health Professional)	LNP (Licensed Nurse Practitioner)
LNP (Licensed Family Nurse Practitioner)	LCDC (Licensed Chemical Dependency Counselor)	LPC (Licensed Professional Counselor)
LMFT (Licensed Marriage Family Therapy)	PhD (Licensed Psychologist)	

If not able to sign, please explain: _____

Signature/Credentials: _____ Date: _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the release of the requested information pertaining to my disability to the Agency named above.

Applicant's Signature

Date



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Coordinated Access System

Memorandum of Understanding (MOU) between the **Coalition for the Homeless Houston/Harris County (CFTH)**, and _____

PURPOSE

The Department of Housing and Urban Development (HUD)'s new regulations requires that all Continuums of Care (CoCs) develop and implement a coordinated access and assessment system for all CoC funded programs. A Coordinated Access System (CAS) is a *centralized or coordinated process designed to coordinate program participant intake, coordinate assessments, and coordinate the provision of referrals to housing*. The CAS will enable clients to move quickly through the system and be matched to the best intervention strategy that will permanently and effectively end their homelessness. The CAS will also reduce duplication of efforts, reduce returns to homelessness, and assist with ending homelessness.

In order to accomplish effective coordination with mainstream and homeless services, formal agreements dictating client eligibility, intake, service provision expectations, and staffing are being developed with mainstream and homeless service providers on behalf of the system of homeless providers. The agreements will also ensure that all providers are using the system in an open, transparent, and consistent way.

GENERAL PROVISIONS

(CFTH) will:

- 1) Serve as the Lead Agency in the Continuum of Care (COC);
- 2) Maintain the Homeless Management Information System (HMIS), including the CAS Workflow;
- 3) Coordinate the system of homeless and homelessness prevention services in the Harris, Fort Bend, and Montgomery County continuum area;
- 4) Provide lead staff to guide the CAS Workgroup and any relevant subgroups;
- 5) Coordinate, integrate, and leverage resources to maximize impact of services for individuals who are experiencing homelessness;
- 6) Develop and implement policies and procedures on how the CAS will be operated;
- 7) Provide training to all staff dedicated to the CAS including Housing Assessors and Navigators;
- 8) Provide guidance and supervision to CAS staff as it relates specifically to the CAS;
- 9) Evaluate performance and progress of the CAS and make adjustments as necessary.
- 10) Oversee the Case Conferences and Appeals process as necessary.
- 11) Provide branding materials (shirts, business cards, etc.) for the use of CAS staff upon start-up only; and
- 12) Approve any press releases and communication with the media in regards to CAS.



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will:

- 1) Serve as a member of the CAS Workgroup for the purpose of engaging in a joint venture to develop and implement an array of integrated services designed to stabilize housing for people who are literally homeless or imminently at-risk of homelessness;
- 2) Provide XX primary staff who, as members of the _____ Team and supervised by a _____ manager, will serve as CA Housing Assessors;
- 3) Agree to assess and refer clients for services through the CAS only;
- 4) Enter and maintain timely client data in HMIS;
- 5) Name a designated staff contact for the CAS.
- 6) Provide all necessary supplies and technology equipment at Assessment Hub location;
- 7) Ensure all CAS staff wear and use materials related to CAS (shirts, business cards, etc.); and
- 8) Coordinate and receive approval for and press releases and communication with the media in regards to the CAS.

CONFIDENTIALITY

All parties agree that they shall be bound by and shall abide by all applicable Federal or State statutes or regulations pertaining to the confidentiality of client records or information, including volunteers. The parties shall not use or disclose any information about a recipient of the services provided under this agreement for any purpose connected with the parties' contract responsibilities, except with the written consent of such recipient, recipient's attorney, or recipient's parent or guardian.

EQUAL OPPORTUNITY

CFTH, and _____ mutually agree to be bound by and abide by all applicable anti-discrimination statutes, regulations, policies, and procedures as may be applicable under any Federal or State contracts, statutes, or regulations, or otherwise as presently or hereinafter adopted by the agency.

TERMS OF AGREEMENT

This MOU shall be effective upon adoption by each signatory agency and entity.

This MOU shall be reviewed and revised as needed to further implementation of strategic and long-term goals of the project.



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This MOU can be expanded, modified, or amended, as needed, at any time by the consent of all agencies.

This MOU shall be in effect until the end of this project unless terminated by mutual agreement in writing prior to the project end date.

By: _____

Name: _____

Title: _____

Date: _____

**COALITION FOR THE HOMELESS OF
HOUSTON/HARRIS COUNTY**

By: _____

Name: _____

Title: _____

Date: _____

Appendix 5: The Domestic Violence Coordinated Access Operations Manual



The Safe Way Home

Changing the Path for Houston's Homeless

Domestic Violence Coordinated Access System Operations Manual

(2nd Printed Edition, May 2021)

TX – 700 Continuum of Care
Harris, Ft. Bend, and Montgomery Counties



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This Operations Manual is the result of countless hours of spirited meetings, discussions, and consultations, both local and national. Thank you to everyone who contributed in ways big and small. A special thank you to our colleagues at the Coalition for the Homeless whose work *A Way Home* was an important model for our work: Eva Thibaudeau, James Gonzalez, Ana Rausch, Concetta Scerbo and Yvette Fuentes. Our Steering Committee and Housing Liaison team met regularly throughout the process with real dedication and passion. The Housing Liaison team made recommendations for the Steering Committee's consideration. Thank you to both of these vital groups, without whom this work could not have been accomplished. Their dedication to this process as well as their clients, domestic violence survivors, is admirable.

As we write and print the second edition of this Operations Manual, we are almost two years into our coordinated access work and have successfully housed over 100 families. DV Coordinated Access has also added three new DV service providers to our collaboration: Daya, Northwest Assistance Ministries, and Montgomery County Women's Center. Our process has been one of continuous improvement as our group constantly works to make the process more equitable and efficient for survivors, who deserve our very best efforts. Our metaphor for this work is that we are building the plane as we are flying it, which can make for a turbulent ride! In the course of two years we have had members come and go, and we value everyone's contributions. Our Steering Committee grew to incorporate area foundation members and their support and guidance was invaluable. A special thanks to our Excel Queen, Yolanda Meza of FBWC, who updated our EPPA numerous times by writing formulas and re-formatting. A special thanks to Executive Director, Barbie Brashear and Deputy Director, Amy Smith as well as the Houston Endowment for their leadership and vision that allowed this work to begin.

Steering Committee Members

Emilee Whitehurst - Houston Area Women's Center
Sonia Corrales – Houston Area Women's Center
Vita Goodell – Fort Bend Women's Center
Debbie Moseley- The Bridge Over Troubled Water
Brenda Sykes – Bay Area Turning Point
Rachna Khare - Daya
Katherine Von Haefen – UnitedWay
Sarah Raleigh – Montgomery County Women's Center
James Gonzalez – Coalition for the Homeless
Sheryl Johnson – Northwest Assistance Ministries
Meghna Goswami – The Houston Endowment
Kelli King-Jackson – The Simmons Foundation
Barbie Brashear - Harris County Domestic Violence Coordinating
Council Amy Smith – Harris County Domestic Violence Coordinating
Council Aber Monem - Harris County Domestic Violence Coordinating
Council

Housing Liaison Team Members

Barbie Brashear – Harris County Domestic Violence Coordinating Council

Abeer Monem - Harris County Domestic Violence Coordinating Council

Treniece Harris - Harris County Domestic Violence Coordinating Council

Wykesha Dixon- Bay Area Turning Point Inc.

Bridgette Hughes - Bay Area Turning Point Inc.

James Gonzales – Coalition for the Homeless

Mary Flowers – Fort Bend Women’s Center

Haniya Harhara– Daya

Marien Martinez – Houston Area Women’s Center

Hanna Theiss – Northwest Assistance Ministries

Melanie Jackman – Montgomery County Women’s Center

Maria Perez – The Bridge over Troubled Water

Valeria Moreno – Ft. Bend Women’s Center

Melissa Miller– Northwest Assistance Ministries

Cynthia Hernandez - TheBridgeOver TroubledWaters

Heather King - The Bridge Over Troubled Waters

Guiding Principles and Values for Domestic Violence Coordinated Access

- Safety for survivors accessing services
- Autonomy, self-determination, and client choice
- Equitable access
- Health, safety, and well-being of families
- Low-barrier, survivor-centered, and trauma-informed
- Coordinated assessment staff will be trained on the confidentiality and privacy rights of all individuals in order to not disclose personally identifying information while adhering to Health Insurance Portability and Accountability Act (HIPAA), Violence Against Women Act (VAWA), and other federal and state laws and policies in place to protect survivors
- Referrals for survivors are made based on knowledge of the programs and program types that are most appropriate and helpful when serving households fleeing domestic violence
- Assessment and case management staff will be adequately trained on the unique needs of survivors accessing housing services
- Domestic violence providers will work collaboratively with the mainstream Houston homeless service providers to ensure survivors can connect to the broadest range of housing options
- A 2014 Special Report by the U.S. Department of Justice Bureau of Justice Statistics (Truman & Morgan, 2012) found that in the ten years between 2003-2012, domestic violence accounted for 21% of all violent victimizations with the majority of domestic violence committed against females (76%) compared to males (24%). However, domestic service providers acknowledge that women can be abusers as well as victims and that violence also occurs within the LGBTQ community. In order to be inclusive and affirming of all, gender neutral terms will be used wherever possible when working with survivors, such as using the term, “your abuser” rather than assuming the abuser is male or that the couple is opposite sex in order to avoid a heterosexist response.

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.

Each year in Harris County there are over 35,000 calls to law enforcement concerning domestic violence, over 80,000 calls to local domestic violence hotlines, and more than 5,000 adults and children are provided with emergency shelter. The sheer number of clients seeking services propelled local DV providers to consider how coordinated access might improve the systemic response for survivors seeking safe housing options while also documenting the dire need for additional low-income housing. While HUD or the local CoC did not require coordinated access for survivors of domestic violence, domestic violence service providers within the Greater Houston, Harris County, and Ft. Bend area met and collectively decided that it was in the best interest of survivors to create a parallel system to the mainstream homeless coordinated access system. Therefore, the *Domestic Violence Coordinated Access System* focuses on the unique needs of domestic violence survivors and was developed to help survivors access safe housing options.

The *Domestic Violence 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 *Domestic Violence Coordinated Access System* is designed to:

- ❖ Provide a coordinated system of response to housing needs with the survivor's safety and self-determination being the highest values while using a trauma-informed approach to services;
- ❖ 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 survivors, referral sources and advocacy agencies throughout the assessment and referral process;
- ❖ Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;

- ❖ Ensure that survivors 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 *Domestic Violence 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;
- ❖ Establishment of **uniform guidelines** among all the domestic violence service providers for rapid rehousing (RRH) and permanent supportive housing (PSH) regarding: eligibility for services, priority populations, expected outcomes, and targets for length of stay;
- ❖ Agreed upon **prioritization for accessing homeless assistance**;
- ❖ **Referral policies and procedures** from the system of coordinated access to domestic violence agencies;
- ❖ The **policies and procedure operations manual** contained herein and detailing the operations of the *Domestic Violence Coordinated Access System*.

The implementation of the *Domestic Violence Coordinated Access System* necessitates significant, community-wide change. To help ensure that the system will be effective and manageable for persons at-risk of homelessness due to fleeing domestic violence 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, adjustments to the processes described in this manual were both anticipated and accomplished. A periodic evaluation of the *Domestic Violence Coordinated Access System* will provide ongoing opportunities for stakeholder feedback. In fact, survivor focus groups were convened at four different DV service provider locations to elicit feedback about what created their homeless crisis, what helped them solve their homeless crisis, and what service providers could do better. The *Domestic Violence Coordinating Entity* will be responsible for monitoring the *Domestic Violence Coordinated Access System*.

History of DV Coordinated Access in Greater Houston, Harris County, Ft. Bend

Pursuant to the interim Continuum of Care regulations under the new HEARTH Act passed in 2012, communities were required to establish a centralized or coordinated assessment system that conducts assessments of homeless families and matches them based on specific needs. During this time, HUD identified individuals and families impacted by domestic violence, sexual assault, and stalking as a population that should access services through a coordinated system. While HUD has not decided if victim service providers should be exempt from participating in a process, providers in the Houston area decided to proactively address the issue. In June of 2014

Houston/Harris/Ft. Bend domestic violence service providers, recipients of HUD funding, formed a committee to begin discussing coordinated access for survivors of domestic violence in our service area. The group agrees with HUD in the importance of addressing the needs of domestic violence, sexual assault, human trafficking, and stalking with a coordinated approach to housing. This group set three overarching goals:

- Integration of the DV System that facilitates access to housing for people fleeing domestic violence, sexual assault, stalking and human trafficking and experiencing or at risk of homelessness, which bests meets their needs.
- Creation of a system to triage survivors to the best and safest options.
- Creation of one access point for housing options for those fleeing domestic violence

The group proposed to achieve these goals through the development of a system map that would inform how survivors flow to both domestic violence service providers and homeless service providers, if appropriate and with the consent of the survivor, as well as the development of a phased implementation for a DV comparable Coordinated Access System.

In the third largest metropolitan area in the United States, there are over ten domestic violence service providers, some full-service shelter providers and others nonresidential stand alones. Domestic Violence service providers in the region have a long history of collaboration as area program directors have met monthly for many years. These relationships offered a good starting place for the challenging, but necessary work of creating a collaborative system. The group was joined by the Coalition for the Homeless Houston to assist with the systems work by using the example of the creation of a coordinated entry system on the homeless side, as well as securing funding to hire a project director to assist with the development of a system on the domestic violence side.

Although the development of a coordinated access system is largely in response to HUD directives, local providers also recognized the need for some new processes as shelters are typically at capacity and coordinated access will provide the best and safest option for survivors. By coordinating services and a more formal plan for making referrals while also developing an assessment list, domestic violence providers will be better able to advocate for much needed additional housing options by demonstrating and documenting need. Although the Danger Assessment has been used by many of the domestic violence service providers to assess danger and plan for safety, for the first time the use of the instrument will be used across agencies to prioritize the most vulnerable survivors, which becomes necessary in an environment of great demand and limited resources.

In July 2016, the local domestic violence Stand Alone programs that offer non-residential services to survivors began meeting after funding became available to provide Rapid Rehousing as a housing first/shelter diversion program for families fleeing domestic violence. This group, with the help of the Domestic Violence Coordinated Access Program Manager, HCDVCC, and

the Coalition for the Homeless, started the process of working together to utilize a coordinated entry process. In summer 2018, they were folded into the larger DV CA system.

Disclaimer

The *Domestic Violence Coordinated Access System* is designed to assess eligibility for housing programs targeted to those fleeing domestic violence. 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 emergencyshelter; and*
 - (ii) *Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and*
 - (iii) *Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;*
- (2) *An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or*
- (3) *A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.*

Disability (HUD Definition):

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

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

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

Literally Homeless (HUD Homeless Definition Category 1):

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

At imminent risk of homelessness (HUD Homeless Definition Category 2)

Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

Homeless under other Federal statutes (HUD Homeless Definition Category 3)

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and (iv) can be expected to continue in such status for an extended period of time due to special needs or barriers

Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)

(1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and (2) Has no other residence; and (3) Lacks the resources or support networks to obtain other permanent housing. * This includes survivors of human trafficking.*

1. Rapid Re-Housing (RR)

Program of stabilization and assessment, focusing on re-housing all persons, regardless of disability or background, as quickly as possible into safe housing

Program Description	Essential Program Elements and Core Services	Time Frame	Eligibility	Desired/Expected Outcomes
<p>Short to medium-term rental assistance and supportive services program that rapidly re-houses and stabilizes persons who are Category (4) DV/SV fleeing into safe, permanent housing.</p> <p>Program operates on a scattered-site model.</p>	<ul style="list-style-type: none"> • Case management • Housing location • Employment assistance • Housing stabilization planning using common tools • Linkage to mainstream resources • Linkage to mental health services as appropriate • Linkage to medical services as needed • Linkage to substance use treatment services as appropriate • Transportation assistance • Financial management • Job training • Access to crisis intervention services • Safety planning • Legal advocacy 	<p>Up to 24 months of rent subsidy and supportive services, during which households are stabilized with annual reassessments.</p>	<p>This means any individual or family who: (1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence*; and (2) Has no other residence; and (3) Lacks the resources or support networks to obtain other permanent housing. * This includes victims of human trafficking.</p> <p>Households that show the ability to become self-sufficient in a short to medium period of time as evidenced by:</p> <ul style="list-style-type: none"> • No to low income, but with income potential and • Recently homeless 	<p>Outcome: Households will secure and maintain appropriate, affordable permanent housing.</p> <p>Indicators:</p> <p>The Way Home CoC Threshold:</p> <p>100% Occupancy/Average Daily Unit Utilization</p> <p>60% of households increase income during program enrollment.</p> <p>60% of households gained or increased income from entry to exit</p> <p>70% of households gained or increased (non-employment) income from entry to exit</p> <p>60% of households gained or increased earned income from entry to latest status</p>

	<ul style="list-style-type: none"> • Counseling Groups/Individual • Life Skills • Educational Assistance • DV/SV educational programming • Children’s Services • Children’s Advocacy • Temporary financial assistance (security deposits, utility deposit waivers, furniture, household supplies) • Utility assistance • Rental assistance • Housing Relocation • Housing referrals/placement services • Linkage to community supports and/or wraparound system of services in relation to housing placement (agency staff or community provider) 		<p><u>Priority populations:</u></p> <p>Singles or families</p>	<p>70% of all participants with cash income other than employment from entry to latest status</p> <p>80% of participants exited to permanent housing</p>
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2. DV Permanent Supportive Housing (PSH)

Permanent housing that is coupled with supportive services that are customized to the needs and preferences of residents. Individuals have leases, must abide by rights and responsibilities, and may remain with no program-imposed time limits. Housing may include various combinations of subsidy resources and services. Supportive housing in Houston is Housing First and follows a harm reduction philosophy. Services are voluntary to the clients and are not a condition of the lease. Does not require sobriety or medication/treatment compliance as a condition of housing attainment or retention

Program Description	Essential Program Elements	Time Frame	Eligibility	Desired /Expected Outcomes
<p>Long term rental assistance with supportive services for persons who are coming from the street or shelter/interim housing/Category 4 DV/SV fleeing. Program serves household with a disabled head of household, but disability requirement will be based on behavioral health or healthcare provider.</p> <p>Programs may operate on a scattered-site model but are also geo-restricted.</p>	<ul style="list-style-type: none"> ● Housing stabilization planning using common tools ● Case Management ● Housing location ● Assistance with lease process ● Employment assistance ● Linkage to mainstream resources ● Provides rental subsidy ● Liaison between property manager and client ● Linkage to mental health services as appropriate with focus on trauma-informed care ● Linkage to medical services as needed ● Linkage to substance use treatment services as appropriate ● Transportation assistance ● Financial management ● Access to crisis intervention services ● Safety plan updates as needed ● Legal advocacy 	<p>No time limits.</p>	<p>This means any individual or family who: (1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence*; and (2) Has no other residence; and (3) Lacks the resources or support networks to obtain other permanent housing. * This includes victims of human trafficking.</p> <p>Any high needs individual with multiple barriers to housing that is literally homeless and/or Category 4 DV/SV fleeing. Specialized eligibility requirements for subsidies include:</p> <ul style="list-style-type: none"> ● disabled, ● domestic violence fleeing 	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicators:</p> <p>85% Occupancy/Average Daily Unit Utilization</p> <p>15% of participants gained or increased earned income from entry to exit</p> <p>20% of participants gained or increased earned income from entry to latest status</p> <p>30% of participants gained or increased other (non-employment) income from entry to exit</p> <p>56% of participants gained cash income other than employment from entry to latest status</p>

	<ul style="list-style-type: none"> • Counseling Groups/Individual • Child Services • Child Advocacy • DV/SV educational programming • Life Skills • Utility assistance • Employment and Education services 			<p>90% of persons participating more than 90 days had a Positive Exit</p> <p><40% of persons participating less than 90 days had a Positive Exit</p> <p>80% of persons participating less than 90 days had a Positive Exit</p>
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Eligibility, Placement, and Prioritization Assessment and Danger Assessment

The DV CA Work Group developed the Eligibility, Placement, and Prioritization Assessment (EPPA) as a three-step assessment tool. First, the tool determines *eligibility* for DV-specific housing by determining if the person meets the HUD Homeless Definition Category 4, fleeing domestic violence. Second, the assessment determines appropriate housing *placement*, that is, either Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH). The determination is based on whether the person has a documented disability. If a person has a documented disability they are eligible for PSH; without a documented disability, they are eligible for RRH. If there is *not* a documented disability, but the person scores positively on a screening for Post-traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), major depression or another disabling mental condition, they can be referred to appropriate mental health professional for evaluation and then can subsequently be re-assessed for appropriate housing placement. If a client does not have a documented disability, they will be placed on the RRH assessment list. If they are working on securing documentation, they can also be placed on the PSH list. If they rise to the top of the list and their documentation is still not secured, the next person on the list will be assisted, but they will retain their position on the list. Disabled survivors can use RRH as a bridge to PSH housing when no PSH housing is available. The person will be referred to the RRH list and a notation made in the Notes section that they are waiting for PSH housing. To determine who goes into PSH first, the month of assessment will be considered first and then the EPPA score.

Due to limited PSH availability and high demand, clients may use RRH as a bridge to PSH. Client will not be able to terminate their lease to enter into PSH unless client is willing to pay re-letting fee according to the lease agreement at their own expense. A person who is eligible for PSH but moves into RRH could also be offered a referral to the HMIS waiting list for PSH using a de-identifier so that their inclusion on the list does not compromise their safety. Clients should be told the risks and opportunities of being in the HMIS system for PSH and RRH housing and the option to use a de-identifier, but the final choice rests with the client. If clients would like to be assessed for those housing lists, the housing liaison or caseworker will call into the Homeless Coordinated Access Phone line to arrange a time for the client to be assessed.

PSH programs often have additional requirements that must be met, such as geographic restrictions that may require relocation, to be discussed with eligible participants and the receiving agency. Housing case workers should inform the client that their *eligibility* for PSH does not guarantee them a spot, and in fact, it could take years for a PSH unit to become available. Due to some funding source requirements, residing in a shelter might be a necessary precursor to be eligible for PSH

The third and final step is *prioritization*, that is, in accordance with HUD requirements, DV CA assists the most vulnerable among those we serve. The work group determined that the most vulnerable can be determined using two measures 1. Their score on the Campbell Danger Assessment (DA) and 2. Assessing certain barriers that make housing difficult for DV survivors such as young or older age and recent birth. After a year of operations, additions were made to the EPPA to better reflect the immigrant experience and therefore increase the cultural sensitivity of our assessment. These additional factors are represented in the current

EPPA and the DA score is added into the EPPA for a total score of client prioritization (See Appendix for copies of the DA and EPPA). Additionally, the agencies are identified by numbers to increase client confidentiality.

- 1: B ATP 2: TBOTW 3: FBWC 4: HAWC 5: Daya 6: NAM 7: MCWC
8: Montrose 9: HCDVCC

The Danger Assessment is an instrument that helps to determine the level of danger an abused woman has of being killed by her intimate partner. The tool was developed by nursing researcher Jacquelyn Campbell (1986) with consultation and content validity support from battered women, shelter workers, law enforcement officials, and other clinical experts on battering. There are two parts to the tool: a calendar and a 20-item scoring instrument.

The calendar helps to assess severity and frequency of battering during the past year. The woman is asked to mark the approximate days when physically abusive incidents occurred, and to rank the severity of the incident on a 1 to 5 (1=slap, pushing, no injuries and/or lasting pain through 5=use of weapon, wounds from weapon) scale. The calendar portion was conceptualized as a way to raise the consciousness of the woman and reduce the denial and minimization of the abuse, especially since using a calendar increases accurate recall in other situations.

The 20-item instrument uses a weighted system to score yes/no responses to risk factors associated with intimate partner homicide. Some of the risk factors include past death threats, partner’s employment status, and partner’s access to a gun. The Campbell Danger Assessment is normed for heterosexual female survivors and a separate inventory has been developed for immigrant women and women in same-sex relationships. (See Appendix for instruments). (During the first year of operation the Housing Liaison team considered developing additional instruments for sexual assault survivors, human trafficking survivors, family violence survivors, and same-sex male survivors, but the numbers were so low that it was not practical at this time). See Section 2.1.3 for instructions on assessing sexual assault survivors.

The EPPA also details secondary prioritization in the case of tie scores when clients are selected, including veteran status, prioritization score, length of homelessness, and date of assessment.

However, it is important to note that the objective prioritization scores will be considered in tandem with the more subjective determinants of survivor safety and choice.

The EPPA and the DA are also located in the appendices of the operations manual.

Navigating the SharePoint Site

Due to issues of confidentiality, privacy, and safety, the DV CA service providers do not enter clients’ personal information into our online database hosted on a SharePoint site. SharePoint is a browser-based collaborative and document management platform created by Microsoft. Users must be invited to the site to be able to log on and the site is password protected. The SharePoint site contains a combined PSH and RRH assessment list, ranked by EPPA prioritization scores, with the highest score receiving the highest priority on the waiting list. In accordance with the Violence Against Women Act (VAWA) and Family Violence Prevention and Services Act

(FVPSA), no personally identifying information will be entered into the database. The only information entered will be the client de-identified identifier, name of referring agency, date of assessment, number of people in the household, the client prioritization score, and dates of assessment, enrollment, referral, agency receiving and resolution. Clients have the option of enlisting into the HMIS system themselves by calling a special housing assessor with their DV case manager by their side. Clients may, therefore, be on waiting lists in both the HMIS and DV-Specific housing systems. (See the Coordinated Access System Operations Manual for more information on the HMIS System). If the client is ineligible for the DV CA system or they wish to also avail themselves of the mainstream homeless services through the HMIS system, the Housing Assessors can refer them to ***The Way Home***, the mainstream homeless coordinated access system.

Notes:

1. Some of this information is also online on the site under the heading at the top of the page entitled: “Intake Processing Form Help.”
2. The last two pages of this document contains screenshots of the SharePoint site that points out features discussed in this instruction document.

Signing in to the SharePoint Site

The SharePoint site is by invitation-only to preserve the confidentiality of our clients and our process. Contact the Project Manager to request an invitation. People are invited with different levels of privileges: 1) administrative, 2) read only and 3) edit. Housing case managers need to view the site only and will be assigned a “read only” status. Housing Liaisons will be the only ones who can edit the site, that is, refer clients, receive clients, and resolve clients.

Accessing the Assessment List

The Assessment List is hosted on the HCDVCC site (<https://hcdvcc5.sharepoint.com>) and can be accessed in one of several ways. Once you have the site open you can:

- Click on **Intake Processing** in the navigation bar to the left.
- Click on the **View Full Assessment List** button on the home page.
- Click on the title text **Assessment List** above the top ranked EPPA score entries on the home page.
- Go directly to the list at <https://hcdvcc5.sharepoint.com/Lists/IntakeProcessing/Waitlist.aspx>. You can bookmark this web page in your web browser.

Finding Other Views/Lists of Clients

The SharePoint site has multiple views/lists of clients. The first three views are listed at the top of the page, and the alternative views can be located by clicking on the three ellipsis “...” to the right of the lists. Here are

a few of the views that are available, and you can also customize views by following the instructions further down in this document.

Assessment List – This is the list of clients who have been assessed and referred for housing arranged in order of highest to lowest EPPA scores. When you are “receiving” a client, you take the first person on this list and start trying to contact them. (This is the list that was formerly called “the wait list,” but we did not want clients to passively wait, so the name was changed to indicate they should still be actively looking for other housing alternatives).

Received List - This list shows which clients have been “received” or selected by an agency from the Assessment list. Once an agency fills in the “received date” and the name of the agency that that is receiving the client, the client will be automatically moved from the Assessment List to the Received List.

City ESG List – This is a list of clients on the Assessment List by zip codes so that agencies with zip code restrictions for clients can more easily look at both EPPA scores and zip codes before selecting clients.

Grouped by Agency - This is a list of clients that shows which clients were referred and received by which agencies.

Recycled List - When a client does not want to accept a housing option because they would have to change schools for their kids or move out too far, they are recycled and when that box is checked, they go on the recycled list. If they are recycled three times, the Housing Liaison group will staff the case and see if they should be removed from the list or kept on it.

Resolved List - The Resolve List is a list of clients whose housing crisis has been resolved by either 1) being housed by an agency, 2) self-resolved, or 3) the agencies were unable to contact after three attempts in at least three days. When an agency fills in the “resolved” date **and** the reason found in the drop-down menu, the client will automatically be moved from the Received to Resolved List.

South Asian with Special Cultural Needs – The question of whether the client is South Asian with culturally specific needs is asked on the EPPA and entered on the client intake form. This list allows Daya to see which clients have requested culturally relevant services in order for them to select the person with the highest EPPA score on this list.

Timed Out Assessments - After a client has been on the Assessment List for 6 months or 180 days, they are automatically moved from the Assessment List to the Time-Out Assessment List. The client can be re-assessed, and a re-assessment date entered that will allow the client to return to the Assessment List.

All Items – This list shows all entered clients regardless of which individual list they might be on at the time, that is, either Assessment, Received, or Resolved.

Recently Added – This view places the clients in order of the most recently added or edited clients.

Monthly Stats (Referred, Received, Resolved) – These data show the monthly movement for Referred, Received, and Resolved clients and from which agencies they were received. The numbers are primarily for the use of the database administrator who will report them at our Housing Liaison meetings, but as we are transparent as possible, anyone may view these numbers.

Data Sheets – These data sheets are connected to the database to allow the compilation of yearly statistics. They are mostly for the use of the database administrator, but as we are transparent as possible, anyone may view these numbers.

Unit Availability

The Unit Availability table is on the top right-hand side of the SharePoint site home page. Each agency is responsible for keeping these numbers current, so the real-time unit availability is available. Since “units” are really money available and those numbers differ depending on the size of the family and numbers of bedrooms needed, these numbers are the *best estimates* of the Housing Liaisons.

Finding a Client by Identifier Number

To the right of the list of the different client views, there is a box that says “find an item.” You can put a client identifier number in this box and find which list the client is currently on.

Viewing a Client Record

To view all of the details in a client record, from the home page or any list view, click on the **Client ID**.

Adding a New Client/Referral

You can add a new client from the home page or from any of the list views. You can’t add a new client when you are looking at the details of a single client record.

1. From the home page or list view select the **Add New Client** button.
2. Complete the necessary fields.
3. Select **Save** in the top toolbar (also known as the ribbon).

Adding a new client is also known as “referring a client” and is done by the referral agency who has completed the EPPA assessment.

Editing a Client Record

You can edit a client record in one of two ways:

- Select the **Client ID** from any list view. Then select **Edit Item** in the top toolbar (ribbon).
- Locate the ellipses (...) to the right of the client ID. Click on the ellipses (...) and select **Edit Item**.
- Be sure to **save** your changes

Receiving Clients

When your agency has available funds/units, you will go to the **Assessment List** and take the first client on the list with the highest EPPA score. You will use the above steps to **edit** the client information by putting a receiving date and the receiving agency in the proper boxes. The **receiving agency** is the agency that is pulling them from the list and attempting to housing them. Once you put in the **receiving date**, the client will automatically be moved from the **Assessment List** to the **Received List**.

Contacting Clients – The Operations Manual requires that case managers attempt to contact a client within 5 business days of receiving them, that is, after moving them from the Assessment List to the Received list. Case managers will make three attempts over three different days to contact the client. Each time a contact is attempted, a box will be checked for the first, second and third attempt and each respective date. Case managers can also use the Notes sections to more fully describe the call attempts as needed.

Recycling Clients – According to the Operations Manual due to client choice, the client who is selected from the list may refuse to work with a certain agency due to geography or other reasons. The receiving agency then checks the appropriately numbered “recycled” box and the client goes back on the assessment list. When a client is “recycled,” the information filled in by the first agency (contacts, notes, etc.) is automatically erased so the next agency that selects them will start with a blank slate. If a client declines 3 units, the client must locate a unit that will meet program guidelines within the remaining 30 day time frame. If unsuccessful, the case must be staffed with the housing supervisor at the receiving agency. After exhausting all options the client can be added back to the assessment list as a recycle. Also, according to the Operations Manual, after a client is recycled three times, the agency that recycled them for the third time will bring the client’s case to the Housing Liaison meeting for staffing to see if they will be placed back on the Assessment List or moved to the Resolved List.

Resolving Clients -When a client is housed, self-resolved, or unable to be contacted, you will need to officially **resolve** them in the SharePoint database.

1. Check one of the drop-down options from Resolved list (housed, unable to contact, self-resolved)
2. Fill in date of resolution
3. Click “saved”
4. As a courtesy, notify referring agency of client resolution

As soon as **both** resolved reason is checked and the resolved date is entered, the client will automatically be removed from the **received** list to the **resolved** list.

Notes – At the bottom of each client’s individual page is a box for Notes. Use the note section as you wish with an eye for including information that will be helpful for case managers and the other agencies. Please do not include client identifying information.

Changing the Assessment Date on the Timed-Out List

Find the record in the **(8) Timed Out Assessments** view, **edit** the record, and **add a reassessment date**. From that point forward the record will appear on the **(1) Assessments List** view once the changes are saved.

For any records with an existing reassessment date, those records now appear under the **(1) Assessments List** view, as long as that reassessment date was within the last 180 days.

After the edit is complete the case manager will need to switch to the **(1) Assessments List** view to find the record again. *Be sure to double-check* that the client now appears on the **Assessment List**.

Documents

On the right side of the screen under the heading “Documents,” is the folder “Coordinated Access Documents and Forms.” If you click on the folder, all the forms and documents related to this project are available for viewing, printing, or downloading. For example, the latest EPPA is there, the latest Operations Manual, Housing Liaison Contact List, etc.

Using Version History to View Detailed Client Progress

There is a lot of progression information stored with each client record. If you need to see more detailed data including when changes were made and by whom, you can view the version history for the data entry. Past versions can also be restored if needed.

There are two ways you can access the version history of a data entry.

Access Version History from List

1. Locate the ellipses (...) to the right of the client ID. Click on the ellipses (...) and select **Version History**.
2. Identify the version you want to view in more detail. You can view the version in one of two ways:
 - Full screen
 - Within the same pop-up window you are currently in.

Full screen access

1. Click the date and time stamp of the version you want to view.
2. The detailed version history will open in a new browser tab.
3. When you're done, close the browser tab.

Pop-up window access

1. In the Version History pop-up box, hover your mouse over the date and time stamp link for the earlier version you want to view and click the down arrow to show the menu.
2. From the menu, select **View**.
3. The detailed version history will open in the same pop-up window.

4. When you're done, click the **X** in the upper right corner.

Access Version History from Detailed Data Entry Page

1. Click the client ID of the data entry you want to view in detail, if you have not done so already.
2. From the **View** tab in the ribbon, click **Version History**.
3. Click the date and time stamp of the version you want to view.
4. When you're done, click the browser back button once to return to Version History or twice to return to the data entry.

Restore a Version from the Version History

If you ever want to restore a previous version of a data entry, you can follow the access steps above to reach the date and time stamp link for the version history. At that point do the following:

1. Hover your mouse over the date and time stamp link for the earlier version you want to restore and click the down arrow to show the menu.
2. From the menu, select **Restore**.
3. You will be prompted to approve making that version the currently approved version. It will add it as a new version to the version history.

What are Views in the Client List?

The data in the client list can be viewed in numerous ways. For example, five people are given the same set of dishes to take home. If you later visit each person and ask to see the dishes you would find them in different locations and configurations. Each person will organize the dishes based on their personal needs and use. The data in the client list works the same way. You can create and save a view of the data based on your needs. Your view will be stored with the list and always accessible.

Views can be used to:

- Show/hide columns
- Sort by one or two different columns
- Filter data based on column fields
- Group data by one or two different columns
- Generate totals for select columns

For example, you can have a view that filters out any clients who do not have a resolution and who have been sexually abused, group them by fleeing zip and then by referral date, and also show a total of how many clients meet these parameters.

Use Sorting to Modify the Client List View

Sorting helps you organize your data into a specific order based on column data. There are two ways to sort your client list view, a quick sort from the view itself which is temporary, or by creating a view where your

changes are permanently saved and available in the future (until you choose to delete the view). For the latter see **Create a view** below.

When you sort, you are only rearranging how the data is displayed, not adding or removing content that is displayed in the view.

Sort Data from within a View

- In any view, you can click the header of a column of the client list and select ascending or descending sort.
- You can choose any column to sort, but only one column at a time. When you close the list or library, the column will return to its default view order.

Create a View

You can create a view that is seen by everyone or a view that is private to you.

To create a view:

1. From the home page, click on the **Intake Processing** title text for the list. This will open up the list in a new page that shows more data.
2. Click the **List** tab in the ribbon, and then click **Create View**. *NOTE: If Create View is disabled, you don't have the permissions to create a view. Please contact the list administrator.*
3. On the **Settings** page, choose a view type. For most purposes you will want to select **Standard View**.
4. In the **View Name** box, type the name for your view.
5. In the **Audience** section, under **View Audience**, select **Create a Personal view** or **Create a Public view**. Create a personal view when you want a view just for yourself. Create a public view when you want everyone who uses the list to see it. *NOTE: If Create a Public View is disabled, you don't have the permissions to create a public view for this list or library. Please contact the list administrator.*
6. In the **Columns** section, select the columns that you want in the view and clear the columns that you don't want to appear. Next to the column numbers, select the order that you want to columns to appear in the view.
7. Configure the other settings for your view, such as **Sort**, **Filter**, **Group By** and **Totals**. When finished, click **OK** at the bottom of the page.

Change a View

Use the following steps to change a view, such as making it the default view, adding or removing columns, and changing the sort order of items in the view.

1. From the home page, click on the **Intake Processing** title text for the list. This will open up the list in a new page that shows more data.
2. Click the **List** tab in the ribbon, and then click **Modify View**. *NOTE: If Modify View is disabled, you don't have the permissions to modify the current view. Please contact the list administrator.*
3. Select the view you want to change from the **Current View** drop-down list.
4. Make your changes, and then click **OK** at the bottom of the page.

Delete a View

Use the following steps to delete a view.

1. From the home page, click on the **Intake Processing** title text for the list. This will open up the list in a new page that shows more data.
2. Click the **List** tab in the ribbon.
3. Select the view you want to delete from **Current View** drop-down list.
4. Click **Modify View**. *NOTE: If Modify View is disabled, you don't have the permissions to modify the current view. Please contact the list administrator.*
5. Scroll down the settings page to the **Views** section and click the view you want to delete.
6. In the top area of the view, click **Delete**. *NOTE: If Delete is not an option, this may be the default view for a list or library, and you cannot delete a default view. You must first modify another view and make it the default.*
7. When prompted, click **OK**.

Detailed Information for View Types and Settings for Views

For more information on the types of views you can choose (Standard, Datasheet, Gantt, etc.) please refer to the [information hosted online](#).

For more information on the different settings you can specify (default view, columns, Gantt, sort, filter, group by, etc.) please refer to the [information hosted online](#).

Exporting Data to Excel

At any time, you can export all or a portion of the list data to Excel. Once exported, there will only be a one-way connection between the list data here in the HCDVCC site and the exported copy in Excel. Any changes you make to the data in Excel will also need to be completed in the HCDVCC site. Any changes made to the data in the HCDVCC site will appear in Excel when you trigger a data refresh (see below).

1. Open **Internet Explorer** on your computer. For this task you must use the Internet Explorer web browser.
2. Open the Intake Processing list and navigate to the view you want to export to Excel.
3. Click on the **List** tab in the ribbon.
4. In the group **Connect and Export**, select **Export to Excel**. Excel will open up and connect to your data. You may have to click **Enable** on a warning dialog when you do this.

Working with the Data in Excel

You can save this Excel file, and it will remain connected to the HCDVCC site.

1. In Excel, click the **Data** tab.
2. Select **Refresh All** and Excel will update with new data from the HCDVCC site. This can be useful if you create pivot tables or charts from the linked data.

A few things to keep in mind:

1. Grouped columns in a particular view won't export to Excel, but the rest of the columns will.
2. This is one-way data connection: Data comes from the HCDVCC site and flows to Excel, not the other way around.

Using Formulas in Your List

You can use formulas and functions in SharePoint lists or libraries to calculate data in a variety of ways. By adding a calculated column to a list or library, you can create a formula that includes data from other columns and performs functions to calculate dates and times, to perform mathematical equations, or to manipulate text. For example, on a tasks list, you can use a column to calculate the number of days it takes to complete each task, based on the Start Date and Date Completed columns.

Here are some resources to get you started with SharePoint list formulas:

- [Calculate data in lists or libraries](#)
- [Examples of common formulas in SharePoint Lists](#)



Intake Processing

Home

Documents

Recent

- Projects
- Unit Availability
- Intake Processing**
- Contacts
- Calendar
- Site Contents
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- Subsites
- Training Exercises
- Recycle Bin
- EDIT LINKS

Add New Client or edit this list

(1) Assessment List (2) Received (3) City ESG Find an item

	Client Identifier	Edit	Fleeing Zip	EPPA Score	Referring Agency	Assessment Date	Reassessment Date	Living Situation	Number in Household	On PSH List	Recycled History
1	3104557		77471	34	FBWC	10/11/2017	4/25/2018	Staying with family (abuser knows location)	1	Yes	
2	3100275		77469	31	FBWC	6/30/2017	4/23/2018	Staying with family (abuser knows location)	4	No	First recycle
3	142148		77530	31	HAWC	2/2/2018		Emergency shelter	2	No	
4	3105250		77083	31	FBWC	3/12/2018		Home with abuser	3	No	
5	3104768		79549	30	FBWC	11/13/2017		Staying with friend (abuser knows location)	1	No	
6	2369		77546	30	TBOTW	11/21/2017		Emergency shelter	4	Yes	First recycle
7	4142367		77449	30	HAWC	1/18/2018		Emergency shelter	5	No	
8	4141716		77433	30	HAWC	11/30/2017		Emergency shelter	1	Yes	
9	4142375		77471	30	HAWC	1/24/2018		Emergency shelter	4	No	
10	3105120		77407	30	FBWC	4/25/2018		Home with abuser	4	No	
11	4141205			29	HAWC	11/16/2017		Staying with friend (abuser knows location)	1	Yes	
12	3104923		77488	29	FBWC	12/12/2017		Staying with family (abuser knows location)	3	No	
13	4142310		77049	29	HAWC	1/11/2018		Emergency shelter	4	No	

EPPAs are ranked highest to lowest

First 3 views/lists

Click on 3 ellipses to access

Agency-generated, de-identified client number

Numbers that are slow to load, but where you can see where on the list your client is and the total number of clients on the list

Reassessment date for those who timed-out at 6 months, but were re-assessed and put back on the list in EPPA order

Home Page of Site

Click here for helpful notes on how to use the site



HCDVCC Home

Intake Processing

Intake Processing Form Help

Training Exercises

EDIT LINKS

Harris County Domestic Violence Coordinating Council

Home

Welcome to the Greater Houston Domestic Violence Coordinated Access Website

- Documents
- Recent
- Projects
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Add New Client

View Full Assessment List

Referral and Assessment List

✓ ID	Client Identifier	EPPA Score	Living Situation	Referring Agency
1793	4140801	...	52 Emergency shelter	HAWC
2080	2388	...	52 Emergency shelter	TBOTW
1504	3104042	...	51 Emergency shelter	FBWC
1852	3104614	...	51 Emergency shelter	FBWC
1794	474	...	50 Staying with family (abuser knows location)	HAWC
1943	2370	...	50 Emergency shelter	TBOTW
2088	4126431	...	50 Staying with friend (abuser knows location)	HAWC
2100	487	...	50 Staying with friend (abuser knows location)	HAWC
2101	4142215	...	50 Other (specify in notes)	HAWC
✓ 2165	4111429	...	50 Emergency shelter	HAWC

1 - 10

Unit Availability

+ new item or edit this list

✓ Agency	CoC RRH	CoC PSH	ESG Houston	ESG Pasadena	Modified
BATP	0	0	0	0	January 29
Daya	1	0	0	0	January 24
FBWC	0	3	0	0	March 6
HAWC	10	0	3	0	January 11
TBOTW	5	0	0	0	January 22

Unit availability chart, an estimate of available money/units, to be updated by each HL meeting

Click here to add new client

EPPAs are ranked here from highest to lowest scores

Click on Assessment List for full Assessment List and access to additional lists

Folder for all DV CA forms and documents

Documents

New Upload Sync Share More

Find a file

- ✓ Name
- Unit Vacancies
- Pilot A Full Service Shelter Providers

Drag files here to upload

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. 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 Steering Committee for *The Way Home* of the Coalition for the Homeless Houston (CFTH) recognized the need for a project management entity on the domestic violence side. In 2/11/16 the Steering Committee recommended and approved the Harris County Domestic Violence Coordinating Council (HCDVCC) be appointed and recognized by The Way Home CoC to fulfill these duties and ensure that progress is maintained.

The Harris County Domestic Violence Coordinating Council (HCDVCC) is the designated *Coordinating Entity* for the *Domestic Violence Coordinated Access System*. The *Coordinating Entity* is responsible for the day-to-day administration of the *Domestic Violence Coordinated Access System*, including but not limited to the following:

- Creating and widely disseminating materials regarding services available through the DV *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 DV CA staff;
- Ensuring that pertinent information is entered into SharePoint for monitoring and tracking the process of referrals including unit availability reporting and completion of assessments;
- Managing Housing Liaison Group meetings to review and resolve issues that arise;

- Managing an eligibility determination appeals process in compliance with the protocols described in this manual;
- 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 *Domestic Violence Coordinated Access System* is functioning as intended;
- Making periodic adjustments to the *Domestic Violence Coordinated Access System* as determined to be necessary;
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders;
- Updating policies and procedures;
- Managing all PR requests related to *Domestic Violence Coordinated Access System*; and
- Assessing and making recommendations for funding and staffing positions to support the work of a coordinated system
- Keeping the Steering Committee informed
- Working with the Steering Committee and the Coalition for the Homeless to increase housing inventory.

Project Manager – The *HCDVCC* staffs the *Domestic Violence Coordinated Access System* Project Manager position. The project manager role involves management of the DV Coordinated Access System, including but not limited to the following:

- Serving as point person and lead to the work group;
- Reporting to the Steering Committee;
- Providing Coordinated Access training to participating agencies;
- Creating and administering the SharePoint;
- Generating any necessary reports;
- Communicating to user agencies and outreach coordinators;
- Coordinating the development of assessment tools and business rules in the Operations Manual; and

- Monitoring system performance (DV CA Staff, SharePoint, Providers, etc.)

Housing Assessors – Agency staff members who visit with clients and assess them for eligibility and prioritization for the assessment list.

Housing Liaisons – The point person for each agency that attends the first and third Thursday of the month multi-agency meetings to solve problems and keep informed

Housing Navigators – In the second year of operations a housing assessor was hired to develop friendly work relationships with landlords and assist in increasing housing options.

Receiving Program - All Rapid Re-housing and Permanent Supportive Housing programs are *Receiving Programs* and are responsible for reporting unit availability to the *Coordinating Entity* in compliance with the protocols described in this manual and also for taking the highest prioritized client off the assessment list when funds/units become available.

Authorized User Agencies - Housing providers who wish to or are required to participate in the *DV Coordinated Access System*. Authorized User Agencies sign a Memorandum of Understanding (MOU) to have access to SharePoint, to maintain a list of available housing, make referrals, and place clients on the appropriate assessment list.

Target Population

The *DV Coordinated Access System* is open to all households who meet the HUD definition of Category 4 homeless, *(1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence**; and *(2) Has no other residence; and (3) Lacks the resources or support networks to obtain other permanent housing.* * This includes survivors of human trafficking.

The system uses locally developed prioritization tools (described in Definitions & located in the Appendix of this manual) to rank Applicants in order of vulnerability, with the most vulnerable households ranked at the top. On the domestic violence side, the primary indication of vulnerability is a lethality assessment based on the Danger Assessment score.

System Overview and Workflow

To illustrate how the *Domestic Violence 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 housing placement. The overview also describes roles and expectations of the partner organizations that play a critical function in the system. Additional details can be found in the subsequent sections of this manual and the Domestic Violence Coordinated Access workflow diagram.

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

- Step 1: Connecting to the Domestic Violence Coordinated Access System/Initial Request for Services - To ensure accessibility to households in need, the *DV Coordinated Access System* provides access to services from multiple, convenient physical locations at each member agency. These are the domestic violence designated Assessment Hubs. Households in need may contact the agency for services in person or by phone through any of the designated *Assessment Hubs*. Each agency will follow its own intake process, with an abbreviated process acceptable when client safety is in jeopardy.

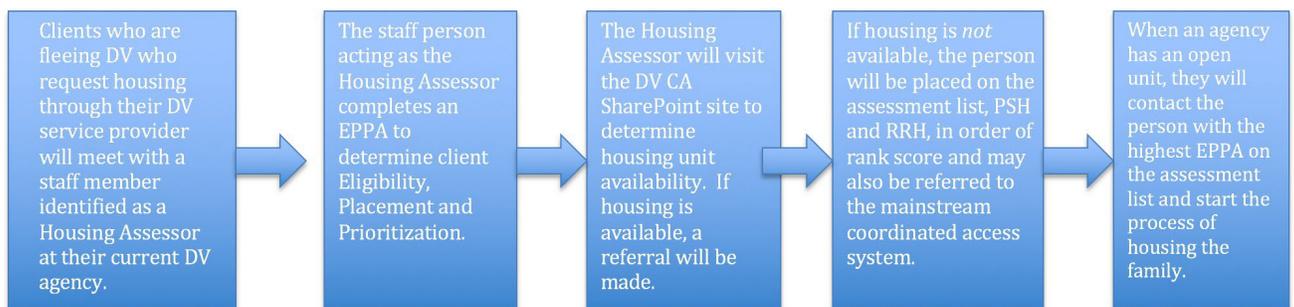
Step 2: Housing Assessment – Each agency will designate at least one staff member to act as a Housing Assessor who will be available to conduct the *DV Coordinated Access Housing Assessment, EPPA*, with households in need. If a previous Danger Assessment has been conducted by prior staff, that score will be entered into the EPPA. Staff administering the DA will be certified in using the instrument and/or supervised by a certified staff member. If a previous DA score is unavailable, the Housing Assessor will administer the DA and enter the score into the EPPA. Individuals and families must be re-assessed if more than 180 days have passed since the previous assessment. Once completed, the client will be assigned a de-identified number and the EPPA score entered into the client intake form in SharePoint. If a client has been on the assessment list for more than six months (180 days) they will automatically be moved to the timed-out list. Clients may be re-assessed and placed back on the Assessment list as needed from both the time-out and resolved (unable to contact) lists.

- Step 3: Housing Match - Information gathered from the EPPA assessment is used to determine which housing intervention is best suited to end the household’s homelessness, PSH or RRH. The former requires a documented disability. If the person has a documented disability they will be referred to PSH. If they do *not* have a documented disability, they will be referred to RRH. If they do not have a documented disability but claim a disability and/or score positively on screens for TBI, PTSD, or depression, they may be referred for a mental health evaluation and then be re-assessed for housing at a later date.
- Step 4: Housing Referral - Once the recommended intervention and eligible programs have been identified and the household member(s) have decided which programs they are interested in; the following options are available to the *Housing Assessor*:

- a. The household can be added to the appropriate Assessment List if no open units are available
 - b. If a DV program can document chronic homelessness (three or more shelter stays in a year), the person may be eligible for PSH on the mainstream homeless side and should be referred.
- **Step 5: Housing Navigation** – Our new housing navigator develops working relationships with landlords in order to increase housing options for our clients while also working with housing case managers to find safe housing for DV families.

Below is an illustration of the CA Workflow:

Greater Houston’s Domestic Violence Coordinated Access Workflow



DV Coordinated Access Policies and Procedures

1. Connecting to the Domestic Violence Coordinated Access System

- 1.1. **Locations & Hours** – Assessments are conducted by designated assessors at each participating domestic and sexual violence organization, that is, each of the domestic service provider agencies that is a part of the CoC. Their locations are listed in the appendix and hours vary, with most open at least from 9am to 5:30pm, while some also have evening hours. Walk-ins are welcome, but appointments preferred. The Steering Committee selected this de-centralized, rather than centralized, system.
- 1.2. **Eligibility** – DV 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 DV *Coordinated Access System* uses the criteria outlined in the Program Models to accurately match needs to resources.

- 1.3. Marketing/Advertising – As needed, the *DV Coordinating Entity* will send information and updates regarding the *DV Coordinated Access System* via email to stakeholders and the general public. The *Coordinating Entity* also distributes any necessary flyers or brochures.

2. Housing Assessment Process

2.1. Housing Assessors

- 2.1.1. Roles and Responsibilities - *Housing Assessors* are designated staff from participating domestic and sexual violence service providers. *Housing Assessors* will be designated as the Assessor for their agency. For some agencies an assessor might also be an intake worker, for some a case manager, and for others a housing case manager.
- 2.1.2. All *Housing Assessors* are required to complete the EPPA with individuals in need of housing. If a Danger Assessment (DA) score is not readily available from the case file, the Danger Assessment will be re-administered and computed in the EPPA. The Danger Assessment may be given as a paper and pencil test or a certified DA assessor can use the DA online calculator. A higher score on the assessment demonstrates higher prioritization due to increased vulnerability. The Housing Assessor will provide the EPPA information (prioritization score, date of assessment, referral agency, and size of household) to the Housing Liaison to enter into the client intake form on the SharePoint site, which places them on the assessment list. The Housing Assessor may also refer the client to the mainstream Homeless Coordinated Access System. Each agency will establish their de-identified numbering system beginning with their agency number (1-7) and continuing with a system of numbers. Each agency is responsible for maintaining the confidential and secure file that connects the de-identifier with the client's identifying information.
- 2.1.3. Assessing Sexual Assault Survivors – Since the Danger Assessment is not an appropriate instrument for sexual assault survivors, they will be awarded an automatic 30 points rather than using the DA. To be eligible for housing, the assault must have occurred outside of an intimate partner relationship, perpetrated by a stranger or acquaintance, and happened in the victim's home or near vicinity.

2.1.4. *Housing Assessors'* responsibilities include, but are not limited to the following:

- Operating as the initial contact for the *DV Coordinated Access System*
- Conducting EPPAs and DAs
- Submission of referrals to the *Housing Liaison*
- Explain wait times to clients and encourage them to explore alternative housing options
- If possible, beginning to gather necessary documentation such as a self-certification of income, verification of disability, and documentation of homelessness to advance the process while the client is waiting for housing.

2.1.5. Training Requirements – *Housing Assessors* will be trained by the *Coordinating Entity* at regularly scheduled yearly trainings to assure consistent use of assessments across the system. The training consists of the “Housing Assessor Orientation” in addition to training on the DV Coordinated Access workflow and EPPA Assessment. Assessors will also be certified in using the DA or supervised by a certified staff person.

Release of Information –

2.3 A release of information (ROI) is *not* necessary in order to place the client’s EPPA score on the SharePoint site since no identifying information is being collected. A ROI will be necessary at the point of referral when the referring agency transfers the client’s identifying information to the receiving agency. Upon referral and after a client signs the ROI, the client’s EPPS and intake information will be faxed or handed to the receiving agency.

2.4 Timeline - The *Receiving Program* will mark the case as resolved, unable to contact, if the assigned case manager has been unable to contact the household after five business days. If a household contacts the *Receiving Program* after the five days have expired, the *Housing Liaison and/or Housing case managers* will staff the case on a case by-case basis.

3. Housing Liaisons

3.1.1. Roles and Responsibilities *Housing Liaisons* are designated staff from participating domestic and sexual violence service providers. *Housing Liaisons* will be designated as the Liaison for their agency.

3.1.2. *Housing Liaisons* will attend the first and third Thursdays of the month *Housing Liaison Group* meetings.

3.1.3. Each *Housing Liaison* will update the *Housing Availability* for their agency weekly. *Housing Liaisons* will upload the specified and limited client de-identified data into the *Assessment list* at their convenience.

3.1.4. *Housing Liaisons* will take the calls, emails, or verbal referrals from the *Referring Agency* and assign to the *Receiving Agency* case manager.

- 3.1.5. Housing Liaisons will enter client de-identified data into the SharePoint site.
- 3.1.6. Housing Liaisons will problem solve during first and third Thursdays of the month Housing Liaison Group meetings any issues that arise.
- 3.1.7. Housing Liaisons will evaluate the DV CA work processes by identifying patterns of prioritization or refusals and suggest changes as necessary.
- 3.1.8. The Housing Liaisons will modify procedures as needed to make the system work more efficiently and then make recommendations to the Steering Committee for consideration and approval.

4. Housing Matching

- 4.1.1. HCDVCC Responsibilities – HCDVCC Staff is responsible for the daily administration of the SharePoint software and providing technical assistance and user training to participating agencies and end-users.
- 4.1.2. Housing Case Managers/Housing Assistance of the Receiving Agency – Roles and Responsibilities - *Housing Case Managers* are staff from designated domestic and sexual violence service providers and office out at their home agencies.
 - Collecting & uploading necessary documentation, securing additional financial assistance if needed, providing transportation, accompaniment to potential housing options, assisting client with application packet, etc.
 - Assisting client in obtaining necessary documentation required for housing
 - Assisting clients in navigating any challenges related to the housing process (application and/or inspection process, landlord negotiation, etc.)
 - Assisting clients in finding units and inspecting units
- 4.1.3. Training Requirements – *Housing Case Managers* are trained by their individual agencies as well as a training by the *Coordinating Entity*. The training consists of a “Housing Case Manager Orientation.”
- 4.1.4. Timeline – When a receiving agency has the funds/units to house a family, they enter the SharePoint site and take the person with the highest EPPA score off the list top of the list, moving them from the “referred” to the “received” list. The agency receiving them writes in their agency name and the date the person was received. Three attempts over the course of five business days will be made to

contact the client before moving on to the next client and each attempt at contact will be documented in the SharePoint site. If a client declines three consecutive housing opportunities their case will be staffed at the next housing liaison meeting to determine whether they should be removed from the list or given another opportunity. Each time they decline a housing opportunity, the “recycle” box will be checked.

4.1.5. Unit Availability/Vacancy Posting – All Rapid Re-housing and Permanent Supportive Housing Programs are required to post availabilities on the SharePoint site within 24 business hours of unit/bed availability. If providers know of an impending vacancy, they are able to post the anticipated availability date up to 14 days before unit vacancy. Programs must update vacancy information on the SharePoint site within 24 business hours of a unit/bed being filled and/or bring that information to the bimonthly *Housing Liaison Group Meeting*. This information is crucial in determining what resources are available. The housing availability table is on the homepage of the SharePoint site.

5. Although the domestic violence agencies are committed to the coordinated access program we have developed, there may be rare occasions when it is necessary to step outside our planned process in order to address larger issues such as funding deadlines or family emergencies. In rare occasions agencies can adopt an **End-of-Grant Exception Status** where instead of taking the first person off the Assessment List with the highest score, they can take their agency clients instead in the interest of housing people in the *timeliest* way possible. Since this action could represent a slippery slope, the housing liaison group will carefully monitor all **End-of-Grant Exception Status** actions. The proposed alternative action *must be brought* to the housing liaison group for discussion, preferably before the action is taken, but also after the action is taken as soon as possible. This action may be taken **only within four months** of a grant’s end or deadline when funds must be spent. The alternative action may mean taking the agency’s own clients to house rather than taking them off the priority list due to sensitive time and funding considerations.

6. All proposed changes to operations that require addition to the Operations Manual, suggested by the Housing Liaison working group, will be shared **within a week of their proposal** to the steering committee for their review and vote and will include a rationale or additional context to demonstrate why they are being suggested.

7. Housing Referral

7.1. Assessment list – There is one combined assessment list for permanent supportive housing (PSH) and rapid rehousing (RRH).

7.1.1. Both PSH and RRH clients are prioritized based on their EPPA scores.

7.1.2. Housing Liaisons will review monthly statistics from the Assessment and associated lists at the *Housing Liaison Group* meetings.

- 7.1.3. If a Receiving agency has an opening for a family for either PSH or RRH housing, the *Housing Liaison or Assessors* will select the client with the highest EPPA score and then call or email the contact at the *Referring Agency*. When multiple agencies have housing availability, the grant end date will be used to choose the order of agencies taking referrals. That is, the agency with the closer grant end date will take clients first before the agency with the later grant date. Case Managers at the *Receiving Agency* will attempt to make contact with the client for five (5) business days with at least three attempts over at least three days that are documented in the SharePoint site. Instead of taking the first client off the list, agencies may filter the list based on specific requirement such as requesting culturally-specific services or needing to select a client in a certain zip code. When those lists are filtered, the client with the highest EPPA score on the filtered list will be chosen.
- 7.1.4. If the client cannot be contacted within that timeframe, then staff moves on to the next client on the list. The reason moving on to the next person (self-resolved or unable to contact) will be detailed in the client intake form and the date provided.
- 7.1.5. Once staff makes contact with the client, the client must decide immediately whether to accept or decline the program.
- 7.1.6. If the client accepts the unit, he/she moves forward in the next steps towards move-in.
- 7.1.7. If the client declines services from the provider, then the next client on the waitlist is contacted and the client that declined remains in the top position on the list in order to work with their preferred provider or obtain their desired geographic location. The reason for their decline is documented on the intake form and they are designated as “recycled.” If a client declines three housing opportunities their case will be staffed at the next housing liaison meeting to determine whether they should be removed from the list or given another opportunity.
- 7.1.8. The DV coordinated access program is dedicated to Housing First principles and helping DV survivors with numerous housing barriers find housing. However, sometimes due to landlord restrictions the client is unable to secure housing. If after 30 days from Client Contact Date the receiving agency is unable to secure housing, they may move onto the next person on the list. Such cases will be discussed at the Housing Liaison Group meetings. A referral to PSH and other community resources are recommended.
- 7.1.9. In order to move the referral along in a timely manner, the referral program will gather the following documents and have them ready to fax to the receiving agency when the

referral is made as indicated on the SharePoint site. The receiving agency will also email the referring agency to let them know when a client has been received from the top of the Assessment List: 1) registration for services, 2) victimization information, 3) offender information form, 4) child information/intake form, 5) documentation of homelessness, and 6) proof of residency. The referral agency must have a release of information (ROI) on file in order to fax these documents to the receiving agency.

7.2. Receiving Program Responsibilities – Once a client is selected from the Assessment List, the Receiving Program must contact the client within five business days. The Receiving Program can “resolve” (unable to contact) the referral if the assigned case manager has been unable to contact the household after business five days. If unable to contact, the Housing Liaison will mark them as “unable to contact” in the “resolved” drop down menu, the date of resolution, click “save,” and as a courtesy, notify the referring agency of the action. The client will then exist on the “resolved” list. If a household contacts the Receiving Agency after the five days have passed, the case manager will *make a decision on a case-by-case basis on how to handle the family, that is, to keep them on the resolved list or move them back to the received list and try to house them.*

7.2.1. 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 Receiving Program has been unable to make contact with the individual or family for five business days;
- 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 property owner/landlord due to certain criminal behaviors; or
- other exceptions to be agreed upon or determined by a majority of the Housing Liaisons at the first and third Thursdays of the month Housing Liaison Group meeting.

Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services. The Receiving Program must update the referral outcome in SharePoint for any decisions to accept or reject a client. 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 Referring Agency, refer the client back, and document that outcome in SharePoint. Reason for denial must be communicated to the client as soon as possible.

- 1.1.1. Client Choice – Clients may decline a referral because of program requirements that are inconsistent with their needs or preferences. For instance, clients, perhaps on the advice of their case manager, may decline to move into RRH even when they are at the top of the list if their safety is in question and if the security of the emergency shelter may be a better and safer option for them. They will not be penalized for making safety their first priority as it is the first priority of the entire system. The client can be “recycled” or kept on the Assessment list two times. However, if a client declines three housing opportunities, their case will be staffed at the next housing liaison meeting to determine whether they should be removed from the list or given another opportunity.
 - 1.1.2. Client Appeal – All clients have the right to appeal eligibility determinations issued by any *Receiving Program*. *Housing Assessors* 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 first and third Thursdays of the month *Housing Liaison Group* meeting.
 - 1.2. Move-In – If the homeless individual or family is accepted, the *Receiving Program* must arrange for safe housing for the incoming client. 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 Case Manager*. 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. When the client moves into their home, the housing liaison will indicate the move in-date and check “housed” as the option under “resolution” in the client intake form on the SharePoint site.
 - 1.3. PSH to PSH – under the CoC Program, permanent supportive housing projects may serve individuals and families from other permanent supportive housing projects who originally met the eligibility requirements for permanent supportive housing so long as the program participants were eligible for the original permanent supportive housing (Section 423(f) of the McKinney-Vento Act, as amended by the HEARTH Act). This means that an individual or family may transfer from one permanent supportive housing program to another under the CoC Program. This could occur under the following circumstances:

- If there were another permanent supportive housing program that better met the service needs of the program participant;
- The program participant is evicted by the landlord or housing program and the participant is still eligible for case management services; or
- The current permanent supportive housing program in which the individual or family is enrolled in has lost their funding.

1.3.1. PSH to PSH Referral – If any of the above scenarios apply, a staff member from the current PSH must notify the *DV Coordinated Access Liaison Group* in writing via email to initiate the process of transferring the client. The *DV Coordinated Access Liaison Group* will verify that the request falls within the guidelines for the transfer as outlined in this manual. The *DV Coordinated Access Liaison Group* will determine if a PSH unit is available, create the referral in SharePoint, and notify the current PSH. The current PSH will then be responsible for assisting the program participant in completing the documentation necessary for the new PSH. Transfer requests outside of the ones outlined in this manual will not be approved. If no PSH unit is available, then the current PSH will have to continue to work with the program participant in securing alternate safe housing options including emergency shelter.

1.4. Referrals to and from other systems not using SharePoint – The *DV Coordinated Access System* appropriately addresses the needs of Veterans.

1.4.1. Veterans – When a homeless or at-risk individual is identified by the *DV 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 VA services, the *Housing Assessor* at the VA Drop-In Center will complete the CA Assessment in HMIS and will either a) refer the household to an available unit or b) add the household to the appropriate waitlist in accordance with the processes outlined in this manual.

1.4.2. Clients will also be asked on the EPPA assessment if they desire South Asian or LGBTQ culturally appropriate services and the proper box on the client intake form will be checked and the referral made.

2. Housing Liaison Group

2.1. The *Housing Liaison Group* will meet once every two months on the first Thursday to review and resolve issues. Case briefings will be held in all instances in which an individual or family has declined more than two placements. Providers may also request a meeting, at their discretion, in other circumstances in which a client household is insufficiently engaged in actions necessary to secure a permanent placement.

In cases in which a homeless individual or family is facing program termination, the Provider will notify the *Housing Liaison Group*. The *Housing Liaison Group* may then require a meeting to review and determine next steps. The purpose of the meeting will be to discuss interventions used to date and resolve barriers to securing permanent housing including plans to have the individual or family re-assessed for a more suitable housing program.

The *Housing Liaison Group* will determine which parties will attend the meeting, including but not limited to the *Housing Assessor*, the *Housing Case Manager*, the *Receiving Program*, the client, and other contacts as determined necessary. The *Coordinating Entity* will make all logistical arrangements for the meeting, including, but not limited to, notifying all parties.

The Housing Liaison Group will also be responsible for reviewing monthly statistics and looking for patterns in the data, for example, which clients are moving to the top of the list and which are not, with an eye for evaluation to ensure that the EPPA instrument is working satisfactorily. If the EPPA is failing in some way to prioritize vulnerable clients, changes can be made.

Fair Housing, FVPSA, VAWA, and Other Statutory and Regulatory Requirements

Fair Housing Act

The CALG takes all necessary steps to ensure that the *DV 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 *DV 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 *DV 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 *DV Coordinated Access System* in a consistent manner with the statutes and regulations that govern their housing programs.

The *CALG* 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 *DV Coordinated Access System* may allow filtered searches for subpopulations while preventing discrimination *against* protected classes.

FVPSA

First authorized in 1984, the Family Violence Prevention and Services Act (FVPSA) is the only U.S. federal funding source dedicated directly to domestic violence shelters and services. Administered by the U.S. Department of Health and Human Services, FVPSA was reauthorized as part of the U.S. Child Abuse Prevention and Treatment Act (CAPTA) through fiscal year 2015 and was signed into law on December 20, 2010. With the 2010 amendment, the U.S. federal FVPSA confidentiality obligations (42 USC §10402) specifically parallel those of VAWA 2005. FVPSA prohibits their grantees from disclosing, revealing or releasing any victim’s confidential or private information without the victim’s informed, written and reasonably time-limited consent. All disclosures are prohibited unless compelled by statutory or court mandate. If disclosure of victim information is forced, adequate safety protections must be offered. Like VAWA, they include steps such as such as limiting release only to entities with a specific need to know, only providing the minimum amount of information necessary, taking steps to protect the privacy and safety of those impacted by the disclosure, and, making reasonable attempts to notify the victim of the disclosure.

VAWA

Initially passed in 1994, the Violence Against Women Act (VAWA) was the first U.S. federal legislation to acknowledge domestic violence and sexual assault as crimes. It provides federal resources to enhance investigation, prosecution, and community-coordinated responses. Reauthorized in 2000 and 2005, VAWA is administered by the U.S. Department of Justice’s Office on Violence Against Women. VAWA 2005 reauthorized existing programs to combat domestic violence, sexual assault, dating violence and stalking, and created new programs and provisions to address the emerging needs of survivors and communities. The U.S. federal Violence Against Women Act (VAWA) VAWA 2005 Section 3, 42 USC §13925(b)(2)(2008)¹ became effective in 2006, and provides for a universal grant condition that requires VAWA

grantees and subgrantees to maintain the confidentiality of personally identifying victim information. Failure to follow those universal grant conditions regarding victim privacy could result in a loss of funding. It prohibits disclosure of personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees' and subgrantees' programs without the informed, written, reasonably time-limited consent of the person (The FVPSA and VAWA confidentiality analyses are from statements issued by the National Network to End Domestic Violence (NNEDV) and can be accessed at their website at www.nnedv.org)

Evaluating and Updating Coordinated Access System Policies and Procedures

The implementation of the *DV Coordinated Access System* necessitates significant, community-wide change. To help ensure that the system will be effective and manageable for survivors and for the housing and service providers tasked with meeting their needs, particularly during the early stages of implementation, HCDVCC anticipates adjustments to the processes described in this manual. To inform those adjustments, the *DV 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 survivor focus groups arranged by the *Coordinating Entity*. Specifically, HCDVCC is responsible for:

- Leading periodic evaluation efforts to ensure that the *DV Coordinated Access System* is functioning as intended; such evaluation efforts shall happen at least annually and be presented in a report to the Steering Committee.
- Leading efforts to make periodic adjustments to the *DV 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 *DV 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 and published in an annual report by the HCDVCC, in conjunction with the *CoC Steering Committee* and the *Housing Liaison team*. These metrics will be displayed on the SharePoint Site and shall include indicators of the effectiveness of the functioning of the *DV 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 program
- Number/Percentages of *Eligibility and Referral Decision* appeals
- Number of program intakes not conducted through *DV Coordinated Access System*
- Completeness of data on assessment and intake forms

These metrics shall also include indicators of the impact of the *DV 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 *DV 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.

Appendices

Appendix 1: Proposed Community-Wide Prioritization Standards for DV CA

Housing Intervention	Prioritization	Subpopulation	Secondary Prioritization
PSH	1	Chronic Youth	1. Veteran
			2. Prioritization Score
			3. Length of Homelessness
			4. Date of Assessment
	2	Chronic Families	1. Veteran
			2. Prioritization Score
			3. Length of Homelessness
			4. Date of Assessment
	3	Chronic Singles	1. Veteran
			2. Prioritization Score
			3. Length of Homelessness
			4. Date of Assessment
4	Non-Chronic 19 - 26 Score Youth	1. Veteran	
		2. Prioritization Score	
		3. Length of Homelessness	
		4. Date of Assessment	
5	Non-Chronic 11 - 21 Score Families	1. Veteran	
		2. Prioritization Score	
		3. Length of Homelessness	
		4. Date of Assessment	
6	Non-Chronic High Scoring Singles	1. Veteran	
		2. Prioritization Score	
		3. Length of Homelessness	
		4. Date of Assessment	
RRH	1	Non-Chronic and 0-18 Score Youth	1. Veteran
			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			

Federal Prioritizations:

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

PSH is for:

- 1.) Chronics
- 2.) Youth (Chronic or 19–26 Score)
- 3.) Families (Chronic of 11–21 Score)

RRH is for:

- 1.) Youth (Non-Chronic and 0–18)
- 2.) Families (Non-Chronic and 0–10 Score)
- 3.) Singles (Non-Chronic)

DV Prioritization:

- 1.) Danger Assessment (DA) Score
- 2.) Veterans
- 3.) Chronics
- 4.) Families/ Youth
- 5.) Singles

DV Specific PSH and RRH is for:

- Youth
- Families
- Singles

With a DA Score of 10 or higher

Danger Assessment Score trumps every Subpopulation or Third Division on the list

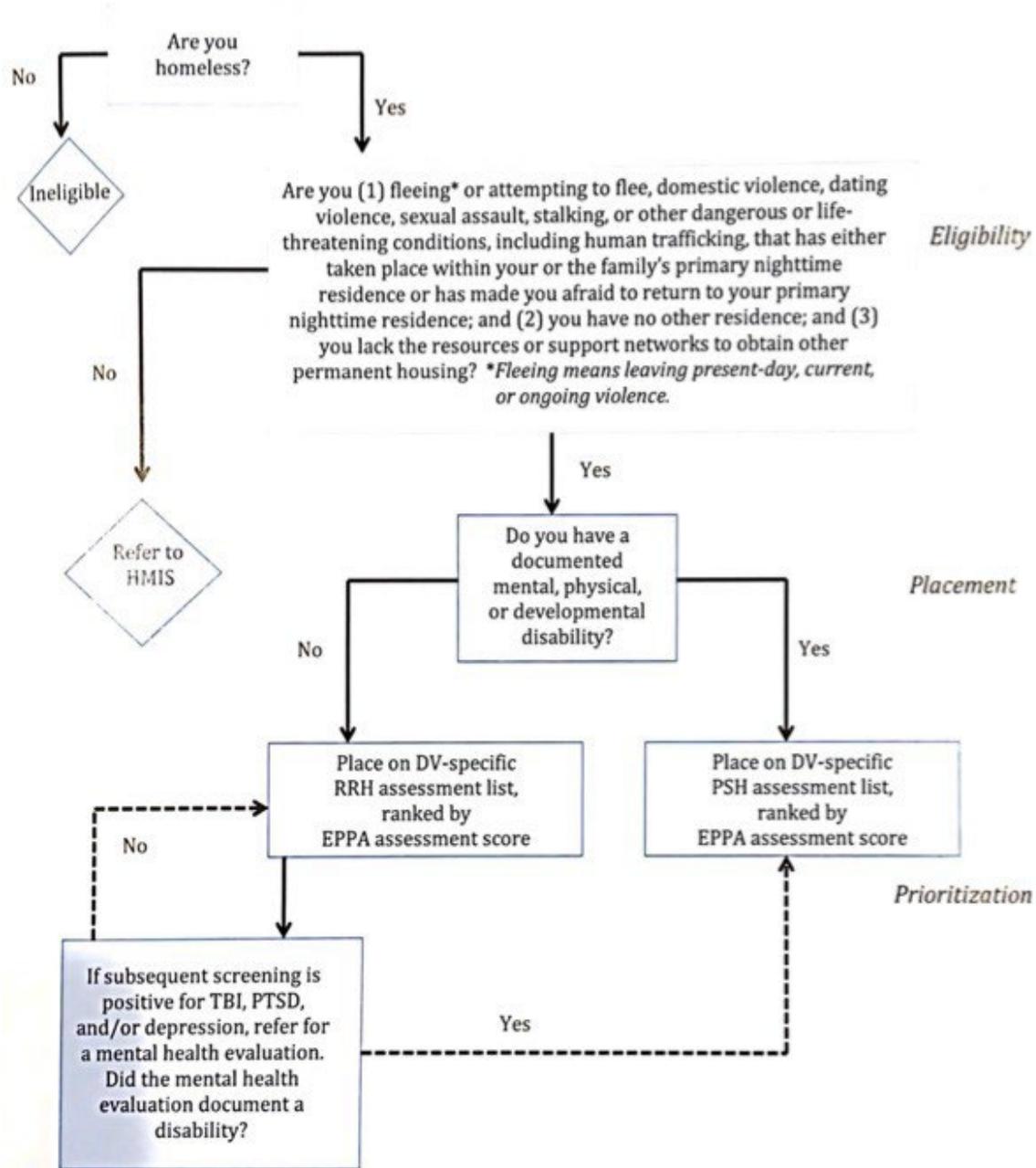
Appendix 2: Eligibility, Placement, and Prioritization Assessment (EPPA)

Domestic Violence Coordinated Access for Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) A 3-Step Assessment Tool	
Assessment Date: _____	Shelter entry date: _____
Assessor Initials: _____	Client ID #: _____
Interview Location: <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07	Client Name: _____
Phone: _____	
Step 1: Eligibility	
1 Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking or any other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child? (Category 4 definition of homelessness)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2 Was the client a victim of stranger or acquaintance sexual assault OUTSIDE of an intimate partner relationship AND the sexual assault occurred in your home or in the immediate vicinity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3 a. Did the violence take place in your primary nighttime residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Is it safe for you to go back to your primary nighttime residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Do you lack the resources or support networks to obtain other permanent housing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4 a. Was the violence committed by an intimate partner (IPV)? <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Ex-Partner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Was the violence committed by a family member (FV)? <input type="checkbox"/> Parent/Step-Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Grand-Parent <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> In-laws <input type="checkbox"/> Other Relative-same household <input type="checkbox"/> Other Relative-different household	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 Where are you currently staying? <input type="checkbox"/> Home with abuser <input type="checkbox"/> Living with family abuser knows location <input type="checkbox"/> Living with friends abuser knows location	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Are you literally homeless? <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Hotel/motel paid by nonprofit/govt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ELIGIBLE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If ineligible for Domestic Violence Coordinated Access, refer to other homeless services.	
Step 2: Placement (PSH or RRH)	
1 Has a doctor, teacher, or mental health professional told you that you have a disability? Some possible disabilities include: substance use, such as drug addiction or alcoholism; major mental illness, such as serious depression, anxiety, PTSD, thoughts of suicide, hallucinations; developmental disability, such as Down Syndrome, autism, or an intellectual disability or any other similar disability; or a chronic physical illness such as diabetes or HIV/AIDS or a disability that limits your ability to work or perform daily activities. If yes, may be a candidate for PSH.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2 Do you have documentation of the disability?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HOUSING PLACEMENT: <input type="checkbox"/> PSH <input type="checkbox"/> RRH	
Step 3: Prioritization (Safety and Vulnerability)	
1 What is your most recent score on the Campbell Danger Assessment?	0
2 Age: Are you 25 years or younger or 55 years and older?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3 Are you currently pregnant or have you given birth within the past year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4 Are you currently living with your abuser?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 Was the date of the last abusive incident within the last 6 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Has your abuser told you that if you call law enforcement you will be deported or your children will be taken away?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7 Does your abuser intentionally withhold your immigration documents, fail to file your immigration documents, or threaten to withdraw the petition for your lawful immigration status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8 If you are an immigrant, does the abuser prevent you from going to school, learning to drive, getting job training, or learning English?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9	Do your in-laws influence the abuser to escalate the physical and/or sexual violence?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Total Prioritization Score: 0			
Sub prioritization (only to be used as prioritization tie-breaker)			
1	Chronic: How long have you been homeless?	N/A days	
2	How long have you been in emergency shelter?		
3	Are you a veteran? (If yes, also refer to population-specific resources)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Agency Information			
1	Would you like to be referred to an agency that specializes in LGBTQ services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2	Do you need culturally specific resources related to the South Asian community?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3	Fleeing Zip Code: _____ Future Zip Code: _____		
4	Number of people in intended household including yourself?	<input type="text"/>	
5	Was the client referred to homeless services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Is the client already on the homeless services waiting list?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Client Name: 0 _____		Client ID #: 0 _____	
updated 6/21/2018			

Appendix 3: Path Model for DV CA

Path to a Safe Home: Eligibility, Placement, and Prioritization Assessment (EPPA)



Appendix 4: Danger Assessment for Women in Heterosexual Relationships with Weights

DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN Copyright © 1985, 1988, 2001

Several risk factors have been associated with homicides (murders) of both batterers and battered women in research conducted after the murders have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were beaten by your husband or partner. Write on that date how bad the incident was according to the following scale:

- (i) Slapping, pushing; no injuries and/or lasting pain
- (ii) Punching, kicking; bruises, cuts, and/or lasting pain
- (iii) “Beating up”; severe contusions, burns, broken bones
- (iv) Threat to use weapon; head injury, internal injury, permanent injury
- (v) Use of weapon; wounds from weapon (If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. (“He” refers to your husband, partner, ex-husband, ex-husband, or whoever is current physically hurting you.)

-
- ___ 1. Has the physical violence increased in severity or frequency over the past year?
 - ___ 2. Has he ever used a weapon against you or threatened you with a weapon?
 - ___ 3. Does he ever try to choke you?
 - ___ 4. Does he own a gun?
 - ___ 5. Has he ever forced you to have sex when you did not wish to do so?
 - ___ 6. Does he use drugs? By drugs, I mean “uppers,” amphetamines, speed, angel dust, cocaine, “crack”, street drugs or mixtures.

- ___7. Does he threaten to kill you and/or do you believe he is capable of killing you?
- ___8. Is he drunk every day or almost every day? (In terms of quantity of alcohol.)
- ___9. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here:___)
- ___10. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here:___)
- ___11. Is he violently and constantly jealous of you? (For instance, does he say, “If I can’t have you, no one can.”)
- ___12. Have you ever threatened or tried to commit suicide?
- ___13. Has he ever threatened or tried to commit suicide?
- ___14. Does he threaten to harm your children?
- ___15. Do you have a child that is not his?
- ___16. Is he unemployed?
- ___17. Have you left him during the past year? (If you *never* lived with him, check here:___)
- ___18. Do you currently have another (different) intimate partner?
- ___19. Does he follow or spy on you, leave threatening notes, destroy your property, or call you when you don’t want him to?

Total “Yes” Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

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Danger Assessment Certification

_____ has completed the
Danger Assessment Training Program
 and is **certified** to use the
Danger Assessment and Levels of Danger Scoring System
 to evaluate the level of danger in domestic violence cases.

Jacquelyn C Campbell, PhD, RN, FAAN Anna D Wolf Chair Associate Dean for Faculty Affairs The Johns Hopkins University School of Nursing	Date
NAME OF VICTIM:	
Danger Assessment Scoring Revised 2004	
Add total number of "Yes" responses, 1 through 19. Add 4 points for a "Yes" to question 2 Add 3 points for each "Yes" to questions 3 and 4. Add 2 points for each "Yes" to questions 5, 6 and 7. Add 1 point for each "Yes" to questions 8 & 9 Subtract 3 points if 3a is checked	
Levels of Danger	TOTAL
Less than 8	Variable Danger
8 – 13 14 -17 18 or more	Increased Danger Severe Danger Extreme Danger
Use of this Danger Assessment Scoring system is restricted to <hr/> Danger Assessment Certified xx/xx/ 2005	

Appendix 5: Danger Assessment-Revised

for Use in Abusive Female Same-Sex Relationship

Nancy Glass, PhD, MPH, RN & Jacquelyn C. Campbell, Ph.D., R.N., FAAN

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Several risk factors have been associated with increased risk re-assault of women in abusive same-sex relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of repeat abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("She" refers to your female partner or ex- partner)

Yes

- _____ 1. Is she constantly jealous and/or possessive of you?
- _____ 2. Does she try to isolate you socially?
- _____ 3. Has the physical violence increased in severity or frequency over the past year?
- _____ 4. Has she threatened you with a gun over the past year?
- _____ 5. Have you lived with her in the past year?
- _____ 6. Has she ever abused you or threatened to abuse a previous intimate partner, or their family, members or friends?
- _____ 7. Does she use illegal drugs (by illegal I mean "Uppers" or amphetamines, meth, speed, angel dust, cocaine, crack, street drugs, or mixtures) or abuse prescription medication?
- _____ 8. Is she an alcoholic or problem drinker?
- _____ 9. Does she try to control or limit your spirituality?
- _____ 10. Does she constantly blame you and/or put you down?
- _____ 11. Has she destroyed or threatened to destroy things that belong to you?
- _____ 12. Has she threatened to harm a pet, an elderly family member, or a person you care for with a disability?
- _____ 13. Has she ever violated a restraining order?
- _____ 14. Does she stalk you, for example, follow or spy on you, leave threatening notes or messages on your phone, call you when you do not want her to?
- _____ 15. IF you were being abused by her and tried to get help, do you think people would **not** take you seriously?

_____16. If you were being abused by her, would fear of reinforcing negative stereotypes about female same-sex relationships and/or being discriminated against prevent you from seeking help, for example, help from friends, domestic violence advocates, or health care providers?

_____17. If you were having serious difficulties with her, would you keep it a secret out of fear or shame?

_____18. Have **you** threatened for tried to kill yourself?

_____ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

Weighted for DA-R

Yes to item 1 = 4 points

Yes to item 2 = 3 points

Yes to item 3 = 2 points

Yes to item 4= 2 points

Yes to item 5= 2 points

Yes to item 6 = 2 points

Yes to items 7-17 = 1 point each

Item 18 is not scored, assessing her suicide risk, refer as needed

Appendix 6: Participating Domestic and Sexual Violence Agencies

Bay Area Turning Point (BATP)

Address: 210 S Walnut St, Webster, TX 77598

Phone: (281) 286-2525

Fax Number: 281-557-0290

The Bridge Over Troubled Water (TBOTW)

Address: 3811 Allen-Genoa Rd, Pasadena, TX 77504

Phone: (713) 472-0753

Fax Number: 713-472-8759

Daya, Inc.

Address: P.O. Box 571774

Houston, TX 77257

Phone: (713) 981-7645

Ft. Bend Women's Center (FBWC)

Address: 501 E. Highway 90A, Richmond, TX 77406

Phone:(281) 344-5750

Fax Number: 713-472-8759

Houston Area Women's Center (HAWC)

Address: 1010 Waugh Dr., Houston, TX 77019

Phone: (713) 528-2121

Fax Number: 713-528-6363

Montgomery County Women's Center (MCWC)

Address: 1401 Airport Road, Conroe, TX 77301

Phone: (936) 441-4044

Northwest Assistance Ministries

Address: 15555 Kuykendahl Rd, Houston, TX 77090

Phone: (281) 885-4555

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