



TX 503 - Austin/Travis County Continuum of Care MANUAL OF POLICIES & PROCEDURES

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I. CoC Governance

Approved by the Membership Council on: May 11, 2016.

Effective Date: May 11, 2016

A. Regulatory Citation

24 CFR Part 578

B. HUD Guidance Documents and Resources

- CoC Duties: Establishing and Operating a Continuum of Care
hudexchange.info/resources/documents/EstablishingandOperatingaCoC_CoCProgram.pdf

C. Geographic Area of the Continuum of Care

The geographic area of the Continuum of Care TX 503 named is the City of Austin, City of Pflugerville and Travis County.

D. Purpose

A CoC board shall develop policies and procedures conforming to the U.S. Department of Housing and Urban Development (HUD) requirements detailed in 24 CFR part 578.1 to:

- a. Designate a CoC Lead Agency to serve as the Collaborative Applicant to operate the Continuum of Care;
- b. Designate an Administrator of the Homeless Management Information System; and
- c. Conduct year-round Continuum of Care planning of homeless and homeless prevention housing and services.

E. Mission

The mission of the Continuum of Care is to lead, develop and implement strategies and resources to end homelessness.

F. Continuum of Care Governance Charter

The Continuum of Care shall elect a Board of Directors, hereafter called the Membership Council, to be governed by a Governance Charter. The CoC Membership Council is the decision-making body of the CoC. The Governance Charter shall provide procedures for:

- Invitation, selection, term and conduct of Continuum of Care board membership and leadership;
- Establishment of committees and the appointment and duties of members;
- Board meeting frequency, reporting and public participation requirements; and
- Charter review and approval.

► As required by 24 CFR 578.7(a)(5) the Continuum of Care Governance Charter will be reviewed, updated and approved by the CoC Membership Council annually in consultation with the Collaborative Applicant and the Homeless Management Information System (HMIS) Lead. Refer to the *Appendix section* for a copy of the *CoC Governance Charter*.

G. Membership Council: Composition, Selection, Terms, and Leadership

a) Composition

Following 24 CFR 578.5(a) the CoC Membership Council shall include community representatives within the geographic area of the Continuum of Care who are:

- a. Homeless or formerly homeless individual(s), and
- b. Representatives of the relevant organizations and projects serving the homeless population such as:
 - i. Business
 - ii. Behavioral Health
 - iii. Primary Health
 - iv. Criminal Justice/law enforcement
 - v. City HHS
 - vi. City NHCD
 - vii. County HHS
 - viii. Employment
 - ix. Private Funder
 - x. Youth
 - xi. Public ISD
 - xii. Veterans - non HUD funded provider
 - xiii. DV – non HUD funded provider
 - xiv. Representative from ECHO Board of Directors
 - xv. HUD Funded Provider 1 – Permanent Housing
 - xvi. HUD Funded Provider 2 – Interim Housing
 - xvii. HUD Funded Provider 3 – City PHA
 - xviii. HUD Funded Provider 4 – County PHA
 - xix. Chairs of any established Membership Council Work-Groups
- c. Governmental and quasi-governmental entities may request of the CoC Membership Council the right to appoint a member.
- d. Advisory Seats: In addition to the above roles, council members may designate non-voting representatives to attend and participate in meetings to provide advice and expertise on particular issues.

b) Members Selection

There will be an annual call for nominations from the public to fill any vacancies existing on the Membership Council. The Chair will appoint an ad-hoc committee to review the nominations and complete a slate of candidates to complete the membership and to serve as officers.

The existing Membership Council will approve the new members to be slated to fill such vacancies by majority vote. Vacancies may be filled immediately or through the annual nominating process. The slate shall be elected by the stakeholders at the ECHO fall stakeholder meeting.

c) Minimum Requirements of Members

CoC Membership Council members will demonstrate a commitment to the goals and objectives of the Continuum of Care by regularly attending Membership Council meetings.

d) Terms

Membership Council service is defined as three-year terms. The terms shall be staggered to insure continuity of the council. After the passage of one year from the expiration of their term such individual can be considered for reelection to the Membership Council. Members will serve terms from January through December.

Officers: Each officer shall hold office for a term of one (1) year or until successors have been elected and qualified. Officers may serve up to two (2) consecutive terms. No person may hold more than one (1) office.

H. Membership Council: Meetings and Committees

a) Meetings

The Membership Council will conduct monthly meetings (twelve during a calendar year) and per 24 CFR 578.7(a), two of those meetings will be public meetings of the full membership with published agendas. One of the twelve meetings will also be dedicated to reviewing and updating the CoC's business, structure, and operations.

A number equal to a majority of the council members shall constitute a quorum for the transaction of business at any meeting. The Membership Council will review and approve the minutes from prior meetings during its board proceedings.

b) Committees

The Membership Council shall create committees, subcommittees and workgroups as necessary to accomplish its purpose, roles and responsibilities. Refer to the Appendix section to see the *CoC's Current Workgroup Structure*.

I. Selection and Evaluation of the Collaborative Applicant

The Membership Council will select an eligible organization to serve as the Collaborative Applicant. The Collaborative Applicant is responsible for coordinating and submitting the HUD Continuum of Care Homeless Assistance Grant and conducting Continuum of Care Program activities. Currently, the selected organization is the Ending Community Homelessness Coalition (ECHO). ECHO was first elected as the Collaborative applicant on 08/09/2012 and has been voted and approved for renewal since. Membership Council evaluates ECHO's role as the Collaborative Applicant annually.

J. Selection and Evaluation of the HMIS Administrator

The Membership Council will select a single eligible organization to serve as the HMIS Administrator responsible for administering the HMIS in compliance with requirements prescribed by HUD.

Currently the selected organization is the Ending Community Homelessness Coalition (ECHO). ECHO was elected as the HMIS Lead back in 08/09/2012 and has kept its designation since 2012.

K. Continuum of Care Policies and Procedures

The Membership Council is responsible for setting the policies and procedures for the governance, operations, written standards for assistance and coordination of the Continuum of Care. Policies and Procedures (as detailed in this document) will be approved by the CoC Membership Council by consensus.

► The Membership Council will review written standards on periodic basis, considering:

- Provide feedback on the current written standards;
- Program participant feedback on the Coordinated Entry Process;
- The effectiveness and appropriateness of housing and services for current program participants;
- The CoC's success at meeting the performance standards in Section 427 of the McKinney-Vento Act;
- Changes in the characteristics of the homeless population within the CoC; and
- Changes in the housing and service resources available.

II. CoC Program Grant

Approved by the Membership Council on: May 11, 2016.

Effective Date: May 11, 2016

A. Regulatory Citation

24 CFR 578.7

B. HUD Guidance Documents and Resources

Overview of CoC Program Components and Eligible Costs

<https://www.hudexchange.info/resource/3146/coc-program-components-and-eligible-costs/>

C. Collaborative Applicant

The Collaborative Applicant is the entity designated by the Continuum of Care (CoC) to submit the CoC Registration for the Austin/Travis County Continuum of Care TX-503 and the CoC Program Homeless Assistance Grant Application on behalf of the CoC. The Collaborative Applicant is ECHO and is designated annually by the Membership Council.

D. Grant Inventory Worksheet

In consultation with each of the CoC's Program project applicants and the local HUD Community Planning and Development (CPD) field office, the Collaborative Applicant is responsible for ensuring the timely submission and accuracy of the Grant Inventory Worksheet (GIW). The GIW is used to calculate the CoC's Annual Renewal Demand for funding to be considered for the annual CoC Program Grant Competition. GIW Instructions are available on HUD's exchange page: <https://www.hudexchange.info/resource/4409/grant-inventory-worksheet-giw-instructions/>

E. Project Evaluation, Monitoring and Performance Reporting

The Collaborative Applicant will utilize the Continuum of Care Planning Grant to provide program monitoring, evaluation and reporting of programs funded under the CoC Program Grant.

The Collaborative Applicant will maintain and review HMIS data quality reports, Annual Performance Reports (APRs) and other documentation as necessary to measure the Continuum of Care's progress in meeting HUD CoC Program Grant expectations, goals and objectives.

The Membership Council may approve additional performance measurement requirements as necessary to report progress on local goals and objectives. Collaborative Applicant staff will communicate with CoC Program recipients throughout each program year to ensure that they are aware of expected performance standards required by HUD and the Membership Council.

All CoC Program Grant recipients and subrecipients are required to provide the following documents

to the Collaborative Applicant:

- Final eSNAPS Project Application
- Final eSNAPS C1.9a Technical Submission
- Leverage Documentation
- Match Documentation
- Quarterly report on LOCCS drawdowns of CoC Program funds
- Quarterly Performance Scorecards
- HUD monitoring reports
- Grant Closeout
- Confirmation of APR submissions
- Approval and final documentation related to grant amendments or minor grant changes

a) Quarterly CoC Project Performance Scorecards

Continuum of Care funded projects will complete a *Quarterly Performance Scorecard* on a quarterly basis to measure: 1) their progress in meeting grant requirements and annual performance goals established in the Continuum of Care Program Grant, 2) their contributions to meeting CoC levels performance goals, and 3) whether they are meeting HMIS data quality standards.

Project performance will be monitored on a quarterly basis via the HMIS generated APR and CoC Performance Scorecards. The Performance Scorecards measure performance on several benchmark criteria and are selected based on HUD recommended performance measures. Scorecard calculations will be generated by project staff running reports from HMIS, completing the fields in the Quarterly Performance Scorecard form, and submitting documents to ECHO for final review.

Quarterly reports are due approximately 10 days after the end of each quarter.

The quarters are as follows:

- | | |
|--------------------------|--------------------------|
| • 1 st Reporting Period: | April 1 – March 31 |
| • 2 nd Reporting Period: | July 1 – June 30 |
| • 3 rd Reporting Period: | October 1 – September 30 |
| • 4 th Reporting Period: | January 1 – December 31 |

CoC funded projects are monitored by ECHO through data collected from HMIS or comparable database (for Victim Service Providers). Quarterly Performance Scorecards measure performance on 12-items in which points are awarded for meeting benchmark standards. The awarded points from all 12-items are calculated so that the total number of points a project can receive is 100 points (32 for HMIS standards and 68 for Project Performance standards).

Depending on the performance of the project in the *Quarterly Performance Scorecard*, the CoC may provide technical assistance to the project either as requested by the agency conducting the project or based on need determined by the Collaborative Applicant.

b) Core Funding Principles

The Collaborative Applicant will use a [Core Funding Principles](#) document as a tool for prioritization of funding in the CoC Program Grant local competition. See appendix for a copy of the document.

c) Actions against Poor Performance

CoC Program recipients who do not meet local and/or HUD performance targets and/or do not meet expectations and compliance of program and grant management of their CoC programs, as documented in either or both the *CoC Quarterly Performance Scorecard reports* or monitoring reports may be required to participate in a Performance Improvement Plan as outlined in the [Performance Improvement Plan Policy](#). Projects that do not meet performance or administrative threshold standards outlined in the Performance Improvement Plan may be subject to having their projects reduced in whole or in part through the reallocation process. Programs may reallocate voluntarily or involuntarily during the local competition renewal process as allowed in 24 CFR 578.7(a)(6) or as permitted in HUD's CoC Grant Notice of Funding Availability (NOFA). Membership Council reviews and approves the reallocation process outlined in the [CoC NOFA Reallocation Policy and Procedure](#). Actions against poor performance of Emergency Solutions Grant (ESG) recipients and subrecipients are detailed in the ESG section of the policies and procedures.

F. Application for CoC Program Grant Funds

Upon HUD issuance of the CoC NOFA, the Collaborative Applicant will prepare a master timeline of the CoC Program Grant process and will conduct the following steps to ensure a well communicated process for organizations to apply for CoC Program Funds. Steps will include but are not limited to:

- a. Establish all application, review and announcement deadlines with sufficient time to achieve reasonable public participation in the grant process and allow for timely submission to HUD,
- b. Issue a local request for proposals for CoC Program Funds;
- c. Publicize the request for proposal announcement through the Collaborative Applicant website, and email broadcasts;
- d. Conduct a briefing on the CoC Program Grant Application process in advance of deadlines;
- e. Prepare applications for prioritization and ranking; and
- f. Assist project applicants in the submission of application in eSNAPS.

G. CoC Project Ranking and Funding Decision Process

The Membership Council will appoint an *Independent Review Team (IRT)* whose primary purpose will be to carry out the project ranking and funding decisions for the Continuum of Care Program local competition. The IRT may also serve in other prioritization and funding allocation capacities as determined by the CoC Membership Council.

The CoC Membership Council will appoint the Chair of the IRT and make an annual call for nominations for members. The CoC Membership Council will elect from the slate of nominees up to 9 IRT Members.

a) Conflicts of Interest

IRT members may not be employees, contractors, or serve in any representative capacity of an applicant or a subrecipient agency party to a funding application.

b) CoC Program Grant Ranking and Prioritization Procedures

The Collaborative Applicant will provide training to the IRT on the CoC Grant Process that will be open to the public. The IRT training will follow HUD guidance and the prioritization and ranking rules within the CoC NOFA competition.

The Collaborative Applicant is responsible for the administrative functions related to the creation and distribution of the local project applications and scoring guidelines. IRT will conduct several meetings inclusive of Collaborative Applicant staff as part of the project review and selection process, including presentations from the applicant agencies and meeting where the IRT members will present the final rating and ranking summaries based on performance scorecards and local application score.

The Collaborative Applicant will prepare the project priority list and funding decision as instructed by the IRT. The list and IRT chair report will be presented to the CoC Membership Council. The Membership Council will vote to on the final ranking decision presented by the IRT. The Membership Council is the final decision-making body for the determination of project priorities and funding levels. The CoC Membership Council may direct the Collaborative Applicant to make minor budgetary corrections consistent with HUD application rules, as needed. The Collaborative Applicant will be charged with communicating budget adjustments to individual applicants before final submission of the application to HUD.

- [FY18 NOFA Review, Rate and Ranking Policy and Procedures](#)

III. CoC Planning

A. Regulatory Citations

24 CFR 578.7(c)

B. HUD Guidance Documents and Resources

- Notice CPD-13-011: 2014 HIC and PIT of Homeless Persons Data Collection Guidance
<https://www.hudexchange.info/resource/3313/2014-hic-and-pit-of-homeless-persons-data-collection-guidance/>
- System Performance Measures Introductory Guide
<https://www.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf>

C. CoC Strategic Plan

Per 24 CFR 578.7(c)(1), the CoC is responsible for drafting an Continuum of Care Plan that includes coordinating the implementation of a housing and service system within its geographic area that meets the needs of homeless individuals and families. The systems should at a minimum encompass 1) outreach, engagement and assessment, 2) shelter housing and supportive services and prevention strategies.

D. Needs and Gaps Analysis

Per 24 CFR 578.7(c)(3), the CoC must develop an annual gaps analysis of the homeless needs and services housing available within the geographic area. The CoC may use HMIS data, performance data, and point in time surveys, agency surveys for data collection.

E. Point-in-time Count

The Continuum of Care Collaborative Applicant will lead the Continuum of Care in conducting an annual point in time count of the homeless in compliance with HUD standards.

The sheltered count will be conducted using the HMIS system and its equivalent for noncontributing HMIS organizations. The unsheltered count will be conducted using a comprehensive geographical blitz strategy.

The Collaborative Applicant is responsible for reporting the point in time findings to HUD accurately and on time through the Homeless Data Exchange system (HDX). The Collaborative Applicant is the recognized administrator and manager of the CoC's HDX account.

F. Housing Inventory Chart (HIC)

In consultation with each of the CoC's Program project applicants the Collaborative Applicant is responsible for the timely submission the Housing Inventory Chart (HIC) to HUD. The HIC represents the official inventory of housing available within the CoC for emergency shelter, safe haven, transitional, permanent supportive, permanent, and other permanent housing exclusively for persons experiencing homelessness. The HIC is used to calculate the CoC's unmet need for housing,

calculating beds dedicated and prioritized for the chronically homeless

A. System Wide Performance Measurements

The Collaborative Applicant is responsible for collecting and reporting Continuum of Care System Performance Measures. These measures include:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC Program-funded projects;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects; and
7. Successful housing placement;

The purpose of these measures is to provide a more complete picture of how well our community is preventing and ending homelessness. The number of homeless persons measure directly assesses the CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help each CoC to understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.

IV. CoC Rapid Re-housing Assistance

A. Regulatory Citations

24 CFR 578.7(a)(9)(iii)-(iv)

24 CFR 578.37(a)(1)(ii)

B. HUD Guidance Documents and Resources

- Rapid Re-Housing Brief
www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf
- Rapid Re-Housing Performance Benchmarks and Program Standards
www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards
- Rapid Re-Housing: ESG vs. CoC
www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_CoC.pdf
- SNAPS in Focus: Rapid Re-Housing as a Model and Best Practice
www.hudexchange.info/news/snaps-in-focus-rapid-re-housing-as-a-model-and-best-practice/

C. Policies and Procedures

a) Background

Rapid Rehousing (RRH) projects are designed to provide flexible programming that will expedite a household's ability to become self-sufficient through time-limited rental subsidy programs. Rapid Re-Housing has been recognized by all federal funders as one of the most critical and cost-effective strategies to end homelessness.

The following section provides guidelines for operating local RRH programs. Although RRH programs are funded under various federal programs with different regulations, these guidelines have been developed with general best practices in mind that can be applied to different programs regardless of their funding source. The overall goal is to ensure consistent program delivery to strengthen our local efforts and to notably reduce Travis County homeless population by providing effective services.

b) Rapid Re-Housing Prioritization

Per 24 CFR part 578.37(a)(1)(ii), CoCs must establish policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance.

Local RRH programs should adopt and follow our federally mandated CoC Coordinated Assessment (CA) process through which all clients are identified, assessed and triaged. Refer to the Coordinated Assessment chapter for more details on this process.

Rapid re-housing is a Housing First intervention meaning that the primary focus is moving households into housing quickly without preconditions. In other words, programs should not be screening out households based on criteria that are assumed to predict successful outcomes, such as income, employment, criminal history, mental health history, medical history, or evidence of "motivation." Additionally, housing first programs do not require sobriety or medication/treatment compliance as a condition of housing condition or detainment.

c) Determining Amount and Duration of Rental Assistance.

Per 24 CFR part 578.37(a)(1)(ii), CoCs must establish standards for determining 1) what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance, 2) the maximum amount or percentage of rental assistance that a program participant may receive; 3) the maximum number of months that a program participant may receive rental assistance; and 4) the maximum number of times that a program participant may receive rental assistance.

While our CoC is leaving to each program the discretion to set its own caps and conditions related to the amount and duration of rental assistance, local RRH programs should follow the following principles when deciding their standards either at the program or client level:

- *Housing Stability Plan with Exit Strategy:* Program staff should develop with each client a housing plan with the amount and duration or standards for determining the amount or duration of rental assistance each client will receive and a program exit strategy with plans to reduce the client's financial assistance over time. To do so, program staff should consider the participant's current or expected income and expenses; other public or private assistance for which the program participant will be eligible and likely to receive; and the relative affordability of available housing in the area.
- *Progressive Engagement:* Program staff should adopt a 'progressive engagement' approach, wherein households experiencing homelessness are given a basic level of financial and services supports and ongoing monitoring and periodic reassessment help program staff determine if and when the basic level of assistance should be increased, decreased or discontinued once households enter permanent housing. This crisis-related, lighter-touch (typically six months or less) approach allows financial and staff resources to be directed to as many individuals/households experiencing a housing crisis as possible. At the same time, depending upon funder flexibility, programs should be designed to allow households to return for more assistance if needed.
- Other than the ESG rule stating that the participation period shall not exceed 24 months within three years, local providers have the discretion to determine the maximum number of times assistance may be provided.

D. Other Recommended RRH Standards and Benchmarks

On 9/09/2015, the Membership council adopted the "*RRH Community Wide definition*" which outlines a series of principles local RRH providers should follow when implementing RRH programs (refer to the Appendix section for a copy of the RRH Community Wide Definition). In addition, local RRH programs should follow all applicable standards and benchmarks as outlined on the [Rapid Re-Housing Performance Benchmarks and Program Standards](#) document. Specifically, local RRH programs must actively work towards and measure their progress in achieving the goals of:

- 1) Reducing the length of time program participants spend homeless;
- 2) Exiting households to permanent housing, and
- 3) Limiting returns to homelessness within a year of program exit.

Additional desired outcomes for Rapid-Rehousing programs include increasing income during program enrollment, obtaining mainstream benefits.

V. CoC Transitional Housing Assistance

A. Regulatory Citations

24 CFR 578.7(a)(9)(ii)

24 CFR 578.37(a)(ii)

B. HUD Guidance Documents and Resources

- SNAPS in Focus: What About Transitional Housing?
<https://www.hudexchange.info/news/snaps-weekly-focus-what-about-transitional-housing/>
- Recovery Housing Policy Brief
<https://www.hudexchange.info/resources/documents/Recovery-Housing-Policy-Brief.pdf>
- Retooling Transitional Housing
<http://www.endhomelessness.org/pages/retooling-transitional-housing>
- The Role of Long-Term, Congregate Transitional Housing in Ending Homelessness
<http://www.endhomelessness.org/library/entry/the-role-of-long-term-congregate-transitional-housing-in-ending-homelessness>

C. Policies and Procedures

a) Transitional Housing Prioritization

Per 24 CFR part 578.37(a)(1)(ii), CoCs must establish policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional assistance.

Transitional housing is defined as housing where all program participants have a signed lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months.

For some time now, HUD has recognized that people who have traditionally been assisted in long-term transitional housing may be served more efficiently in other program models such as Rapid Re-Housing and Permanent Supportive Housing. However, Transitional Housing may still be appropriate for persons who benefit from living in a congregate setting:

- Certain individuals and heads of households struggling with a substance use disorder;
- Individuals in early recovery from a substance use disorder who may desire more intensive support to achieve their recovery goals;
- Survivors of domestic violence or other forms of severe trauma who may benefit from the security and onsite services provided in a congregate setting; and
- Unaccompanied youth, pregnant youth or parenting youth (age 16-24) who are unable to live independently (e.g. unemancipated minors) or who prefer a congregate setting with access to a broad array of wraparound services to other available housing options.

For many years, using HUD funds for transitional housing was the only funding alternative for

serving families and individuals that did not need permanent supportive housing. With rapid re-housing now eligible under both the CoC Program and the Emergency Solutions Grants (ESG) program, there is an alternative and promising option for families with low-barriers that need shorter interventions. Rapid re-housing can be done with a lower cost per household – increasing the total number of households that can be served with the same amount of funding. If the majority of households served in a given transitional housing program are families with lower barriers, those programs should consider relocating those households into new rapid re-housing projects for families.

Long-term stays in congregate transitional housing programs should therefore be reserved for those individuals with severe or specific needs who choose transitional housing over other services that would help them more quickly reconnect to permanent housing. Programs serving these populations should have as few barriers as possible to program entry (e.g. sobriety requirements) and to continuation in the program.

VI. CoC Permanent Supportive Housing Assistance

A. Regulatory Citations

24 CFR 578.7(a)(9)(v)

24 CFR 578.37(a)(1)(i)

B. HUD Guidance Documents and Resources

- SNAPS In Focus: Prioritizing Persons with the Highest Level of Need in Permanent Supportive Housing
<https://www.hudexchange.info/news/snaps-in-focus-prioritizing-persons-with-the-highest-level-of-need-in-permanent-supportive-housing/>
- Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status:
<https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/>
- Notice CPD-16-011: Prioritizing Persons Experiencing Chronic Homelessness in PSH and Recordkeeping Requirements
<https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>
- Housing First in Permanent Supportive Housing
<https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>
- Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status
<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>

C. Policies and Procedures

Background

Permanent Supportive Housing (PSH) is widely recognized as the solution for people facing the greatest challenges to housing stability including serious and persistent physical and behavioral health problems. Permanent Supportive Housing costs less than allowing people to continue to cycle through hospitals, emergency rooms, jails, prisons, and mental health and substance use treatment facilities.

Permanent Supportive Housing provides participants with an ongoing rental subsidy and with intensive supportive services. PSH programs are prioritized for households who are chronically homeless and who are the most vulnerable. PSH programs serve households with high needs (determined by VI-SPDAT score) and multiple barriers to housing. Programs can operate on a

project-based or scattered-site model. Essential program components include case management, rental subsidy, health care access, harm reduction and Housing First. Services in supportive housing are flexible and participation in case management is not a requirement for program eligibility or for ongoing program enrollment. They focus on ensuring housing stability as a foundation for addressing needs related to mental health, substance use, health, and employment.

Supportive housing can be provided through three primary strategies: 1) pairing a rent subsidy with dedicated services; 2) building new or rehabilitated units at a single site and providing a rental subsidy and on-site services; or 3) creating a set-aside of units within an affordable housing community and providing a rental subsidy and on-site services.

Evaluations of permanent supportive housing have demonstrated significant improvements in housing stability, reductions in days of homelessness, and reductions in the utilization and costs of public services such as emergency shelter, hospital emergency room and inpatient care, sobering centers, and jails

Permanent Supportive Housing is a Housing First intervention meaning that the primary focus is moving households into housing quickly without preconditions. In other words, programs should not be screening out households based on criteria that are assumed to predict successful outcomes, such as income, employment, criminal history, mental health history, medical history, or evidence of “motivation.” Additionally, housing first programs do not require sobriety or medication/treatment compliance as a condition of housing condition or detainment.

a) Permanent Housing Prioritization

Per 24 CFR part 578.37(a)(1)(i), CoCs must establish policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

Local Permanent Supportive Housing (PSH) programs should adopt and follow the federally mandated CoC Coordinated Assessment process through which all clients are identified, assessed and triaged. Refer to the Coordinated Assessment chapter for more details on this process.

Programs should help people who have achieved stability in supportive housing—who no longer need and desire to live there—to move into affordable housing to free units for others who need it.

b) Standards and Benchmarks

Local PSH programs must actively work towards and measure their progress in achieving the goals of:

- 1) Reducing the length of time program participants spend homeless;
- 2) Exiting households to permanent housing, and
- 3) Limiting returns to homelessness within 2 years of program exit.
- 4) Increasing household’s income and
- 5) Increasing households who obtain mainstream benefits.

VII. Coordinated Entry

Approved by the Membership Council on: January 8, 2018

Effective Date: January 23, 2018

Coordinated Assessment Written Standards

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I. Background, Goals, and System Expectations

A. Regulatory Citations

- HUD Coordinated Entry Notice CPD-17-01
- HUD Prioritization Notice CPD-16-11
- CoC Program Interim Rule: 24 CFR 578.7(a)(8)
- ESG Interim Rule: 24 CFR 576.400(d)
- HUD Equal Access Rule: 24 CFR 5.105(a)(2) and 5.106(b)

B. Guidance Documents and Resources

- **Coordinated Entry Policy Brief**
<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>
- **Coordinated Entry Self-Assessment**
<https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/>
- **National Alliance to End Homelessness**
<https://endhomelessness.org/resource/coordinated-entry-toolkit-core-elements/>
- **Coordinated Entry and Victim Service Providers FAQs**
<https://www.hudexchange.info/resource/4831/coordinated-entry-and-victim-service-providers-faqs/>

C. Purpose and Goals

Coordinated Entry is a shared community-wide intake process intended to match all persons experiencing homelessness with the community resources that are best able to help them enter permanent housing. HUD requires each Continuum of Care (CoC) to establish and operate a Coordinated Entry Process (CEP) to ensure an effective local homeless response system and ensure fair and equal access to resources; including mainstream resources, for all persons experiencing homelessness. The Ending Community Homelessness Coalition (ECHO) is the Lead Agency for the Austin/Travis County CoC (TX-503) Coordinated Entry system. Coordinated entry processes are intended to help communities allocate housing and stabilization resources using focused interventions that are proven to end homelessness. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources.

In Austin/Travis County's Coordinated Entry system, all households experiencing homelessness complete a standard vulnerability assessment survey (the VI-SPDAT) that considers the household's situation and identifies the best type of housing intervention to address their situation. Permanent Housing (PH) programs, including permanent supportive housing and rapid rehousing, fill spaces in their programs from a prioritized community queue of eligible households generated from the standard assessment. This coordinated process reduces the need for people seek assistance at every provider separately.

The purpose of these written standards is to ensure that responsibilities and expectations of agencies and programs participating in the Austin/Travis County Coordinated Entry Process (CEP) are clear, open, transparent, and consistent.

D. Background

Provisions in the CoC Program Interim Rule at 24 CFR 578.7(a)(8) require that Continuums of Care (CoC) and recipients of HUD CoC Program and HUD Emergency Solutions Grants (ESG) Program funding establish a centralized or coordinated assessment system. Per the requirements established in this Notice, the CoC's coordinated entry process must:

1. Cover the entire geographic area claimed by the CoC;
2. Be easily accessed by individuals and families seeking housing or services;
3. Be well-advertised;
4. Include a comprehensive and standardized assessment tool;
5. Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
6. Include a specific policy to guide the operation of the centralized or coordinated assessment system to 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 specific providers.

The CoC and ESG Program Interim Rules use the terms “centralized or coordinated assessment” and “centralized or coordinated assessment system;” however, HUD and its Federal partners have begun to use the terms “coordinated entry” and “coordinated entry process.” “Centralized or coordinated assessment system” remains the legal term but, for purposes of consistency with phrasing used in other Federal guidance and in HUD’s other written materials, these written standards use the term “coordinated entry” (“CE”) or “coordinated entry process” (“CEP”).

E. Applicability and Deadlines for Compliance

Both the CoC and ESG Program Interim Rules require use of the CoC’s coordinated entry process, provided that it meets HUD requirements.

Once the CoC establishes or updates its coordinated entry process to meet the requirements in HUD Notice CPD-17-01 and 24 CFR 578.7(a)(8), all CoC program recipients and subrecipients must begin using that process as required under 24 CFR 578.23(c)(9) and (11).

Similarly, once the CoC establishes or updates its coordinated entry process to meet the requirements in HUD Notice CPD-17-01 and 24 CFR 578.7(a)(8), HUD expects that coordinated entry process to be used for all ESG programs and projects within the geographic area as required under 24 CFR 576.400(d).

While not required to participate in Coordinated Entry, HUD allows and actively promotes the full participation and integration of victim service providers into the CoC coordinated entry process. The overarching goal is for individuals and families presenting to the homeless and victim services system to have full and complete access to the housing and service resources available through both systems.

Additional homeless services programs within the CoC’s geographic area can voluntarily participate within the coordinated entry process, even if not required to participate by funding sources.

These written standards as published where adopted by the Austin/Travis County CoC Membership Council on January 8, 2018.

F. Expectations of Coordinated Entry Process (CEP) Participation

a) As the Lead Agency in the Austin/Travis County Continuum of Care, ECHO will:

- Create, support, and monitor standardized access points and assessment processes which are low barrier and cover the full geographic range of the CoC
- Monitor use of the standardized prioritization criteria as part of a uniform and coordinated referral process for all beds, units, and services available at participating projects.
- Affirmatively market the CEP to ensure fair and equal access, especially for people in the CoC least likely to access homeless assistance.
- Create and maintain CoC policies and procedures that meet all HUD standards and requirements for all project types participating in the CEP.
- Convene regular opportunities for ongoing planning and stakeholder consultation.

- Administer initial and ongoing trainings for CoC staff who are approved by the CoC to administer assessments.
 - Securely maintain the Homeless Management Information System (HMIS), in accordance with CoC HMIS policies and procedures.
 - Coordinate, integrate, and leverage mainstream community resources to maximize impact of services for individuals who are experiencing homelessness.
- b) **As Active Participants in the Austin/Travis County CoC Coordinated Entry Process, Covered Programs and Projects will:**
- Agree to follow all applicable coordinated entry written standards as adopted by the CoC.
 - Agree to follow all universally applicable CoC written standards as adopted by the CoC (including, but not limited to, Client Confidentiality, Equal Opportunity, and Non-Discrimination policies).
 - Agree to follow all applicable project-type-specific written standards as adopted by the CoC (including, but not limited to, Permanent Supportive Housing, Rapid Re-housing, Transitional Housing, Emergency Shelter, Housing Navigation, Street Outreach, Homelessness Prevention, and Landlord Outreach).
 - Agree to assign all beds, units, and services available at participating projects solely through the CEP uniform referral process.
 - Provide timely updates to the CoC related to referrals assigned through the CEP.
 - Actively participate in ongoing planning and stakeholder consultation opportunities.

II. Systems Eligibility, Access, and Evaluation

A. Target Population and Eligibility

The Coordinated Entry Process is open to all individuals and families in Austin/Travis County experiencing Category One (Literal Homelessness) or Category Four (actively fleeing domestic violence) homelessness, both as defined by HUD, regardless of any potential barriers such as lack of income, criminal history, substance use, or prior program experiences.

Due to partnership with local SSVF programs, CEP is also available to Active Duty U.S. Military Veterans in Williamson County and Bastrop County who otherwise meet CEP eligibility criteria.

CEP participants may not be screened out of the process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, active or a history of domestic violence, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, criminal record, or active or a history of victimization.

CEP programs must ensure equal access to CEP regardless of the person's sexual orientation, or marital status, and in accordance to the person's gender identity and/or expression.

a) Domestic Violence and Victim Service Providers

The Austin/Travis County CoC Coordinated Entry Process is client-driven, trauma-informed and uses culturally-relevant assessment and screening tools, as well as referral policies and procedures that ensures the coordinated entry process addresses the physical and emotional safety, and privacy and confidentiality needs of participants. This includes separate access points, if necessary and appropriate, and access to all available and appropriate housing options and related supportive services, regardless of whether the individual or family presents for intake at a victim services access point or at a more general access point.

The following requirements apply to all CEP participating programs:

- 1) No program participating in the CEP may deny services to a household based on past or current experiences as a victim of Domestic Violence, Sexual Assault, or other traumatic victimization.
- 2) In addition to the CEP integrated into the CoC's shared HMIS system, the CoC also supports a Violence Against Women Act (VAWA)-compliant Victim Service Provider (VSP) CEP specifically dedicated to victims of Domestic Violence and the programs dedicated to serving them. This internal system is maintained by SafePlace on behalf of SAFE Alliance, and housing programs dedicated to victims of DV who are required to use the CoC CEP must use this internal VSP-dedicated system, in full compliance with applicable CEP Written Standards, including the referral prioritization steps.
- 3) Any client may choose to request assistance from either or both of the CoC CEP databases. There must be fully informed consent around this choice whereby clients are informed of all potential safety concerns of choosing the CoC's shared HMIS CA system instead of or in addition to the limited visibility VSP system.
- 4) Clients may choose to be partly or wholly anonymous in either system, as described in the HMIS Policies and Procedures. ECHO and SafePlace will coordinate service and assessment data regularly to minimize risk of duplication of services or unintended service gaps.

b) Prevention Assistance

There are currently no active CoC or ESG funded Prevention programs, so the CEP is currently unavailable to individuals and families at-risk of homelessness. This section of the Written Standards will be revised as the homelessness prevention system develops.

B. System Access Options

The CEP can be accessed through the following options:

- Regularly scheduled physical walk-in locations
- Scheduled walk-in appointments
- Scheduled phone appointments
- Scheduled outreach events at rotating physical locations
- Street Outreach

A list of currently available walk-in locations can be obtained by calling 512-234-3630, by visiting the ECHO website at <http://www.austinecho.org/ca/>, or by contacting 2-1-1. Walk-in or phone appointments can be requested directly through the ECHO website, or by contacting ECHO staff directly through phone or email.

Assessors at all access points, including Street Outreach, provide the same assessment approach and standardized decision making. Access points are intentionally selected for ease of access by individuals and families seeking homeless services, as well as physical accessibility for individuals with mobility impairments. Access points are not subdivided by subpopulation, and participants from any subpopulation may access the same process through any access point.

a) Affirmative Marketing

CoC and ESG funded programs must develop in writing, implement and document procedures used to market services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability who are least likely to apply in the absence of special outreach. See the CoC's Affirmative Marketing Written Standards for a full description of current affirmative education and messaging efforts.

b: Prevention Services

The CoC does not currently provide any prevention services through CoC or ESG programs, so there are no Prevention-specific access points.

c: Emergency Services

To minimize barriers to entry, all emergency services, including domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs maintain crisis intake procedures that do not require intake or assessment through the CEP before entry. After emergency entry, participants in these programs may freely access any available access point across the community, regardless of their emergency services site.

d: Accommodation Requests

Scheduled appointments or outreach events are available on request if program or a potential participant requires accommodation. These requests can be submitted through the ECHO website, directly to ECHO staff by phone or email, in person at any assessment location, directly to any staff person of an agency participating in CEP, or failing all other options, through Integral Care's Grievance Hotline (available at integralcare.org/en/feedback/, or 512-440-4086, as of the time of this document). Requests can be made directly by CEP participants or on their behalf by agency staff.

C. Assessor Training

ECHO is responsible for providing training opportunities to interested, qualified organizations and/or staff persons at organizations that wish to serve as access points or administer assessments. The purpose of the training is to provide all staff administering assessments access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry written policies and procedures.

ECHO will provide these training opportunities at least once quarterly, and ECHO will revise these training materials at least once annually. At a minimum, these training opportunities will include:

- Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization; and
- Criteria for uniform decision-making and referrals

Potential assessors may be trained in some or all of the CEP phases, and ECHO is responsible for certifying which phases an assessor has been trained to complete. Trained Assessors are responsible for attending refresher trainings as developed and required by ECHO to maintain their certification.

For a copy of the most current detailed training materials, see the attached Assessor Training Manual in the Appendix.

D. Data Management

HMIS is used by the CoC's coordinated entry process for collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process.

For the complete description of CoC Written Standards pertaining to HMIS, data management, and privacy protections, see the HMIS Written Standards.

a: Privacy Rights

Participants must be informed that they are freely allowed to decide what information they provide at every step of the assessment process, including refusing to answer questions entirely. Participants may also refuse specific services, housing options, and personal information sharing options without any retribution or limiting their access to any form of assistance that does not explicitly require that specific information to establish or document program eligibility. This right to refusal fully covers any specific medical diagnosis or disability information.

b: By-Name List Case Staffing

The CoC utilizes closed, individualized case staffing sessions to coordinate housing and support services across multiple potential community service providers.

In accordance with the Privacy Rights and HMIS Written Standards, CEP participants may opt into any of the following personal information sharing options through the CoC Release of Information:

- Having their personal identifying information actively shared as part of these service coordination meetings
- Having their de-identified personal information shared as part of these service coordination meetings
- Having no personal information other than general service need and anonymized client ID shared as part of these community meeting

Staff from programs covered by the CoC ROI are allowed to attend these meetings for the sole purpose of identifying and coordinating housing and support services.

Staff must sign in and identify their agency and service role before these meetings begin, and any agency or role not covered by the ROI is asked to leave before the closed staffing session starts.

Any client who has not provided active consent to have personal or service information shared at these meetings cannot be discussed during the meeting.

E. Evaluation and Grievances

The CoC uses the following monitoring tools to ensure transparency and community input:

1. **Regular Staff Meetings:** The CE Program Manager will meet a minimum of once a week with ECHO's Coordinated Assessment Implementation Specialists. The Program Director will meet a minimum of once a month with ECHO's Coordinated Assessment Implementation Specialists and trained assessment staff from all participant agencies. The groups will discuss a variety of topics that are relevant to ensuring the smooth operation of the program and to promote continuous learning. Topics may include team building activities, consumer case reviews, challenges and opportunities for systems improvement, and ongoing trainings.
2. **Monthly Updates:** ECHO's Housing Work Group meetings will take place on a bimonthly basis with time allowed for Coordinated Entry updates and community discussion. Meetings occur the third Wednesday of every month from 9am to 11am.
3. **Online Surveys:** Easy-to-use online surveys will be distributed electronically to homeless services providers at least once every six months during the contract year. Responses will be analyzed and used to assist Coordinated Entry staff make improvements in the assessment process.
4. **Troubleshooting:** The program director and manager will be available for troubleshooting outside of meeting times during normal business hours.
5. **Monitoring a Feedback Email Address:** The Program Director's email address will be publicized for use by all stakeholders as a means of providing ongoing feedback about program operations.
6. **Ongoing Focus Groups with Service Providers:** Focus groups will be conducted with service provider staff and/or stakeholders for the purpose to engaging in thoughtful and constructive dialogue around Coordinated Entry improvement. These groups will generally attempt to bring multiple providers together who provide similar or complementary intervention services, such as Permanent Supportive Housing, Rapid Re-Housing, Transitional Housing, or Veterans' Services. At least 3 focus groups will be conducted during the year.

All of these tools are intended to identify areas of potential growth or systems improvements through a diverse variety of feedback opportunities from multiple community sources.

a: Grievances

Participants must be informed of their right to file a grievance or complaint for any reason, through any of the following avenues:

- Completing an Assessment Review Request with any trained assessor
- Emailing the CEP Program Director directly at coordinatedassessment@austinecho.org
- Following the Integral Care Consumer Grievance and Appeals procedure, as currently described at www.integralcare.org/content/grievance-and-appeals
- Following the internal grievance process for any member of the CoC

b: Assessment Review Requests

- Assessors who have concerns about the accuracy of an assessment for any reason once completed may request a formal CoC Assessment Review by submitting the Assessment Review Form to coordinatedassessment@austinecho.org.
- Staff members at a community agency participating in the CEP who have similar concerns may also request a formal Assessment Review by the same process, with the permission of their direct supervisor.
- Clients who have concerns with the accuracy of their assessment once the process is complete may request that the Assessor submit an Assessment Review Form on their behalf addressing their specific concerns, or they may contact the Integral Care Grievance Department (<http://www.integralcare.org/en/feedback/>).

c: Assessment Review and Client Grievance Follow-Up

- Assessment Review Requests and Client Grievances submitted to ECHO are case conferenced by the ECHO Coordinated Entry administrative team every Tuesday morning. This case conferencing may result in a suggestion for the completion of an additional VI-SPDAT, a Full SPDAT, an additional case conference at the next Permanent Supportive Housing Work Group, or some combination thereof. The individual requesting the review will be informed of the planned action in writing, as well as follow-up steps to take if they disagree with the planned action or its results. This request, action, and any follow-up requests will be recorded and documented in HMIS.
- Clients have the right to make a complaint without fear of retaliation from any staff members. Clients shall be provided the opportunity to express any grievances or request for appeals and receive a timely response.
- Assessment review actions and information are intended to clarify, support, and expand the evaluation of participant's vulnerability and prioritization for assistance. Actions cannot be used to situationally alter program eligibility criteria or prioritization criteria for individual cases.

III. Coordinated Entry Process Detailed Steps

A. Coordinated Entry Process Introduction

The processes below are to be implemented in a standardized, equitable way across all potentially eligible households.

CEP participants are freely allowed to decide what information they provide during every step of the

assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to any form of assistance that does not require that specific information to establish or document program eligibility. This right to sharing and refusal explicitly covers Private Health Information such as mental health diagnosis or other specific disability diagnoses.

All data collected through the CEP is fully covered by the CoC Privacy Protections, as laid out in the HMIS Policies and Procedures.

CEP currently uses two standardized vulnerability assessment tools – the Full SPDAT and the VI-SPDAT. The VI-SPDAT is further divided into the Family VI-SPDAT and the TAY VI-SPDAT for families with minor children and unaccompanied youth, respectively.

B. Coordinated Entry Process Summary

The Coordinated Entry Process is divided into six separate phases, with the following purposes:

- Phase One: Initial Triage – Identifying whether the CoC crisis response system is the appropriate system to address the potential participant’s needs, or whether another system can resolve the crisis
 - Purpose:
 - To ensure potential CEP participants are accessing the appropriate service system to meet their needs
 - To determine potential CEP eligibility
 - To affirmatively educate and inform participants by providing simple and clear expectations of CEP services and process
 - To ensure CEP participants are aware of their rights
- Phase Two: Diversion and/or Prevention Screening – Examining whether existing CoC and participant resources and options could be used to avoid entering the homeless system of care
 - Purpose:
 - To determine whether a household that is immediately entering or has already entered literal homelessness can be reunited with friends, family, or another immediate permanent housing opportunity (Diversion)
- Phase Three: Crisis Services Intake – Determining whether a participant can be immediately enrolled in a crisis response project such as emergency shelter, crisis hotline, or short-term crisis residential facility
 - Purpose:
 - To provide Victim Service Provider information to any CEP participant experiencing or at potential risk of experiencing Domestic Violence
 - To provide emergency shelter information to CEP participants experiencing or at risk of experiencing unsheltered homelessness
- Phase Four: Initial Assessment – Identifying a participant’s housing needs and potential services with the intent to resolve the participant’s immediate housing crisis
 - Purpose:
 - Re-explaining and re-affirming participant rights
 - Determining potential service needs
 - Determining potential program eligibility
 - Screening for vulnerability and program prioritization
 - Explaining potential housing interventions and support services
 - Obtaining informed consent to share participant information
 - Entering basic client information into HMIS

- Documenting any observed potential inaccuracies in the assessment process to this point
- Phase Five: Comprehensive Assessment – Refining, clarifying, and verifying a participant’s housing and homeless history, barriers, goals, preferences, vulnerability, and prioritization for assistance.
 - Purpose:
 - Verifying and documenting eligibility for specific programs or program types
 - Identifying additional programs that are potentially available through further screening or assessment
 - Identifying individualized participant housing goals and preferences
 - Reviewing and discussing previous system experiences and past housing crises
 - Affirmatively engaging and re-engaging CEP participants
 - Further assessing cases with reported potential inaccuracies
 - Proactively offering supportive services in anticipation of potential housing intervention program openings
- Phase Six: Next Step/Move-On Assessment – Revising referral strategies and service recommendations based upon information revealed or known after an Initial Assessment is conducted, as well as re-evaluating service strategies for participants who are already connected to existing services and may be ready for less intensive housing and service strategies.
 - Purpose:
 - Evaluating whether participants currently enrolled in Progressive Engagement RRH model project who qualified for PSH at upon enrollment into RRH may need to be referred/transferred to a PSH program (*currently under development in this CoC*)
 - Evaluating whether a PSH participant may be ready to leave the program for other permanent housing with less intensive services (*currently under development in this CoC*)

C. Coordinated Entry Process Detailed Step Descriptions

a: Phase One Description: Initial Triage

Definition: Identifying whether the CoC crisis response system is the appropriate system to address the potential participant’s needs, or whether another system can resolve the crisis

Purpose:

- To ensure potential CEP participants are accessing the appropriate service system to meet their needs
- To determine potential CEP eligibility
- To affirmatively educate and inform participants by providing simple and clear expectations of CEP services and process
- To ensure CEP participants are aware of their rights

Initial Triage Steps:

- Introduction and description of CEP
- Verification of presumptive eligibility
 - Description of services requested by potential participant
 - Housing Status Verification
 - Location verification

- Checking for previous assessment information
- Grievance procedure/non-discrimination complaint offer
- Referral to potential outside resources

As with all other phases, a more detailed description of steps and potential scripts is included with in the Assessor Training Manual. However, all assessment interactions must adhere to the following standards: Participants must be informed of the CEP eligibility criteria, including that the CEP is available to any eligible potential participant, regardless of perceived barriers to housing or services.

Participants must be informed that they are freely allowed to decide what information they provide at every step of the assessment process, including refusing to answer questions entirely. Participants may also refuse specific services, housing options, and personal information sharing options without any retribution or limiting their access to any form of assistance that does not explicitly require that specific information to establish or document program eligibility. This right to refusal fully covers any specific medical diagnosis or disability information.

Participants must be informed of their right to file a grievance or complaint for any reason, through any of the following avenues:

- Completing an Assessment Review Request with any trained assessor
- Emailing the CEP Program Director directly at coordinatedassessment@austinecho.org
- Following the Integral Care Consumer Grievance and Appeals procedure, as currently described at www.integralcare.org/content/grievance-and-appeals
- Following the internal grievance process for any member of the CoC

If a potential CEP participant identifies that they are in an immediate medical or psychiatric emergency, the assessor should assist the potential CEP participant by calling 911.

Once the assessor has determined that a potential CEP participant is interested and presumed eligible, they should proceed to the Diversion and/or Prevention Phase. Otherwise, they provide information about other systems and potentially appropriate outside resources.

b: Phase Two Description: Diversion and/or Prevention Screening

Definition: Examining whether existing CoC and participant resources and options could be used to avoid entering the homeless system of care

Purpose:

- To determine whether a household that is immediately entering or has already entered literal homelessness can be reunited with friends, family, or another immediate permanent housing opportunity (Diversion)

Diversion and/or Prevention Screening Steps:

- Diversion Screening
- Diversion Assistance

Any participant that is eligible for CEP screening is potentially eligible for diversion services. Detailed diversion screening and assistance steps, questions, scripts, and workflow are available in the Assessor Training Manual.

CoC diversion services must be made to a permanent housing destination, not to homelessness or temporary housing. Potentially temporary destinations (such as institutions and transitional housing programs) are only eligible diversion destinations if they commit to finding a permanent housing destination upon exit/discharge for the individual requesting diversion services.

There are currently no active CoC or ESG funded Prevention programs, so the CEP is currently unavailable to individuals and families at-risk of homelessness. This section of the Written Standards will be revised

as the homelessness prevention system develops.

c: Phase Three Description: Crisis Services Intake

Definition: Determining whether a participant can be immediately enrolled in a crisis response project such as emergency shelter, crisis hotline, or short-term crisis residential facility

Purpose:

- To provide Victim Service Provider information to any CEP participant experiencing or at potential risk of experiencing Domestic Violence
- To provide emergency shelter information to CEP participants experiencing or at risk of experiencing unsheltered homelessness

Crisis Services Intake Steps:

- Victim Services/Domestic Violence Screening
- Shelter Screening

Victim Services Screening

Assessors are required to affirmatively inquire as to whether a household is in potential need of Victim Services, such as counseling, emergency shelter, or emergency hotline screening. Specific screening and observation questions are available within the Assessor Training Manual.

If a participant indicates a need or potential need for Victim Services, Assessors must:

- Offer to call the SAFE Domestic Violence hotline with the participant (currently 512.267.SAFE [7233])
- Offer the SAFE Domestic Violence hotline information for the participant to access at their own convenience later
- Offer to request that a representative of SAFE contact the participant, if it is safe and appropriate to do so

Assessors must also inform clients of the potential safety risks of placing personal identifying information into the CoC's shared HMIS database, and that they have the additional options of either entering the CoC's database anonymously, or participating in a closed, Victim Service Provider specific database through the SAFE Alliance.

As with all other steps of the CEP, participants have the right to accept or deny any of these offers and options.

Emergency Shelter Screening

CEP participants who are interested in emergency shelter should be provided with the list of current Emergency Shelter programs, eligibility criteria, and application processes, included here as an Appendix. This list also includes, as possible and applicable, other emergency service interventions such as short-term crisis residential facilities, domestic violence hotlines, drop-in service centers, and street outreach locations.

To allow for immediate crisis response, entry to emergency service interventions is not prioritized through CEP.

d: Phase Four Description: Initial Assessment

Definition: Identifying a participant's housing needs and potential services with the intent to resolve the participant's immediate housing crisis

Purpose:

- Re-explaining and re-affirming participant rights
- Determining potential service needs

- Determining potential program eligibility
- Screening for vulnerability and program prioritization
- Explaining potential housing interventions and support services
- Obtaining informed consent to share participant information
- Entering basic client information into HMIS
- Documenting any observed potential inaccuracies in the assessment process to this point

Initial Assessment Steps:

- Detailed description of the assessment process and expectations
- Gathering Informed Consent for Release of Information
- HUD Universal Data Elements
- Participant Contact Information
- Vulnerability Assessment (VI-SPDAT)
- Service Descriptions and Participant Choice
- Initial Eligibility Screening and Program Referrals
- Referral to potential outside resources
- Assessment Review Request (if applicable)

Detailed initial assessment steps, questions, scripts, and workflow are available in the Assessor Training Manual.

Privacy Rights

Assessors must use the CoC's Release of Information form to explain a client's privacy rights and options before any information is placed into HMIS. Once this Informed Consent is obtained, Assessors must enter all information into HMIS in real-time, at the time of assessment.

In addition to the Informed Consent steps described on the CoC HMIS Release of Information Form and within the HMIS Policies and Procedures, participants must be re-informed that they are freely allowed to decide what information they provide at every step of the assessment process, including refusing to answer questions entirely. Participants may also refuse specific services, housing options, and personal information sharing options without any retribution or limiting their access to any form of assistance that does not explicitly require that specific information to establish or document program eligibility. This right to refusal fully covers any specific medical diagnosis or disability information.

Participant Contact Information

Participants must be informed that the sole purpose of any personal contact information given is to be used for service coordination and future contact by potential programs. Participants providing very limited contact information should be informed that this may limit programs' ability to contact them to offer housing services in the future, and given every opportunity to provide additional information or alternate avenues of checking to see whether services have become available. Participants should also be informed that if a program attempts to contact a participant using the information provided, but cannot make contact successfully within that timeframe, that the program is allowed to move on to the next potential participant.

Vulnerability Screening

For vulnerability screening, the assessor is to use the Family VI-SPDAT for families with minor children, the TAY VI-SPDAT for unaccompanied Youth, and the individual VI-SPDAT for all other households.

If a family with minor children is currently separated, but attempting to reunite, the assessor should complete the Family VI-SPDAT if the head of household retains custody per client self-report (including shared custody) and intends to reunite immediately after move-in. For all other situations, the participant should complete the individual VI-SPDAT vulnerability assessment, then indicate possible

future changes to their household composition during the eligibility and housing plan steps. Households may complete an additional vulnerability assessment whenever at least one of the following circumstances are met:

1. A household's composition has changed
2. More than six months have passed since the previous vulnerability assessment
3. An Assessment Review Request has been submitted and approved for an additional early assessment

Participant Autonomy

Participants must be given active choice and autonomy in selecting among all potential services and providers that can potentially meet their stated needs. Participants who are being offered a type of service based upon their vulnerability and eligibility screening questions should be informed of why these referrals are being offered, as well as the steps that can be taken to request different services.

Participants choosing a housing intervention/program that provides a lower level of services rather than the housing intervention recommended through their initial assessment responses should be clearly informed of the services they are declining, as well as how this decision could potentially affect their future eligibility for these programs.

If a potential program requires additional steps to verify eligibility, the participant should be informed of these steps and how to complete them. Participants should also be informed that they have a right to active choice in decisions such as location and type of housing, as well as level and type of services. Participants should be informed and provided an opportunity to voluntarily detail these preferences through the CEP by completing an Initial Housing Plan, or that they can provide these details at the time of program enrollment.

Assessment Review Requests

- Assessors who have concerns about the accuracy of an assessment for any reason once completed may request a formal CoC Assessment Review by submitting the Assessment Review Form to coordinatedassessment@austinecho.org.
- Staff members at a community agency participating in the CEP who have similar concerns may also request a formal Assessment Review by the same process, with the permission of their direct supervisor.
- Clients who have concerns with the accuracy of their assessment once the process is complete may request that the Assessor submit an Assessment Review Form on their behalf addressing their specific concerns, or they may contact the Integral Care Grievance Department (<http://www.integralcare.org/en/feedback/>).

e: Phase Five Description: Comprehensive Assessment

Definition: Refining, clarifying, and verifying a participant's housing and homeless history, barriers, goals, preferences, vulnerability, and prioritization for assistance.

Purpose:

- Verifying and documenting eligibility for specific programs or program types
- Identifying additional programs that are potentially available through further screening or assessment
- Identifying participant's individualized housing goals and preferences
- Reviewing and discussing previous system experiences and past housing crises
- Affirmatively engaging and re-engaging CEP participants

- Further assessing cases with reported potential inaccuracies
- Proactively offering supportive services in anticipation of potential housing intervention program openings

Comprehensive Assessment Steps:

- Initial Income and Housing Plan
 - SOAR Pre-Screening
- Assessment Review and Client Grievance Follow-Up
- By-Name List Case Staffing
- Veteran Status verification
- PSH Navigation
 - Chronic Homelessness Verification
 - Disability Verification
 - ID Assistance
- Other Permanent Housing Navigation
 - Detailed Income Plan
 - Detailed Housing Plan
 - ID Assistance
- Outreach
 - Be On the Look-Out (BOLO)
 - Intensive Outreach

For details about Assessment Review Follow-Up, Client Grievance Follow-Up, and By-Name List Case Staffing, see Section Two.

For Details about Navigation and Outreach, see Section Four.

Initial Income and Housing Plan

Every participant should be offered the voluntary opportunity to complete an Initial Income and Housing Plan in addition to the Initial Assessment steps. Detailed Initial Income and Housing Plan steps, questions, scripts, and workflows are available in the Assessor Training Manual.

At a minimum, the Initial Income and Housing Plan must offer the participant the chance to answer three general questions:

- **Housing Goals:** Where all is the participant interested in living?
- **Income Plan:** How does the participant plan on financially maintaining those goals?
- **Temporary Shelter:** Is there somewhere safe and appropriate they can stay while their permanent housing goals are achieved?

Veteran Status Verification

The CoC has a data sharing agreement with the Department of Veterans' Affairs to automatically verify veteran status and program eligibility for veterans who wish to do so. Participants requesting veteran services should be informed that they may opt in to the CoC service, or that they may directly provide their own proof of eligibility. Participants whose veteran status cannot be found should be informed of this fact and the steps required through the VA to correct the information.

f: Phase Six Description: Next Step/Move-On Assessment

Definition: Revising referral strategies and service recommendations based upon information revealed or known after an Initial Assessment is conducted, as well as re-evaluating service strategies for participants

who have already started receiving services and may be ready for less intensive housing and service strategies.

Purpose:

- Evaluating whether participants currently enrolled in Progressive Engagement RRH model project who qualified for PSH at upon enrollment into RRH may need to be referred/transferred to a PSH program (*currently under development in this CoC*)
- Evaluating whether a PSH participant may be ready to leave the program for other permanent housing with less intensive services (*currently under development in this CoC*)

Processes under this Assessment phase are still under active development in this CoC.

IV. Prioritization, Navigation, Outreach, and Referrals

A. Prioritization

The CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status.

Program eligibility verification is a separate process described in the Referral section.

Program eligibility and program prioritization are separate criteria. Eligibility refers to limitations on who can be accepted to a program based on the program's funding sources and other mandated or adopted qualifying criteria. Prioritization refers to the order in which those eligible participants will be referred to that program based on common community-wide standards of relative need.

Prioritization criteria must be applied equally and fairly across all eligible potential program participants, as maintained by the CoC. Refusing or declining a specific service or program does not in any way affect a household's prioritization for comparable services. If a participant believes they have been refused services unfairly for any reason, the participant should be informed of the steps to file a grievance as described in the Grievance procedure/non-discrimination complaint offer section.

The following service interventions are prioritized by vulnerability and severity of service need, as described below:

- Permanent Supportive Housing
- Rapid Re-housing
- Transitional Housing
- Housing Navigation Case Management

To allow for immediate crisis responses, entry to the following service interventions is not prioritized:

- Emergency shelter
- Short term crisis residential facilities
- Domestic violence and emergency service hotline
- Drop-in services
- Street Outreach

Due to an absence of applicable services in this CoC, Homelessness Prevention is also not currently prioritized.

a: Permanent Supportive Housing Prioritization

In this housing intervention, the household is expected to need intensive, long-term housing case management services, including long-term rent subsidy, to regain stable housing and retain it permanently. The household's supportive service needs are usually intense, multifactorial, and expected to be of long duration.

Households are prioritized for this intervention according to the following criteria:

- Priority One:
 - Households that meet the definition of **chronically homeless**, as defined by HUD (as of the time of these standards, HUD Prioritization Notice CPD-16-11)
- Priority Two:
 - Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.
- Priority Three:
 - Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.
- Priority Four:
 - Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
 - Total number of nights spent literally homeless in the prior year
 - Total number of nights spent continuously literally homeless
- Priority Five:
 - If all of the above criteria is identical, then whichever household first completed the vulnerability assessment will be prioritized (as having first presented for assistance).

b: Rapid Re-Housing Prioritization

In this housing intervention, the household is expected to need formal programmatic assistance to get back into permanent stable housing. The household is expected to only need short-term intensive housing services to end their homelessness, but may still need some specialized long-term supportive services from community service providers to maintain stability permanently. Households are prioritized for this intervention according to the following criteria:

- Priority One:
 - Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.
- Priority Two:
 - Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.
- Priority Three:
 - Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
 - Total number of nights spent literally homeless in the prior year
 - Total number of nights spent continuously literally homeless
- Priority Four:

- If all of the above criteria is identical, then whichever household first completed the vulnerability assessment will be prioritized (as having first presented for assistance).

c: Transitional Housing Prioritization

In this housing intervention, the household is expected to need formal programmatic assistance to get back into permanent stable housing. The household is expected to only need short-term intensive housing services to end their homelessness, but may still need some specialized long-term supportive services from community service providers to maintain stability permanently. Please note that Transitional Housing as a housing intervention differs from a short term crisis residential facilities by being a distinct, independent pathway to housing, not a crisis services intervention.

Households are prioritized for this intervention according to the following criteria:

- Priority One:
 - Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.
- Priority Two:
 - Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.
- Priority Three:
 - Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
 - Total number of nights spent literally homeless in the prior year
 - Total number of nights spent continuously literally homeless
- Priority Four:
 - If all of the above criteria is identical, then whichever household first completed the vulnerability assessment will be prioritized (as having first presented for assistance).

d: Housing Navigation Case Management

Housing Navigation differs from the other prioritized services by being a supportive intervention that targets clients towards other housing interventions, rather than a stand-alone permanent housing intervention itself. Accordingly, its prioritization metrics are based upon those other programs' variable capacity.

Households are prioritized for this intervention according to the following criteria:

- Priority One:
 - Clients in need of Permanent Supportive Housing Navigation, defined as clients with a pending PSH program opening within the following 60 days who require additional documentation or engagement to verify or obtain program eligibility.
- Priority Two:
 - Clients in need of Other Permanent Housing Navigation, defined as clients with a pending RRH or Transitional Housing program opening within the following 60

days who require additional documentation or engagement to verify or obtain program eligibility.

B. Participant Autonomy

Participants must be given active choice and autonomy in selecting among all potential services and providers that can potentially meet their stated needs. Participants who are being offered a type of service based upon their vulnerability and eligibility screening questions should be informed of why these referrals are being offered, as well as the steps that can be taken to request different services.

Participants choosing a housing intervention/program that provides a lower level of services rather than the housing intervention recommended through their initial assessment responses should be clearly informed of the services they are declining, as well as how this decision could potentially affect their future eligibility for these programs.

If a potential program requires additional steps to verify eligibility, the participant should be informed of these steps and how to complete them. Participants should also be informed that they have a right to active choice in decisions such as location and type of housing, as well as level and type of services. Participants should be informed and provided an opportunity to voluntarily detail these preferences through the CEP by completing an Initial Housing Plan, or that they can provide these details at the time of program enrollment.

C. Referrals

Participating projects must use the coordinated entry referral process for all beds, units, and services available at participating projects within the CoC's geographic area for referral to housing and services. CoC- and ESG-program recipients and subrecipients must use the coordinated entry process established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs.

Programs must comply with all applicable Federal civil rights laws, including equal access, non-discrimination, and fair housing. Federal, State, and local Fair Housing laws and regulations require that participants not be "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

The CoC maintains an active, updated list of all programs currently receiving referrals through the Coordinated Entry system, as well as their stated program-specific eligibility criteria.

a: Referral Steps

A. Program Opening Notification

- a. Once a project knows that a unit or service will become available, the program is responsible for informing ECHO of the upcoming availability as early as feasible.

B. Referral Identification

- a. Once ECHO has been informed that a unit or service will become available, ECHO is responsible for identifying the highest priority participant who is presumed eligible and interested in that opening from their assessment information.
- b. ECHO is then responsible for sharing this household's information with the program. At a minimum, this information must include:
 - i. A summary of the household's presumptive eligibility
 - ii. A reasonable method (or methods) of contacting the household
 - iii. Documentation that the household has consented to the sharing of this information

- c. If a referral cannot be made due to a lack of required initial documentation (such as chronic homelessness documentation for CoC PSH), then the participant and any case manager navigating the case should be informed that this has occurred.
- C. Referral Notification**
- a. Once a participant’s presumptive eligibility information has been shared with a project, the project is responsible for contacting the participant to inform them of their potential services and to set an enrollment date to confirm their eligibility.
 - b. Programs are expected to contact participants to set an intake date within ten business days of receiving the household’s information. If a participant cannot be contacted, see the Outreach section.
 - c. This notification should include clear information about the project they are being invited to, what they can expect from the project, and what the project expects of participants.
- D. Engagement and Enrollment**
- a. Programs are responsible for verifying any required intervention or program-specific eligibility requirements before providing services.
 - b. This enrollment process should include clear, detailed information about the project they are being invited to, what they can expect from the project, and what the project expects of participants, as well as how enrolling in these services may affect eligibility for other housing interventions.
 - c. For the standardized criteria and steps to be followed in rare instances of referral rejection (including when a potential participant cannot be verified as eligible), see the Rejecting, Exiting, and Inactivating Referrals section.
- E. Exiting**
- a. Participants who are enrolled in a housing intervention are expected to remain enrolled until permanently housed.
 - b. Programs wishing to exit a client to destinations other than permanent housing are expected to follow the same workflow as for declining or refusal an initial referral, as described in the Rejecting, Exiting, and Inactivating Referrals section.

b: Rejecting, Exiting, and Inactivating Referrals

Once the CEP has committed to serving a potential participant, the household should only be rejected from services in extremely limited circumstances. Rejection may occur due to:

- **Participant is not confirmed eligible for services at time of program enrollment**
 - *Program-specific eligibility: If a household is ineligible for a specific program, they should be informed of the specific reason for the ineligibility, then returned to the Prioritization lists to wait for comparable services.*
 - *General housing intervention eligibility: If a household is ineligible for the housing intervention they initially screened for, they should be informed they are ineligible for this type of service, then removed from the prioritization list for these services.*
- **Household presents at enrollment with a new, ineligible member**
 - *The household should be informed of the specific reason for ineligibility, then follow the steps for general participant ineligibility.*
- **Participant cannot be contacted**
 - *See the BOLO section of the Outreach policy for detailed steps.*
- **Participant refuses or declines services**

- *Active or indirect refusal: See the Intensive Outreach section of the Outreach policy for detailed steps.*
- *Assessment Review Request: See the Assessment Review Request policy for detailed steps.*
- **Participant has permanently left the area**
 - *“Permanent” is defined here as a departure expected to last at least 30 days. Participants who are declined for this reason should be informed of their option to notify the CoC and restart the housing process when and if they return to the service area.*
- **Participant has been institutionalized long-term**
 - *“Long-term” is defined here as an institutionalization expected to last more than 90 days, OR an institutionalization that has lasted at least 30 days, with no projected discharge date. Participants who are declined for this reason should be informed of their option to notify the CoC and restart the housing process when and if they return to the service area.*
- **Participant passes away**

These standards apply both before and after formal program enrollment. If a CEP participating program has more restrictive limitations on how a client may be rejected from services, then the more stringent standards apply.

If a CEP participating program wishes to reject, decline, inactive, exit, or otherwise cease services to a program participant for any other reason, that case should be staffed at both the Outreach and Navigation Work Group and the relevant Housing Intervention Work Group.

Rejection criteria should be clearly documented in HMIS. If client is denied based on eligibility requirements, the client must receive a written notice and be given the opportunity to appeal the denial. Projects should have this process clearly stated in Agency Written Standards.

D. Navigation

Permanent Supportive Housing Projects, Rapid Rehousing Projects, Transitional Housing Projects, and other pathways to permanent housing may have program-specific eligibility requirements for enrollment. These eligibility criteria are separate and independent from CEP Prioritization criteria, and highest priority potential referrals may need additional documentation or verification before being determined eligible for a program. The Navigation process is intended to help bridge this potential follow-up gap between initial assessment, eligibility verification, and enrollment.

a: Permanent Supportive Housing Navigation

Detailed PSH Navigation steps, questions, scripts, and workflow are available in the ECHO PSH Navigation packet.

At a minimum, PSH Navigation Services must include:

- 1) Gathering Identification Documents required for housing
- 2) Reviewing and documenting the participant’s history of homelessness in detail
- 3) Reviewing and documenting the participant’s disabling conditions
- 4) Staying in contact with the participant, and keeping their location and contact information updated
- 5) Actively assisting the participant in the final warm hand-off to PSH Program

PSH Navigation Services should also include:

- 1) Discussing emergency shelter options with unsheltered participants, and encouraging shelter access
- 2) Reviewing, documenting, and removing potential housing barriers with participants (such as criminal history, rental debt, utility debt, and eviction history)
- 3) Discussing a participant's housing preferences and future goals, and assisting the participant in pursuing those goals (including potential options for self-resolving homelessness, as well as potential concrete support service needs such as skilled nursing care or institutional support)
- 4) Gathering any additional program-specific eligibility documentation required to open additional PSH Program opportunities

b: Other Permanent Housing Navigation

Detailed OPH Navigation steps, questions, scripts, and workflow are available in the Assessor Training Manual.

OPH Navigation Services must include:

- 1) Discussing a participant's housing preferences and future goals, and assisting the participant in pursuing those goals
- 2) Discussing a participant's current income situation and future goals, and assisting the participant in pursuing those goals
- 3) Gathering Identification Documents required for housing
- 4) Reviewing and documenting the participant's current housing status
- 5) Staying in contact with the participant, and keeping their location and contact information updated
- 6) Actively assisting the participant in the final warm hand-off to a permanent housing program

When possible, OPH Navigation Services should also include:

- 1) Discussing emergency shelter options with unsheltered participants, and encouraging shelter access
- 2) Reviewing, documenting, and removing potential housing barriers with participants (such as criminal history, rental debt, utility debt, and eviction history)
- 3) Gathering any additional program-specific eligibility documentation required to open additional permanent housing opportunities

E. Outreach

Outreach processes are intended to “close the gap” when clients are at risk of disappearing due to lack of contact or lack of required engagement between different steps in the Coordinated Entry Process.

Outreach is intended for three potential situations:

- Participant cannot be contacted by a program (Be On the Look-Out, or “BOLO” Requests)
- Participant is actively and explicitly declining or refusing an offer for housing assistance (Intensive Outreach for Active Refusal)
- Participant is indirectly declining or refusing housing assistance through program report (Intensive Outreach for Passive Refusal)

When a client cannot be contacted, the participating program should follow the BOLO request process below. For all other situations, follow the Intensive Outreach process.

a: BOLO Requests

- 1) If a CEP participant cannot be successfully contacted by community staff at any point in the CEP process, service providers may request targeted community-wide outreach by submitting a BOLO request to ECHO.
- 2) Requests for BOLO assistance will only be approved if the requesting program has documented reasonable attempts for all available contact avenues for a participant, and is able to provide documentation of these attempts upon request.
- 3) Once a client has been marked for BOLO assistance, ECHO will share this requested information with participating community outreach partners on behalf of the participant and program.
- 4) If the participant is found within 30 days of the request for BOLO assistance being approved, then the housing process should continue from where it was left off.
- 5) If a participant has been marked for BOLO assistance during active referral for a housing program and cannot be found within 30 days of the request for BOLO assistance being approved, that program may decline the referral and move on to the next potential program participant.
- 6) If a participant cannot be found within 90 days of the request for BOLO assistance being approved, the case will be marked inactive and participant asked to complete an updated assessment if they return to request services.

b: Intensive Outreach for Explicit Refusal

- 1) If a participant actively refuses or declines a housing intervention which they previously requested, they must be actively offered that intervention at least one additional time within two weeks of the initial offer.
- 2) Participants must be informed of the option of refusing one specific program while still remaining on the prioritization list for that general housing intervention, or for requesting a different type of housing intervention.
- 3) If the participant refuses one specific program, their case will be returned to the general prioritization list to wait for the next potential program.
- 4) If the participant requests alternate services, the program should redirect the participant to a CEP Assessor to follow the same service screening steps as if these services had been requested at initial assessment.
- 5) If the participant actively declines all potential housing assistance, then the case should be staffed at the soonest following Navigation and Outreach Work Group to identify options for ongoing individualized engagement and any alternate service opportunities.

c: Intensive Outreach for Indirect Refusal

- 1) If a participant does not actively refuse or decline a housing intervention, but a program reports the client otherwise not accepting services or enrollment, the case should be staffed at both the following Outreach & Navigation Work Group and the relevant Housing Intervention Work Group (PSH, RRH, or General Housing).
 - A referral cannot be marked inactive or refused through this staffing process until every reasonable attempt to engage a client in services has been made over the course of at least 30 days, with at least 4 separate attempts occurring within those 30 days.

- If a client’s case is going to be marked inactive or refused through this staffing process, the client must be explicitly informed that this action is occurring, and what steps they can take to affect the outcome. If the participant re-engages within 7 days of this action occurring, then the housing process should continue from where it was left off.

F. Glossary/General Definitions

- *Assessment Review Request*: A process by which CEP participants, trained assessors, or participating agencies can request additional information or potential corrections in a participant’s reported eligibility or prioritization information
- *Assessor Training Manual*: A detailed list of workflows and scripts followed by trained assessors during the assessment process
- *BOLO List*: “Be On the Look-Out” List; an actively managed list of individuals who have services available and waiting for them, but who are currently out of system contact
- *CoC*: “Continuum of Care;” a designated geographic area targeted for homelessness funding by the Federal government
- *CoC Work Groups*: groups of CoC services agencies offering common services that meet on a regular basis to coordinate their work
- *CEP*: Coordinated Entry Process; also sometimes called “Coordinated Entry” (“CE”) or “Coordinated Assessment” (“CA”)
- *Diversion*: a housing intervention that attempts to return an individual from homelessness directly back into safe and appropriate housing, ideally at the exact moment that the individual first enters literal homelessness
- *ECHO*: Ending Community Homelessness Coalition; lead agency of the Austin/Travis County CoC
- *Eligibility*: Limitations on who can be accepted to a program based on the program’s funding sources and other mandated or adopted qualifying criteria.
- *ESG*: Emergency Solutions Grant; a Federal funding source targeted to end homelessness
- *Fleeing or attempting to flee domestic violence*: defined by HUD, also known as “Category Four”; broadly defined literally as anyone who is actively fleeing or attempting to flee relationship-based interpersonal violence, or the threat thereof
- *HMIS*: Homeless Management Information System; a common database for program services coordination; locally administered by ECHO through a software called ServicePoint
- *Housing Navigation*: a process to actively engage and verify eligibility for households that are potentially eligible for a program, but who need assistance documenting or verifying that eligibility
- *Housing Prioritization List, or “By-Name List”*: a community wide list where everyone who is assessed is ranked accordingly to their vulnerability and other prioritization criteria
- *HUD*: U.S. Department of Housing and Urban Development

- *Literal Homelessness*: defined by HUD, also known as “Category One”; broadly defined as any household living outside, in a car, in an emergency shelter, in a transitional housing program, or in any other place not meant for human habitation, OR a household that was living in one of these situations before entering a short-term institutional stay
- *LOS*: Landlord Outreach Specialist; a staff member whose primary role is identifying and creating new housing partnerships and opportunities for program participants
- *Prioritization*: Common, community-wide standards that determine who programs serve next from among multiple potential referrals with different vulnerabilities and needs
- *ROI*: Release of Information; documented informed consent to use a participant’s personal information in specific ways
- *SOAR*: SSI/SSDI Outreach, Access, and Recovery; a streamlined Social Security disability application process designed to significantly reduce disability benefit application decision times and to increase application approval rates
- *Trained Assessor*: a person whose has been trained to conduct the coordinated assessment process.
- *Veteran*: defined by HUD; broadly defined as any individual who served at least one day of active duty in the U.S. Military
- *Victim Service Providers*: any organization barred by the Violence Against Women Act from participating in the community-wide HMIS system; broadly defined as programs assisting survivors of traumatic relationship-based interpersonal violence, including but not limited to domestic violence, sexual assault, and human trafficking
- *Vulnerability*: a combination of variables that indicate an individual or family is at a higher risk of death or harm due to continued homelessness
 - *VI-SPDAT*: a standardized, shared housing assessment called the *Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)* designed to identify a household’s service needs as well as potential program eligibility.
 - *Family VI-SPDAT*: a version of the VI-SPDAT specialized for families with minor children.
 - *TAY VI-SPDAT*: “*Transition Aged Youth Vulnerability Index & Service Prioritization Decision Assistance Tool*” a version of the VI-SPDAT specialized for unaccompanied youth
 - *Full SPDAT*: A longer, more detailed, and more in-depth version of the VI-SPDAT; designed to capture vulnerability nuances and severities that may or may not be fully captured by the VI-SPDAT

VIII. Anti-Discrimination Policy: Ensuring LGBT Equal Access

Approved by the Membership Council on: August 7, 2017.

Effective Date: August 7, 2017.

A. Regulatory Citations

- [Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs \(2016\)](#)
- [Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity](#)

B. Background

Years of research and countless studies have repeatedly shown that discrimination threatens not only access to housing but the stability of communities. Members of the LGBT community are more likely to become homeless, and once homeless, more likely to endure discrimination and harassment that extends their homelessness. Although homelessness is hard as it is for all people who experience it, it can be twice as hard for individuals further marginalized by racism, sexism, homophobia or transphobia. It is indispensable for all service providers to ensure they are not further contributing to discrimination and marginalization and ensure individuals receive fair treatment when accessing programs. The following policies provide an overview of requirements by the U.S. Department of Housing and Urban Development (HUD) and our adopted CoC wide anti-discrimination policy.

C. Definitions

Assigned/Designated Sex at Birth: Frequently a binary designation of “male” or “female,” based on the person’s internal or external anatomy at birth, assigned at birth, typically by a medical professional (e.g. sex listed on birth certificate). It may or may not correspond to one’s gender identity.

Cis-Gender: refers to a non-transgender person. The prefix “cis” means “matches,” So, cis-gender means that one’s sex assigned at birth “matches” one’s gender identity.

Gender Expression: external expression of gender identity (note that many times people do not feel they can safely express their gender identity). It is exhibited through: behavior, clothing, hairstyle, body language, and voice, does not always correspond to a person’s gender identity and may change over time or even day-to-day.

Gender Identity: the gender with which a person identifies, regardless of the sex assigned to that person at birth and regardless of the person’s perceived gender identity. Perceived gender identity means the gender with which a person is perceived to identify based on that person’s appearance, behavior, expression, other gender related characteristics, or sex assigned to the individual at birth or identified in documents.

Gender-Neutral: language used to describe “all gender” or unisex spaces, (i.e. gender-neutral or all gender bathrooms), language about relationships (spouse or partner, instead of wife/husband or boyfriend/ girlfriend), etc.

Gender Non-Conforming refers to someone who does not conform to traditional gender roles or stereotypes. Traditional roles and stereotypes vary based on different cultural and societal ideals.

Individuals may be perceived as having a different gender than their outward appearances (behavior, clothing, hairstyle, body language, voice).

Transitioning (Gender Transition): Process that some (but not all) transgender people go through to begin living as the gender with which they identify, rather than the sex assigned to them at birth. Transitioning does not require medical treatment.

Transgender: Umbrella term for people whose gender identity is different from their assigned sex. Occasionally, an individual may determine they no longer identify as transgender after they transition.

Trans Woman: Someone who lives or identifies as a woman, even though they were assigned male at birth may or may not have undergone medical treatments. Sometimes referred to as “Male-to-Female” or “MTF,” but these terms may not be preferred as they can over-emphasize that the person was born male rather than her current identity.

Trans Man: Someone who lives or identifies as a man, but was assigned female at birth. May or may not have undergone medical treatments. Sometimes referred to as “Female-to-Male” or “FTM,” but these terms may not be preferred as they can over-emphasize that the person was born female rather than his current identity.

Sexual orientation means one’s emotional or physical attraction to the same and/or opposite sex (e.g., homosexuality, heterosexuality, or bisexuality).

Distinct from one’s gender expression or identity.

D. Requirements for CoC Funded Programs

§5.5.105 Equal Access to HUD-assisted or insured housing

Eligibility for HUD assisted or insured housing. A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by the Federal Housing Administration shall be made in accordance with the eligibility requirements provided for such program by HUD, and such housing shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

§5.5.106 Equal Access in accordance with the individual’s gender identity in community planning and development programs

- a) Applicability. This section applies to assistance provided under Community Planning and Development (CPD) programs, including assistance under the following CPD programs: HOME Investment Partnerships program (24 CFR part 92), Housing Trust Fund program (24 CFR part 93), Community Development Block Grant program (24 CFR part 570), Housing Opportunities for Persons With AIDS program (24 CFR part 574), Emergency Solutions Grants program (24 CFR part 576), Continuum of Care program (24 CFR part 578), or Rural Housing Stability Assistance Program (24 CFR part 579). The requirements of this section apply to recipients and subrecipients, as well as to owners, operators, and managers of shelters and other buildings and facilities and providers of services funded in whole or in part by any CPD program.
- b) Equal access in accordance with gender identity. The admissions, occupancy, and operating policies and procedures of recipients, subrecipients, owners, operators, managers, and providers identified in paragraph (a) of this section, including policies and procedures to protect privacy, health, safety, and security, shall be established or amended, as necessary, and administered in a nondiscriminatory manner to ensure that:
 - 1) Equal access to CPD programs, shelters, other buildings and facilities, benefits, services, and accommodations is provided to an individual *in accordance with the individual’s gender*

- identity*, and in a manner that affords equal access to the individual's family;
- 2) An individual is placed, served, and accommodated in accordance with the gender identity of the individual;
 - 3) An individual is not subjected to intrusive questioning or asked to provide anatomical information or documentary, physical, or medical evidence of the individual's gender identity; and
 - 4) Eligibility determinations are made and assisted housing is made available in CPD programs as required by §5.105(a)(2).
- c) Placement and accommodation in temporary, emergency shelters and other buildings and facilities with shared sleeping quarters or shared bathing facilities.
- 1) Placement and accommodation. Placement and accommodation of an individual in temporary, emergency shelters and other buildings and facilities with physical limitations or configurations that require or are permitted to have shared sleeping quarters or shared bathing facilities shall be made in accordance with the individual's gender identity.
 - 2) Post-admission accommodations. A recipient, subrecipient, owner, operator, manager, or provider must take nondiscriminatory steps that may be necessary and appropriate to address privacy concerns raised by residents or occupants and, as needed, update its admissions, occupancy, and operating policies and procedures in accordance with paragraph (b) of this section.

D. Strategies to implement the Equal Access to Housing Rule

CoC and ESG funded programs must develop in writing, implement and document procedures to ensure implementation of the Equal Access Rule. Specific strategies or procedures may include but are not limited:

- **Inclusive Policy Standards**

Anti-discrimination policies and procedures that:

- ❖ Ensure placement and accommodation are made in accordance with an individual's gender identity.
- ❖ Ensure agency uses appropriate, inclusive language in communications, publications, trainings, personnel handbooks and other policy documents that affirms the agency's commitment to serving all eligible clients in adherence with the Equal Access Rule.
- ❖ Have an anti-harassment policy that includes transgender and non-gender conforming in the list of groups vulnerable to harassment and/or list of protected groups.
- ❖ Have a formal grievance process that is prompt, transparent and consistent in managing and resolving violations.
- ❖ Include confidentiality practices that keep's a client transgender status confidential, unless the client gives permission to share this information.
- ❖ Allows for clients to request a private space for intake and data collection.
- ❖ Outlines safety practices including respecting the client's evaluation of their own safety practice with regard to proposed housing options and accommodating reasonable clients request regarding safety.

- **Communicating and Training on Policy:**

Agencies must make the Equal Access Rule policies and procedures publicly available on the agencies' website and through other commonly used public notification processes. Agencies must ensure staff, volunteers and contractors are provided a copy of the Agency's policies and practices regarding Equal Access requirements and are regularly trained to comply with all anti-discrimination policies and procedures.

IX. Fair Housing and Equal Opportunity: Affirmative Marketing and Outreach

Approved by the Membership Council on: August 7, 2017.

Effective Date: August 7, 2017.

A. Regulatory Citations

- [24 § 578.93 \(c\)](#)
- [24 § 578.103 \(a\) \(14\)](#)
- [24 § 576.407 \(b\)](#)
- [24 § 576.500 \(S\) \(1\)](#)
- [24 CFR 5.105 \(a\)\(2\)](#)
- [CPD Notice-1701](#)
- [Executive Order 13166](#)

B. Background

The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively further fair housing and market their housing and supportive services to eligible persons regardless of race, national origin, color, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities according to 24 § 578.103 (a) (14). Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(b) and its record keeping requirements at 24 § 576.500 (S)(1)

C. Definitions

Affirmatively Furthering Fair Housing

“means taking meaningful actions, in addition to combating discrimination, that overcome patterns of segregation and foster inclusive communities free from barriers that restrict access to opportunity based on protected characteristics. Specifically, affirmatively furthering fair housing means taking meaningful actions that, taken together, address significant disparities in housing needs and in access to opportunity, replacing segregated living patterns with truly integrated and balanced living patterns, transforming racially and ethnically concentrated areas of poverty into areas of opportunity, and fostering and maintaining compliance with civil rights and fair housing laws. The duty to affirmatively further fair housing extends to all of a program participant’s activities and programs relating to housing and urban development.”

Meaningful Actions

“means significant actions that are designed and can be reasonably expected to achieve a material positive change that affirmatively furthers fair housing by, for example, increasing fair housing choice or decreasing disparities in access to opportunity.”

D. Specific Requirements for CoC Funded Programs

- 24 § 578.93 (c) *Affirmatively furthering fair housing*. A recipient must implement its programs in a manner that affirmatively furthers fair housing, which means that the recipient must:
 - 1) *Affirmatively market* their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and *maintain records* of those marketing activities;
 - 2) Where a recipient encounters a condition or action that impedes fair housing choice for current or prospective program participants, provide such information to the jurisdiction that provided the certification of consistency with the Consolidated Plan; and
 - 3) Provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws.

- 24 § 578.103 (a) (14) *Recordkeeping requirements*. Recipients and subrecipients must maintain copies of their marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in § 578.93(c).

E. Requirements for ESG Funded Programs

- 24 § 576.407 (b) *Affirmative outreach*. The recipient or subrecipient must
 - Make known that use of the facilities, assistance, and services are available to all on a nondiscriminatory basis.
 - If it is unlikely that the procedures that the recipient or subrecipient intends to use to make known the availability of the facilities, assistance, and services will reach persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for those facilities and services, the recipient or subrecipient must establish additional procedures that ensure that those persons are made aware of the facilities, assistance, and services.
 - Take appropriate steps to ensure effective communication with persons with disabilities including, but not limited to, adopting procedures that will make available to interested persons information concerning the location of assistance, services, and facilities that are accessible to persons with disabilities.
 - Consistent with Title VI and Executive Order 13166, recipients and subrecipients are also required to take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons.

- 24 § 576.500 (S)(1) *Other Federal requirements*. The recipient and its subrecipients must document their compliance with the Federal requirements in § 576.407, as applicable, including: (1) Records demonstrating compliance with the nondiscrimination and equal opportunity requirements under § 576.407(a), including data concerning race, ethnicity, disability status, sex, and family characteristics of persons and households who are applicants for, or program participants in, any program or activity funded in whole or in part with ESG funds and the affirmative outreach requirements in § 576.407(b).

F. Requirements for *both* CoC and ESG Funded Programs

24 CFR 5.105 (a)(2) - Equal access to HUD-assisted or insured housing. (i) Eligibility for HUD- assisted or insured housing. A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by the Federal Housing Administration shall be made in accordance with the eligibility requirements provided for such program by HUD, and such housing shall be made available without

regard to actual or perceived sexual orientation, gender identity, or marital status.

G. Affirmative Outreach and Marketing strategies

CoC and ESG funded programs must develop in writing, implement and document procedures used to market services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability who are least likely to apply in the absence of special outreach. Specific strategies or procedures may include but are not limited:

- **Partnerships** - creating partnerships or referral relationships with diverse community based agencies or non-profits to ensure all persons including persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability status or limited English proficiency receive information about the offered services.
- **Access to persons with limited English proficiency.** To ensure meaningful access to persons with limited English proficiency programs should 1) translate documents advertising assistance, services, and contact information into other languages common in our community, including notices about participant's rights, grievance forms and other documents vital for program access and, 2) work with language services or pool of interpreters to assist persons who speak an alternate primary language other than English and need assistance communicating.
- **Inclusive Outreach** - ensuring that current methods of outreach, including street outreach are conducted on a regularly basis, and reach all potentially eligible households in our entire county geography, especially those least likely to apply for assistance and ensure efforts do not intentionally or unintentionally exclude protected groups & classes.
- **Using Data and Self-Assessment** – programs should 1) perform a self-assessment or survey a program's target population to determine its awareness of the program's services and assistance, 2) consistently evaluate a program's service data to ensure the program knows whether certain groups are under-represented, and 3) if data analysis reveals that certain groups are under-represented, determine the reasons causing the under-representation and take actions to address them.
- **Accessible documents** - making documents accessible by online tools used by persons with visual and hearing impairments, such as screen readers.
- **Client's Rights:** programs should provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws.
- **Documentation:** all programs must 1) maintain records of actions taken to affirmatively market the program including copies of all marketing & outreach materials and written strategies and 2) maintain records to assess the results of those actions.

I. Appendices

1. Governance Charter

AUSTIN/TRAVIS COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

This charter outlines the broad organizational structure and general work of the Austin, Travis County (Continuum of Care (TX-503) funding process, (hereinafter referred to as the “CoC”).

A CoC is a community planning body that addresses the needs of persons who are experiencing homelessness. It is specifically designed to:

- Promote a community-wide commitment to the goal of ending homelessness,
- Provide funding for efforts to rapidly re-house individuals and families experiencing homelessness,
- Promote access to and effective use of mainstream programs,
- Optimize self-sufficiency among individuals and families experiencing homelessness, and
- Cover a specific geographic area.

CoC Governance Structure

The charter identifies the CoC’s governance structure, including the Collaborative Applicant and HMIS Lead Agency designations and purposes. It also describes the purposes of the CoC Membership Council, other committees, and the Lead Agency and staff support.

The Austin/Travis County CoC consists of:

- The CoC Membership Council
- CoC Standing Committees and Workgroups
- The CoC Lead Agency and staff support
- The CoC Collaborative Applicant
- The CoC HMIS Lead Agency
- The CoC HMIS System
- And other stakeholders representing organizations working to end homelessness in Austin and Pflugerville, Texas, and all of Travis County, Texas.

Group	Details
CoC Membership Council	The CoC Membership Council is the primary decision-making body for the Austin/Travis County CoC. Board members determine the policy direction of the CoC and ensure the CoC fulfills its responsibilities as assigned by HUD. Additionally, the Membership Council oversees and approves the work of CoC committees and workgroups.
CoC Standing Committees Workgroups	While decisions for the Continuum will be made by the Membership Council, the work of the Continuum will generally be carried out by its committees and workgroups. Committees shall not make any policy or funding-related decisions. Committees may make recommendations to the Membership Council, and those recommendations may be placed for voting approval by the CoC Membership Council.

CoC Lead Agency and Staff Support	The Ending Community Homelessness Coalition (ECHO) has been selected by the Austin/Travis County CoC to serve as a CoC Lead Agency. The Lead Agency performs a variety of necessary functions such as performance monitoring, engagement and education of stakeholders, and submission of the annual collaborative CoC Program grant application. ECHO manages all aspects of the CoC, including ensuring all federal HUD CoC Program requirements are met.
CoC Collaborative Applicant	ECHO is designated by the Austin/Travis County CoC to apply for grants from HUD and other governmental and philanthropic organizations on behalf of the Austin/Travis County CoC.
CoC HMIS Lead	ECHO is designated by the Austin/Travis County CoC to operate a Homelessness Management Information System (HMIS) on its behalf. ECHO serves as the HMIS project grantee under the CoC Program and is responsible for managing all aspects of the Austin/Travis County CoC HMIS and ensuring it meets all federal requirements.
CoC HMIS System	The Austin/Travis County CoC has designated Service Point by Mediware as the single HMIS system for meeting HUD client level data collection and reporting.

CoC Membership Council

Purpose

The Membership Council serves as the HUD-designated primary decision-making group and oversight board of the CoC.

Regulatory Citation

24 CFR Part 578

HUD Guidance Documents and Resources

CoC Duties: Establishing and Operating a Continuum of Care
hudexchange.info/resources/documents/EstablishingandOperatingaCoC_CoCprogram.pdf

As the oversight board of the CoC, the Membership Council's responsibilities are:

1. To ensure that the CoC is meeting all responsibilities set forth in the CoC Program Interim Rule at 24 CFR 578.7 (see below);
2. To represent the diverse organizations and entities serving homeless subpopulations including persons with lived experience of homelessness;
3. To ensure the community has a pathway to stable housing and supportive services for persons experiencing homelessness; and
4. To be inclusive of all the needs of the homeless population in the geographic area, including the special service and housing needs of homeless sub- populations;
5. To facilitate responses to issues and concerns that affect the agencies funded by the CoC beyond those addressed in the annual CoC application process.

Responsibilities

As the designated board of the CoC for the geographic area, the Membership Council works with the CoC Collaborative Applicant (ECHO) to fulfill three major duties:

1. Operate the CoC, which must address:

- i. **Regular meetings:** Conduct monthly meetings (twelve during a calendar year) and per 24 CFR 578.7(a), two of those meetings will be public meetings of the full membership with published agendas.
 - i. One of the twelve meetings will also be dedicated to reviewing and updating the CoC’s business, structure, and operations.
 - ii. **Invitation for new members:** Make an invitation for new members to join publicly available within the geographic area at least annually;
 - iii. **Additional committees:** Appoint committees or workgroups;
 - iv. **Governance Charter:** In consultation with the CoC Collaborative Applicant and the HMIS Lead, develop, follow, and update annually this governance charter, which will include all procedures and policies needed to comply with CoC requirements as prescribed by HUD; and a code of conduct and recusal process for the Membership Council, its chair(s), and any person acting on behalf of the board;
 - v. **Monitoring:** Consult with recipients and sub-recipients of CoC funding to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
 - vi. **Evaluation:** Evaluate outcomes of projects funded under the City of Austin/Travis County Emergency Solutions Grants program (hereinafter referred to as “ESG”) and the CoC program, and report to HUD;
 - vii. **Coordinated Entry:** In consultation with recipients of ESG funds, establish and operate a centralized and Coordinated Entry System that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
 - viii. **Written Standards:** In consultation with recipients of ESG funds within the geographic area, establish and consistently follow written standards for providing CoC assistance. At a minimum, these written standards must include:
 - 1. Policies and procedures for evaluating individuals’ and families’ eligibility for CoC assistance;
 - 2. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - 3. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
 - 4. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
 - 5. Policies and procedures for determining and prioritizing eligible individuals and families will receive permanent supportive housing assistance; and
 - 6. When the CoC is designated a high-performing community, policies and procedures for determining and prioritizing which eligible individuals and families will receive Homelessness Prevention Assistance.
2. Designate and operate a Homeless Management Information System (HMIS):
- i. Designate a single HMIS for the geographic area;
 - ii. Designate an eligible applicant to manage the CoC’s HMIS, which will be known as the HMIS Lead;
 - iii. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.
 - iv. Ensure consistent participation of recipients and sub-recipients of CoC and ESG funding in the HMIS;
 - v. Ensure the HMIS is administered in compliance with requirements prescribed by HUD.
3. Lead Continuum of Care Planning:
- i. Coordinate the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:
 - 1. Outreach, engagement, and assessment;
 - 2. Shelter, housing, and supportive services;
 - 3. Prevention strategies.
 - ii. Plan for and conduct, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:

1. Count the persons who are living in a place not meant for human habitation, known as “unsheltered homeless persons” or the “unsheltered population”.
 2. Count the persons living in emergency shelters and transitional housing projects known as “sheltered homeless persons”, or the “sheltered population”.
 3. Approve the methodology to be used to count both the unsheltered and sheltered homeless population.
 4. Other requirements established by HUD by notice, which typically specify certain questions to include while conducting the count.
- iii. Conduct an annual gaps analysis of the homeless needs and services available within the geographic area;
 - iv. Provide information required to complete the Consolidated Plan(s) within the CoC’s geographic area;
 - v. Consult with state and local government ESG program recipients (City of Austin/Travis County) for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and sub-recipients.
 - vi. Prepare an application for HUD funds that must:
 1. Design, operate, and follow a collaborative process for the development of applications, including determining the eligibility of applicants.
 2. Approve the submission of applications in response to the NOFA
 3. Establish priorities for funding projects.
 4. Determine if one application for funds will be submitted for all projects or if more than one application for projects will be submitted.

Membership Council Composition

Following 24 CFR 578.5(a) the CoC Membership Council shall include community representatives within the geographic area of the Continuum of Care who are:

- a. Homeless or formerly homeless individual(s), and
- b. Representatives of the relevant organizations and projects serving the homeless population such as:
 - i. Business
 - ii. Behavioral Health
 - iii. Primary Health
 - iv. Criminal Justice/law enforcement
 - v. City HHS
 - vi. City NHCD
 - vii. County HHS
 - viii. Employment
 - ix. Private Funder
 - x. Youth
 - xi. Public ISD
 - xii. Veterans – non-HUD funded provider
 - xiii. DV – non-HUD funded provider
 - xiv. Representative from ECHO Board of Directors
 - xv. Provider 1 – Permanent Housing
 - xvi. Provider 2 – Interim Housing
 - xvii. Provider 3 – City PHA
 - xviii. Provider 4 – County PHA
 - xix. Chairs of any established Membership Council Work-Groups
- c. Governmental and quasi-governmental entities may request of the CoC Membership Council the right to appoint a member.
- d. Advisory Seats: In addition to the above roles, council members may designate non-voting representatives to attend and participate in meetings to provide advice and expertise on particular issues.

- e. Committees and Workgroups: Committees and Workgroups will be established to conduct the functions necessary to support the COC mission and meet funding obligations. Committees and Workgroup Chairs will be appointed by the Chair of the Membership Council.

Membership Council Rights & Responsibilities

The rights and responsibilities of membership are to vote at the semi-annual “ECHO Stakeholder” meetings – one held during the fall and another one during the spring, and at any other Membership Council meeting. The Membership Council members will demonstrate a commitment to the goals and objectives of the Continuum of Care by regularly attending Membership Council meetings.

Membership Council Selection: There will be an annual call for nominations from the public to fill any vacancies existing on the Membership Council. The Chair will appoint an ad-hoc committee to review the nominations and complete a slate of candidates to complete the membership and to serve as officers. The existing Membership Council will approve the new members to be slated to fill such vacancies by majority vote. Vacancies may be filled immediately or through the annual nominating process.

Election: The slate shall be elected by the stakeholders at the ECHO fall stakeholder meeting. Each officer shall hold office for a term of one (1) year or until successors have been elected and qualified. Officers may serve up to two (2) consecutive terms. No person may hold more than one (1) office.

Terms: Membership Council service is defined as three-year terms. The terms shall be staggered to insure continuity of the council. After the passage of one year from the expiration of their term such individual can be considered for reelection to the Membership Council. Members will serve terms from January through December.

Vacancies: In the case of a vacant seat, the majority members of the Membership Council where quorum is present may elect a successor to hold the vacant seat for the remainder of the term of the person vacating the seat.

Officers: The officers of the Membership Council shall be two (2) A Chair, and a Vice Chair. Officers shall not be compensated for their services as such officers.

Officer Responsibilities: Officers are responsible for scheduling meetings of the Membership Council, ensuring that the Membership Council meets regularly or as needed, and for setting the agenda for meetings. Lead Agency staff supports the officers in fulfilling these responsibilities.

Resignation: Unless otherwise provided by written agreement, any officer may resign at any time by giving written notice to the Chair or Vice Chair. Any such resignations shall take effect at the time specified within the written notice or if the time be not specified, therein upon its acceptance by the Membership Council.

Quorum: A number equal to a majority of the representatives serving on the Membership Council shall constitute a quorum for the transaction of business at any meeting.

Manner of Acting: The act of the majority of the representatives present at a meeting of the Membership Council at which a quorum is present shall be the act of the Membership Council.

Voting: At all meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes shall be by voice or ballot at the will of the majority of those in attendance at a meeting with a quorum represented. Each representative seat shall have one vote. No member may vote on any item that presents a real or perceived conflict-of-interest.

Action Without a Meeting: Any action that may be taken at any meeting of the Membership Council may be taken without a meeting if that action is approved, in writing (e.g. letter, phone email) by a majority of all Membership Council members who would be entitled to vote if a meeting was held for such purpose.

Removal: The seat of any representative who is absent without cause for four (4) consecutive meetings of the Membership Council may be declared vacant by the remaining members of the Membership Council. Such seats will then be filled through the processes described above under vacancies.

Conflicts of Interest and Recusal: Members with actual or perceived conflicts of interest must identify them as they arise. Individuals with a conflict of interest may participate in all discussion but shall recuse themselves from voting on any issue in which they may have a conflict. No member shall vote upon any matter which shall have a direct financial bearing on the organization that the member represents or sits as a board member on the organization. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions as a result from CoC Collaborative Applicant monitoring activities of CoC and ESG activities. Prior to nomination or appointment to the Membership Council, candidates will complete and sign a [Membership Council Application](#) and a [Conflict of Interest Confirmation form](#). (See Appendix).

Charter Amendments: The governance charter may be amended by voice or ballot at the will of the majority of those in attendance at a meeting with a quorum represented.

Last review, revision, and approval by the Membership Council April 2, 2018.

Dr. Virginia Brown, Chair

Appendix A: Austin/Travis County Continuum of Care HMIS Governance Charter

The Ending Community Homelessness Coalition (ECHO) is the lead agency for the Austin/Travis County Continuum of Care (CoC) as well as the HMIS Lead Agency for the Homeless Management Information System (HMIS). The coverage area for both the CoC and HMIS is Austin and Travis County (CoC # TX-503). The Continuum of Care Membership Council is the governing body of the CoC. The CoC Board relies on the CoC's Committees, Subcommittees, and Workgroups to develop policy recommendations and provide guidance on implementation activities. These groups are committed to balancing the interests and needs of all stakeholders involved, including but not limited to persons experiencing homelessness, service providers, community partners, funders, and policy makers.

This HMIS Governance Charter delineates the roles and responsibilities of related key aspects of the governance and operations of the Austin/Travis County HMIS. HMIS and its operating policies and procedures is structured to comply with the most recent HUD Data and Technical Standards for HMIS. Recognizing that the Health Insurance Portability and Accountability Act (HIPAA) and other Federal, State and local laws may further regulate service agencies, the Continuum may negotiate its procedures and/or execute appropriate business agreements with Contributing HMIS Organizations (CHO) so they are in compliance with applicable laws.

Responsibilities of ECHO as the CoC HMIS Lead Agency:

- Execute HMIS Memorandums of Understanding with each participating agency
- Contract with Mediarware Information Systems and locally administrate the local HMIS software system
- Oversee all HMIS access, including end user licensing and PKI (Public Key Infrastructure) certificates
- Provide training and technical support to participating agency end users
- Conduct training and HMIS implementation in a way that respects the privacy and dignity of the people whose data is collected
- Oversee safety and privacy of HMIS data
- Monitor data quality and compliance with applicable HMIS standards at least monthly
- Execute End User Agreements with each end user
- Develop and update as needed all HMIS policies and procedures
- Facilitate the HMIS Workgroup
- Review national, state, and local laws that govern privacy or confidentiality protections and make determinations regarding relevancy to existing HMIS policies
- Provide New User Training, Ethics Refresher Training, Agency Admin Training, and Reporting Training on a regular basis
- Oversee and submit to the U.S. Department of Housing and Urban Development all CoC-level HMIS reports including the Point in Time Count report, Housing Inventory Count report, Annual Homeless Assessment Report, and System Performance Measure Reports
- Coordinate software enhancement implementations with the software vendor, Mediarware Information Systems

Responsibilities of the CoC's Membership Council:

The Membership Council, acting on behalf of the CoC, is responsible for:

- Reviewing and approving a privacy plan, security plan, and data quality plan that follows HUD HMIS regulations and notices.
- Approving data quality standards, policies and procedures for ensuring adherence to data quality standards for the CoC as stated by HUD.
- Approving, and reviewing the Austin/Travis County *HMIS Policies and Procedures Handbook*.

Responsibilities of ECHO's HMIS Staff:

The HMIS division within ECHO is comprised of the following staff:

- HMIS Program Director– Provides oversight of the operations and administration of the HMIS division and oversees the implementation of the HMIS system in the Austin/Travis County CoC geography. Manages and maintains mechanism for collecting HMIS user feedback.
- HMIS Trainer – Provides regular training on software usage, data security, data entry techniques, and HMIS user ethical responsibilities to participating agencies. Assists with the management of a help-desk support system that processes service requests and provides resolutions.
- HMIS Administrator – Creates systems to maintain high data quality, designs and implements reports based on user needs, and submits HUD program reports. Ensures users comply with all policies and protocols and provides HMIS technical assistance to participating agencies and end users
- HMIS Support Specialist – Offers regular support to other HMIS staff and to the HMIS user community thru the HMIS Help Desk.

Responsibilities of Community HMIS Workgroup:

The purpose of the HMIS Workgroup is governance over the HMIS requirements. Each participating agency's Agency Administrator is a member of this body. The HMIS Workgroup reports to the HUD Continuum of Care (CoC) and Emergency Solutions Grant (ESG) Committee, which reports to the CoC Membership Council.

Discuss emerging issues identified through help-desk requests.

- Informs and reviews changes to all HMIS policies and leads implementation within their agency
- Informs and reviews changes to the HMIS Data Sharing Policy and Release of Information (ROI) for HMIS client data sharing
- Understands and implements changes from the HUD HMIS Data Standards
- Reviews local reports to HUD ensure accuracy, including the Point in Time Count Report, Housing Inventory Count Report, Annual Homeless Assessment Report, and the System Performance Measure Reports
- Provides feedback to ECHO HMIS staff for continuous quality improvement

Contributing HMIS Organizations:

HMIS contributing agencies agree to:

- Execute the HMIS Partnership Agreement/Memorandum of Understanding (MOUs) with ECHO.
 - Abide by the *HMIS Policies and Procedures Handbook* and all other applicable policies.
-

2. Code of Conduct

Code of Conduct - Ending Community Homelessness Coalition (ECHO)

The following Code of Conduct provides a foundation of ethics for ECHO to lead the Austin/Travis County Continuum of Care (CoC) and is based on the requirements listed under [2 CFR 200.318\(c\)\(1\)](#).

Conflict of Interest

- ECHO prohibits real and apparent conflicts of interest that may arise among officers, employees or agents, or any member of his or her immediate family, his or her partner or an organization which employs or about to employ any of the parties indicated in the selection, award, or administration of a contract supported by a Federal award.
- A conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.
- ECHO officers, employees, and agents must neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. ECHO officers, employees, and agents should ask themselves if the gift would have been offered if they did not have their ECHO position. If the answer is “No” then they should decline accepting the gift.
- Violation of any portion of this Code of Conduct will be subject to disciplinary action, which could include immediate termination or dismissal from a voting position as applicable. The code is distributed to ECHO’s staff, Board of Directors, its Membership Council, and is posted on its website at www.austinecho.org. A link to the code is also distributed to all CoC funded agencies.
- Officers, voting members and employees:
 1. Shall put forth honest effort in the performance of their duties,
 2. Must Disclose waste, fraud, abuse, and corruption to appropriate authorities
 3. Shall not knowingly make unauthorized commitments or promises of any kind purporting to bind ECHO without previous approval from the Executive Director.

For Code of Conduct questions or concerns, please Contact: Ann Howard, Executive Director; 100 N. IH35, Suite 1003, Austin, TX 78701; (512) 963-7630; annhoward@austinecho.org

3. Conflict of Interest Confirmation Form



Membership Council Member Annual Conflict of Interest Disclosure & Confirmation Form

I, _____ confirm that I have received and reviewed a copy of the 2018 Membership Council Conflict of Interest Policy.

I, _____ have disclosed any and all relationships, positions, funding or circumstances in which the I am involved and believe could contribute to a Conflict of Interest as member of the ECHO Membership Council arising.

Please disclose any qualified conflicts of interest (please refer to policy)

1.
2.
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8.

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SIGNATURE

DATE

4. CoC's Current Workgroup Structure

Approved by the Membership Council on: February 5, 2018.

Membership Council			
Primary decision-making body for the Austin/Travis County CoC			
	HUD CoC and ESG Committee	Local Policy and Practice Committee	Opening Doors Initiatives
Purpose	Align HUD funded grantees to review and evaluate HUD priorities. Oversee HUD CoC NOFA competition needs and timeline and review system performance measures.	Members provide feedback on various strategic affordable and supportive housing initiatives and problem solve community-wide challenges. Policy recommendations may be made to the Membership Council for approval.	Coordination of all things related to meeting the goals of ending homelessness for the different sub-populations established on Opening Doors , the federal strategic plan to end homelessness)
Workgroups	<ul style="list-style-type: none"> • HMIS Workgroup • Point in Time Count Workgroup • CoC NOFA Independent Review Team (IRT) • Violence Against Women Act (VAWA) and Emergency Transfer Task Group 	<ul style="list-style-type: none"> • Homeless Outreach and Shelter Coordination • Permanent Supportive Housing (PSH) Workgroup • Rapid Re-Housing Case Management Workgroup • Rapid Rehousing Policy Workgroup • Income and Employment Workgroup 	<ul style="list-style-type: none"> • Veterans Workgroup • Youth Homelessness Demonstration Program (YHDP) Leadership Group • Austin Youth Collective to End Homelessness (AYC) • Ending Family Homelessness Group

5. Core Funding Principles

Revised May 1, 2017

TX-503 Austin/Travis County Continuum of Care (CoC) Core Funding Principles to Prevent and End Homelessness

1. The CoC recognizes the critical need for a continuum of interventions to prevent and end homelessness including prevention, outreach, shelter, recuperative care, transitional housing, supportive services and permanent housing strategies (e.g. Rapid-Rehousing, long-term subsidies and Permanent Supportive Housing)
2. The CoC considers priorities set forth by the most current Community Plan to End Homelessness in Austin/Travis County, Opening Doors: Federal Strategic Plan to End Homelessness and evolving guidance from the U.S. Department of Housing and Urban Development (HUD) and the National Alliance to End Homelessness (NAEH)
3. The CoC supports funding of local programs that meet both program and system level performance benchmarks, are cost-effective, and align with evolving community needs and strategies to end homelessness
4. The CoC promotes maintaining and increasing our COC housing and program inventory to best fit the need of the population as defined through community data analysis and intentionally addressing disparities among the served population through program design
5. The CoC values programs that are driven by collaboration, data, consensus, innovative program models, evidence-based practices and effective leadership
6. The CoC encourages leveraging resources to augment cost-effective funding from public and private partnerships

6. HMIS Governance Charter

Approved by the Membership Council on: October 14, 2015.

Effective Date: October 14, 2015

Last Revised: April, 20 2018

Regulatory Citations: 24 CFR Parts 91, 576, 580, and 583

Austin/Travis County Continuum of Care HMIS Governance Charter

The Ending Community Homelessness Coalition (ECHO) is the lead agency for the Austin/Travis County Continuum of Care (CoC) as well as the HMIS Lead Agency for the Homeless Management Information System (HMIS). The coverage area for both the CoC and HMIS is Austin and Travis County (CoC # TX-503). The Continuum of Care Membership Council is the governing body of the CoC. The CoC Board relies on the CoC's Committees, Subcommittees, and Workgroups to develop policy recommendations and provide guidance on implementation activities. These groups are committed to balancing the interests and needs of all stakeholders involved, including but not limited to persons experiencing homelessness, service providers, community partners, funders, and policy makers.

This HMIS Governance Charter delineates the roles and responsibilities of related key aspects of the governance and operations of the Austin/Travis County HMIS. HMIS and its operating policies and procedures is structured to comply with the most recent HUD Data and Technical Standards for HMIS. Recognizing that the Health Insurance Portability and Accountability Act (HIPAA) and other Federal, State and local laws may further regulate service agencies, the Continuum may negotiate its procedures and/or execute appropriate business agreements with Contributing HMIS Organizations (CHO) so they are in compliance with applicable laws.

Responsibilities of ECHO as the CoC HMIS Lead Agency:

- Execute HMIS Memorandums of Understanding with each participating agency
- Contract with Mediarware Information Systems and locally administrate the local HMIS software system
- Oversee all HMIS access, including end user licensing and PKI (Public Key Infrastructure) certificates
- Provide training and technical support to participating agency end users
- Conduct training and HMIS implementation in a way that respects the privacy and dignity of the people whose data is collected
- Oversee safety and privacy of HMIS data
- Monitor data quality and compliance with applicable HMIS standards at least monthly
- Execute End User Agreements with each end user
- Develop and update as needed all HMIS policies and procedures
- Facilitate the HMIS Workgroup
- Review national, state, and local laws that govern privacy or confidentiality protections and make determinations regarding relevancy to existing HMIS policies
- Provide New User Training, Ethics Refresher Training, Agency Admin Training, and Reporting Training on a regular basis
- Oversee and submit to the U.S. Department of Housing and Urban Development all CoC-level HMIS reports including the Point in Time Count report, Housing Inventory Count report, Annual Homeless Assessment Report, and System Performance Measure Reports
- Coordinate software enhancement implementations with the software vendor, Mediarware Information Systems

Responsibilities of the CoC's Membership Council:

The Membership Council, acting on behalf of the CoC, is responsible for:

- Reviewing and approving a privacy plan, security plan, and data quality plan that follows HUD HMIS regulations and notices.
- Approving data quality standards, policies and procedures for ensuring adherence to data quality standards for the CoC as stated by HUD.
- Approving, and reviewing the Austin/Travis County *HMIS Policies and Procedures Handbook*.

Responsibilities of ECHO's HMIS Staff:

The HMIS division within ECHO is comprised of the following staff:

- HMIS Program Director– Provides oversight of the operations and administration of the HMIS division and oversees the implementation of the HMIS system in the Austin/Travis County CoC geography. Manages and maintains mechanism for collecting HMIS user feedback.
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The purpose of the HMIS Workgroup is governance over the HMIS requirements. Each participating agency's Agency Administrator is a member of this body. The HMIS Workgroup reports to the HUD Continuum of Care (CoC) and Emergency Solutions Grant (ESG) Committee, which reports to the CoC Membership Council. Discuss emerging issues identified through help-desk requests.

- Informs and reviews changes to all HMIS policies and leads implementation within their agency
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- Provides feedback to ECHO HMIS staff for continuous quality improvement

Contributing HMIS Organizations:

HMIS contributing agencies agree to:

- Execute the HMIS Partnership Agreement/Memorandum of Understanding (MOUs) with ECHO.
- Abide by the *HMIS Policies and Procedures Handbook* and all other applicable policies.

7. HMIS Memorandum of Understanding (MOU)

Austin / Travis County Homeless Management Information System HMIS Memorandum of Understanding (MOU)

This AGREEMENT is entered into and renewable annually by mutual consent of both parties, Ending Community Homelessness Coalition (ECHO) located at 300 E. Highland Mall Blvd, Suite 200, Austin, TX 78752 and [AGENCY] (AGENCY) located at [ADDRESS].

ECHO is the HMIS lead agency responsible for the management of homeless services in Austin/Travis County. In accordance with the U.S. Department of Housing and Urban Development data collection mandates, ECHO implements and operates a Homeless Management Information System (HMIS) called ServicePoint by Mediuware Information Systems for client tracking throughout the Austin/Travis County Continuum of Care.

ECHO and [AGENCY] mutually agree to the following:

- ECHO will allow the AGENCY to utilize ServicePoint (the system), an Internet-based HMIS developed by Mediuware Information Systems (MEDIWARE), for the purposes of client tracking and case management for homeless services provided through the agency.
- The AGENCY will collect and enter HMIS data into the HMIS system for all AGENCY programs that are active in the HMIS.
- The AGENCY will purchase licenses for their users at the price outlined in ECHO's HMIS License and Support Policy.
- ECHO will contract with MEDIWARE for the hardware and software services for the HMIS system.
- The AGENCY may not contact MEDIWARE directly and/or request changes from MEDIWARE to the software. All contact and/or requests will be made through ECHO.
- ECHO will maintain control of all data entered into the system and will manage and secure this data in accordance with ECHO's HMIS Privacy Policy and Privacy and Security Plan.
- The AGENCY will comply with the ECHO HMIS Policies and Procedures Manual, the HMIS Privacy Policy and the ECHO HMIS Data Quality Assurance Plan for the use of the system and will designate an Agency Administrator to monitor users for adherence to said policies.
- The AGENCY will be entering into an Inter-Agency Data Sharing Agreement with all active participating agencies in HMIS. The policy is contained within the ECHO HMIS Policies and Procedures Manual.
- Both ECHO and the AGENCY will operate in accordance with HUD's currently published HMIS Data and Technical Standards except in cases where the Standards conflict with Texas law. In such cases, Texas law supersedes the Standards.
- ECHO has the right to terminate this agreement at any time if the ECHO HMIS Policies and Procedures Manual is not followed.
- ECHO is responsible for ensuring that the contract terms of the agreement with MEDIWARE continue to be satisfied so that all agency data remains secure. This responsibility extends to the provision of disaster recovery services, daily backup of data, system maintenance, database level and secure socket layer encryption, and regularly scheduled product upgrades.
- The AGENCY agrees to ensure the designated Agency Administrator's attendance to all HMIS meetings exceeds 50%.

The signing of this Memorandum of Understanding certifies concurrence with the terms and conditions agreed upon by both parties hereto; no other agreement, oral or otherwise shall be deemed to exist or be binding.

AGENCY:

Signature and Title of Agency Representative

Date

Ending Community Homelessness Coalition:

HMIS Director (ECHO)

Date

8. RRH Community Wide Definition

Approved by the Membership Council on: 09/09/2015.



Rapid Re-housing—Community Wide Definition

Rapid re-housing is an intervention designed to help people to quickly exit homelessness and return to permanent housing. The core components of rapid re-housing are housing identification, financial assistance for rent or move-in costs, and housing stability case management and services. While a rapid re-housing program must have all three core components available, it is not required that a single entity provide all three services, nor that a household utilize them all.

Rapid re-housing should be offered from a Housing First perspective whenever possible, without preconditions such as employment, income, absence of criminal record, or sobriety. Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible, regardless of potential housing barriers, and then providing services as needed.

Best Practices:

- Resources and services should always be tailored to the unique needs of the household.
- Services and financial assistance in rapid re-housing should be the shortest term possible that fully meets the needs of the household, typically six months or less.
- Some households receiving rapid re-housing services will have long-term, potentially even permanent needs for other support services such as in-home health care, mental health services, money management, employment training, child-care, community involvement, and re-connecting with their social support network. Rapid-rehousing programs should help clients identify these long term needs, then connect with these longer term wraparound services for continued support after program exit.
- Some households receiving rapid re-housing will also benefit from long-term subsidized housing. Clients should be connected with these services whenever they are available, or placed on waitlists and interest lists for these services when not.
- Rapid re-housing case management should be offered within the home of the client whenever possible, practical, and desired by the client.
- Rapid re-housing programs should have access to a referral system that allows them to refer clients to Permanent Supportive Housing services when rapid re-housing services prove to be insufficient to end a client's homelessness permanently.
- Rapid re-housing programs should coordinate referrals and service provision with one another through the Coordinated Assessment system.

9. Violence Against Women Act (VAWA) Policies & Procedures

Approved by the Membership Council on: 06/04/2018.

A. Regulatory Citations

- 1) 24 CFR 5.2005 (e)(2)
- 2) 78 FR 47717

B. Background

CoC-funded projects must follow policies and procedures that conform to HUD's program rules set forth in 24 CFR Part 578, which covers CoC responsibilities, including responsibilities related to the Violence Against Women Act (VAWA). These regulations provide protections to and prohibit discrimination against program applicants and program participants who have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking, regardless of sex, gender identity, gender expression or actual or perceived sexual orientation. **All CoC-funded service providers are responsible for understanding and implementing these requirements, as written by HUD, within their programs.**

HUD prohibits denying assistance to program applicants and program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Similarly, HUD prohibits terminating program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Additionally, HUD-funded program participants cannot be evicted from housing because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking.

C. VAWA Requirements

Austin/Travis County CoC and ESG providers must implement and document procedures to ensure compliance with the rules set forth in § 578.99(j) of the CoC Interim Rule:

- Persons may not be denied assistance, terminated from assistance or evicted as a result directly related to experiencing domestic violence, dating violence, sexual assault, or stalking, regardless of sex, gender identity, gender expression or actual or perceived sexual orientation.
- CoC funded programs must inform participants of Notice of Occupancy Rights and the Certification form for documenting the incident of domestic violence, dating violence, sexual assault, or stalking.
- Providers are to adhere to the CoC's adopted Emergency Transfer Plan procedures and protocols.
- CoC programs must record the number of emergency transfer requests received and the outcomes associated with those requests.
- All housing providers will provide reasonable accommodations to this policy for individuals with disabilities.

D. Prohibitions on Denying, Terminating, and Evicting Protected Program Participants

HUD prohibits denying assistance to potential Program Participants because they have experienced or are experiencing Domestic Violence, Dating Violence, Sexual Assault, or Stalking. Similarly, HUD prohibits terminating Program Participants because they have experienced or are experiencing Domestic Violence, Dating Violence, Sexual Assault, or Stalking. Additionally, HUD-funded Program Participants cannot be evicted from housing because they have experienced or are experiencing Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

Participants may be evicted, and assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, Austin/Travis County CoC or any other PHA or ESG funded housing provider cannot hold tenants

who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking. Participants may be evicted and assistance terminated, if covered HUD funded housing providers can demonstrate that not evicting or terminating the participant's assistance would present a real physical danger that:

- Would occur within an immediate time frame, and
- Could result in death or serious bodily harm to other tenants or those who work on the property.

If housing provider can demonstrate the above, the housing provider should only terminate assistance or evict if there are no other actions that could be taken to reduce or eliminate the threat.

E. Providing Notice of VAWA Protections

All CoC-funded housing providers and ESG-funded Homelessness Prevention and Rapid Rehousing providers must provide notice to program applicants and participants of their rights under VAWA. **CoC program grantees must document that clients were informed of their rights and provided copies of the notices. A signed copy of acknowledgement must be maintained in client files.** HUD provides detailed guidance on the scope and timing of this requirement in 24 CFR 578.99(j)(4) and 24 CFR 5.2005(a).

- 1) All CoC-funded programs must provide applicants and participants the following documents:¹
 - a) [HUD Form 5380](#): Notice of Occupancy Rights under the Violence Against Women Act form that explains the VAWA protections including the right to confidentiality, and any limitations on those protections.
 - b) [HUD Form 5382](#): Certification of Domestic Violence, Dating Violence, Sexual Assault, Stalking or Alternate Documentation form to be completed by the participant to document that the applicant or resident is a victim of domestic violence, dating violence, sexual assault, or stalking.
- 2) HUD forms 5380 and 5382 must be provided to each person seeking or receiving CoC or other HUD funded housing assistance at the following times:²
 - a) When an individual or family is denied permanent or transitional housing;
 - b) When a program participant is admitted to permanent or transitional housing;
 - c) When a program participant receives notification of eviction; and
 - d) When a program participant is notified of termination of assistance.
- 3) HUD forms 5380 and 5382 are available in multiple languages [here](#).
- 4) If a program participant in a CoC-funded program has not been notified of their rights under VAWA, and none of the above conditions apply, the program must provide HUD forms 5380 and 5382 at re-certification or lease renewal.
- 5) CoC-funded programs using funds for rental assistance are required to include VAWA notification and confidentiality requirements (specified in 24 CFR 5.2007(c)) in a contract with the owner or manager of the housing unit(s). The program must ensure that the owner or manager of the housing provides HUD forms 5380 and 5382 to the program participant with any notification of eviction.³

F. Contract, Lease, and Occupancy Agreement Provisions

¹ 24 CFR 578.99(j)(4)

² 24 CFR 578.99(j)(4)

³ 24 CFR 578.99(j)(4)(ii)

CoC-funded programs must include language in agreements with housing owners or landlords detailing VAWA protections, including notification, prohibited bases for eviction, limitations, and other requirements. For specific requirements, see 24 CFR 578.99(j)(5).

For leases for tenant-based rental assistance existing prior to December 16, 2016, recipients and subrecipients must enter into a contract as specified by 24 CFR 578.99(j)(5) before the next renewal of the lease.

G. Emergency Transfer

One of the key provisions the 2013 VAWA updates and subsequent HUD regulations is the ability of an eligible Program Participant to be offered information about VAWA protections and the opportunity to request an Emergency Transfer from their housing unit to another, safer housing unit. Austin/Travis County CoC has responded to this requirement by developing an Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking and an Emergency Response Protocol for addressing incidents of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

1) Ensuring Low Barrier Access

Program providers should be informed of signs of victimization and abuse and should proactively act to help participants understand their rights and protections under VAWA. If a participant indicates a need for protection or communicates a lack of safety, programs have a responsibility to help participants understand their rights and access their options. Program participants do not have to specifically request an emergency transfer or mention VAWA directly to be eligible for VAWA protections.

2) Emergency Transfer Request:

HUD requires that its approved Emergency Transfer Request form be used to initiate Emergency Transfers. The form details the eligibility criteria for requesting an Emergency Transfer as well as the documentation and information that is necessary for completing the Emergency Transfer Request.

- [Emergency Transfer Request](#)

Providers are responsible for taking actions directed toward immediate client safety and should do this by first connecting the client to a Victim Service Provider for safety planning. By providing a direct referral to a Victim Service Provider, a risk assessment and safety planning will help the survivor navigate appropriate steps toward safety and determine what actions (including an emergency transfer) are in the best interest of their own safety.

3) Emergency Transfer Plan:

HUD regulations require that its model Emergency Transfer plan be adapted and used to initiate and document Emergency Transfers under VAWA. Austin/Travis County CoC has adopted HUD's Emergency Transfer Plan. Providers receiving HUD CoC and ESG funds must utilize the guidance provided in the Austin/Travis County CoC Emergency Transfer Plan to initiate Emergency Transfers.

- [Austin/Travis County Emergency Transfer Plan](#)

Requesting an Emergency Transfer does not guarantee a program participant will receive a successful transfer opportunity and/or be located to another HUD-funded housing unit. Please see Austin/Travis County CoC's Emergency Transfer Plan for more information on Emergency Transfer timing, ability, and use with the Coordinated Entry Process.

4) Emergency Response Protocol:

In the interest of putting safety first, Austin/Travis County CoC has adopted an Emergency Response Protocol that urges service providers to begin safety planning as the first step before initiating or requesting an Emergency Transfer.

- [Emergency Response Protocol](#)
- Providers in Austin/Travis County should contact The SAFE Alliance by phone at **512.267.SAFE (7233)** to begin assisting clients with safety planning and to help the Program Participant identify options and determine their best next step. Providers are required to become familiar with this protocol and are encouraged to follow this protocol whenever safety allows.

H. Certification Documenting Incident

Housing providers may, but are not required to, ask participants to provide documentation certifying incidents of domestic violence, dating violence, sexual assault, or stalking, to assert VAWA's protections. At their discretion, housing providers may apply VAWA to an individual based solely on the individual's verbal testimony. However, if the housing provider requests documentation, this request must be made in writing.

CoC programs must have written policies stating program requirements for requesting documentation to certify incidents and standard operating procedures outlining practices that prohibit discrimination and ensure client self-efficacy and confidentiality.

If a provider requires a participant to provide documentation of the event, the provider must submit the request to the participant in writing and inform the participant of acceptable forms of documentation. The survivor can choose what form of documentation to provide. The survivor has 14 business days to produce documentation and the housing provider may extend the timeframe if it is needed by the individual.

Acceptable types of documentation provided by HUD are described below.

- 1) [HUD Form 5382](#)
- 2) Third-Party Documentation
 - Third party documentation are statement provided by a victim service provider, medical professional, mental health professional, and/ or attorney. Must be signed by both the third party and the survivor under the penalty of perjury.
- 3) Police, court, or administrative records
- 4) A written statement or other evidence provided by the participant.

Conflicting Evidence

Individuals requesting protection cannot be required to provide third-party documentation. However, in cases where 2 household members claim to be the victim and name the other household member as the perpetrator, the housing provider can require third-party documentation.

I. Lease Bifurcation

In accordance with 24 CFR 5.2009(a), housing providers may bifurcate a lease, or remove a household member from a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to such member who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking against an affiliated individual or other individual regardless of whether the household member is a signatory to the lease, and without evicting, removing, terminating assistance to, or otherwise penalizing a victim of such criminal activity who is also a tenant or lawful occupant.

Covered housing providers are encouraged to undertake whatever actions permissible and feasible under their respective programs to assist individuals residing in their units who are victims of domestic violence, dating violence, sexual assault, or stalking to remain in their units or other units under the covered housing

program or other covered housing providers, and for the covered housing provider to bear the costs of any transfer, where permissible. (24 CFR 5.2009(c)).

J. Continued Assistance

If a family who is receiving tenant-based rental assistance under this part separates via lease bifurcation (24 CFR 5.2009(a)), the family's tenant-based rental assistance and any utility assistance shall continue for the family member(s) who are not evicted or removed. (24 CFR 578.99(j)(7))

For permanent supportive housing projects, members of any household who were living in a unit assisted under this part at the time of a qualifying member's eviction from the unit because the qualifying member was found to have engaged in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking, have the right to rental assistance under this section until the expiration of the lease in effect at the time of the qualifying member's eviction. (24 CFR 578.75(i)(2), also see 24 CFR 578.99(i)(7))

Otherwise, if a family living in a CoC-funded project separates via lease bifurcation, the remaining tenant(s) will be eligible to remain in the project. (24 CFR 578.99(i)(7))

K. Documenting and Reporting Outcomes

Providers must document requests for emergency transfers, including the outcome of the requests, and are required to report these outcomes to HUD annually. All records related to emergency transfer requests must be retained for three years. All covered housing providers must maintain records on emergency transfers requested under 24 CFR 5.2005(e).

L. Protecting Sensitive Data

Agencies must ensure they have polices and infrastructure in place to secure sensitive data. Polices should include access levels, user passwords and retention and destruction guidelines. Infrastructure includes servers, networks, back-up devices, and software updates to maintain databases and protection against breaches and malware. Options for maintaining the highest level of control and confidentiality over agency data include:

- Cloud-based provider that minimizes the inadvertent disclosure of sensitive, identifying and/or confidential information, either internally or externally.
- Keep equipment and software in-house and have policies and infrastructure in place to minimize inadvertent disclosure of sensitive, identifying and/or confidential information.
- Use of cloud-based services for non-survivor data and using in-house systems for sensitive, identifying and/or confidential information.