

TX 601
Continuum of Care
GUIDELINES
POLICIES & PROCEDURES

History of CoC Policies and Procedures Amendments and Approvals by the CoC Board of Directors

Section	Amendment	Date
CoC Rapid Rehousing Policy	Creation of the policy	Approved January 2014
Consultation with ESG Grantees	Creation of the policy	Approved January 2014
CoC Governance	Creation of the policy	Approved April 2014
CoC Program Grant	Creation of the policy	Approved April 2014
CoC Governance	Standards for CoC General Membership Added	Approved Aug 13, 2014
ESG Written Standards for Assistance	Creation of the policy	Approved Aug 13, 2014
CoC Written Standards for Assistance	Creation of the policy	Approved Aug 13, 2014
CoC Coordinated Assessment System	Creation of the policy	Approved Aug 13, 2014
CoC Planning	Creation of the policy	Approved Aug 13, 2014
CoC Written Standards for Assistance	Amendment of the policy to decrease minimum rents for RRH programs	Approved Sept 30, 2015
CoC Coordinated Assessment System	Amendment of the policy to clarify documentation of Unsheltered population	Approved Sept 30, 2015
HMIS Policy	Creation of the policy	Approved Nov 4, 2015
CoC Educational Policy	Creation of the policy	Approved Nov 17, 2015
ESG Rental Subsidy Policy	Adoption of policy for ESG funded programs	Approved Jan 11, 2017

I. CoC Governance	5
A. Geographic Area of the CoC.....	5
B. Purpose	5
C. Mission.....	5
D. CoC Charter	6
E. Board Composition, Selection, Terms and Leadership	6
F. Conflict of Interest and Recusal	8
G. Meetings	9
H. Committees.....	9
I. Continuum of Care General Membership	10
J. Selection of Collaborative Applicant.....	10
K. Selection of HMIS Administrator	11
L. Continuum of Care Policies and Procedures.....	11
II. CoC Program Grant.....	13
A. Collaborative Applicant.....	13
B. Grant Inventory Worksheet.....	13
C. Project Evaluation, Monitoring and Performance Reporting	13
D. Application for CoC Program Grant Funds	17
E. Prioritization and Ranking of CoC Projects	18
F. Rapid Rehousing Rental Subsidy Policy.....	19
III. CoC Coordinated Assessment System.....	21
A. Purpose and Standards	21
B. Operating the Coordinated Assessment System	23
C. Prioritization of Clients to Receive Assistance	23
a. Priorities for Permanent Supportive Housing.....	24
i. Dedication and Prioritization of PSH to Increase Number PSH beds for Chronically Homeless	
ii. Order of Priority in CoC Program-Funded PSH Beds Dedicated to	

Chronic Homeless	
iii. Order of Priority in CoC Program-Funded PSH Beds Not Dedicated to Chronic Homeless	
b. Prioritization of Housing for Families with Children: Prevention, Rapid Rehousing and Transitional Housing.....	33
c. Prioritization of Housing for Individuals Unaccompanied by Children: Prevention, Rapid Rehousing and Transitional Housing	34
d. Prioritization of Housing for Subpopulations: Domestic Violence and Transition-Aged Youth	35
D. Standardized Assessment.....	36
E. Recordkeeping Requirements	38
F. Operating Procedures for Documentation of Priority Status	43
G. Nondiscrimination Requirements	45
IV. CoC Planning	46
A. CoC Strategic Plan	46
B. System Performance measurements.....	46
C. Needs and Gaps Analysis.....	47
D. Point in Time Count.....	47
E. Housing Inventory Chart.....	48
V. Emergency Solutions Grant	49
A. Consultation with ESG Grantees.....	50
B. Establishing Priorities	50
C. Process for Monitoring CoC ESG Recipients	50
D. Reporting Performance	51
E. Standards for Provision of ESG Funds Administered by the CoC	51
F. Standards for Provision of ESG Assistance	54
VI. HMIS	65

I. CoC Governance

Regulatory Citation: 24CFR 578

HUD Guidance Documents and Resources:

CoC Duties: Establishing and Operating a CoC <https://www.onecpd.info/resource/3092/coc-duties-establishing-and-operating-a-coc/>

Establishing and Operating a CoC
https://www.onecpd.info/resources/documents/EstablishingandOperatingaCoC_CoCProgram.pdf

A. Geographic Area of the Continuum of Care

The geographic area of the Continuum of Care TX 601 named Fort Worth/Arlington/Tarrant County is Tarrant and Parker Counties.

B. Purpose

The 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.

C. Mission

The mission of the Continuum of Care:

To lead, develop and implement strategies and resources to end homelessness.

D. Continuum of Care Charter

The Continuum of Care shall elect a Board of Directors, governed by Charter. The 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
- Charter review and approval

The Continuum of Care Charter will be reviewed by the board at least once every five years. The Charter can be amended by a vote of 75% of the then sitting CoC Board.

(A copy of the Charter – see Appendix)

E. Board Composition, Selection, Terms, and Leadership

Board Composition: The CoC Board shall include community representatives within the geographic area of the Continuum of Care who are:

- a. Homeless or formerly homeless individual(s).
- b. Representatives of the relevant organizations and projects serving homeless subpopulations such as:
 - i. Persons with substance use disorders
 - ii. Persons with HIV/AIDS
 - iii. Veterans
 - iv. Persons who are chronically homeless
 - v. Families with children
 - vi. Unaccompanied youth
 - vii. Persons who are seriously mentally ill
 - viii. Persons who are victims of domestic violence, dating violence, sexual assault, and/or stalking.
- c. Appointed representatives from local government entities:
The following local governmental entities shall be represented:
 - i. Tarrant County
 - ii. City of Fort Worth
 - iii. City of Arlington

The following local governmental entities will have the right, but not the obligation, to each appoint a member:

- i. Parker County
- ii. Tarrant County Mayor's Council

Other governmental entities may request of the CoC Board the right to appoint a member.

d. Representatives of other homeless service providers and advocates such as:

- i. Faith-based organizations
- ii. Businesses
- iii. Public Housing Agencies
- iv. School districts
- v. Mental health care providers
- vi. Health care providers
- vii. Universities
- viii. Affordable Housing Developers
- ix. Foundations
- x. Law Enforcement

e. Representative of the Continuum of Care Collaborative Applicant as an *ex officio* member.

Board Selection: Other than those members that are appointed by the governmental entities as set forth above, there will be an annual call for nominations from the public to fill any vacancies then existing on the board. The existing CoC Board will elect new members to fill such vacancies by majority vote. The CoC Board will be comprised of at least nine and no more than 21 voting members. Vacancies may be filled immediately or through the annual nominating process.

Minimum Requirements of Board Members

CoC Board members will demonstrate a commitment to the goals and objectives of the Continuum of Care Strategic Plan and shall attend no less than 70% of called CoC Board meetings as evidenced by signature on the CoC Board Application. CoC Board members are also required to reside within the geographic area of the CoC (Tarrant or Parker County). CoC Board members will also become individual or organizational members of the designated Collaborative Applicant

agency to demonstrate support for the CoC operational activities required to carry out the essential work of the Continuum of Care

Board Terms: Other than those members that are appointed by the governmental entities, membership on the board is limited to two (2) three-year terms. The board terms shall be staggered so as to insure continuity of the board. Members serving a complete six year term are not eligible for re-appointment. After the passage of one year from the expiration of their term such individual can be considered for re-election to the board. The inaugural year of the CoC Board, one third (1/3) of board members will serve starting from the first session through December 31, 2014 and one third (1/3) of the board through December 31, 2015 and one third (1/3) through December 31, 2016. Subsequent boards will serve two year terms January through December.

Board Leadership: A Chair and Vice Chair will be elected by the CoC Board. The Chair and Vice chair will serve one-year terms and may serve no more than two consecutive terms. The CoC Board shall appoint a Secretary whose responsibilities will include ensuring minutes of all meeting are taken. Minutes shall be maintained for public review upon request. The Secretary shall maintain the CoC Board roster, application forms, and attendance records.

C. Conflict of Interest and Recusal

Continuum of Care Board 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 of the CoC Board 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 CoC Board, board member candidates will complete and sign the Board Application and Commitment Form and the acknowledgement of the Conflict of Interest Policy. (*See Appendix*)

D. Meetings

The Continuum of Care Board of Directors shall conduct at least two public meetings per year; a majority of the CoC Board membership shall constitute a quorum for the transaction of business.

It will be the responsibility of the appointed Collaborative Applicant to provide prior reasonable notice and a published agenda of all CoC Board meetings and such notices shall be published on the CoC Collaborative Applicant website. Each public meeting shall have on its agenda the opportunity for members of the public to provide comment.

The CoC Board will review and approve the minutes and consider recommendations from such committees during its Board proceedings.

The CoC will conduct at least six CoC General Membership meetings per year and such notices shall be published on the CoC Collaborative Applicant website.

The CoC will hold an annual meeting of the CoC Board, with a published agenda, on the Collaborative Applicant website, that shall focus exclusively on reviewing and updating the CoC's business, structure, and operations. Results of this annual meeting will be communicated to the CoC General Membership by the Collaborative Applicant.

E. Committees

The Continuum of Care Board shall create committees as necessary to accomplish its purpose, roles and responsibilities.

The CoC Board shall create the following Standing Committees:

Community Projects Review Committee responsible for conducting the CoC Program Grant project prioritization and funding process and other grant and program funding, allocation or selection decisions as assigned by the CoC Board. The Chair and members of the CPRC will be nominated by the Continuum of Care Board and General Membership and elected by the CoC Board by majority vote. The CPRC Chair shall be a member of the CoC Board of Directors

HMIS Governance Committee responsible for making final recommendations to the CoC Board on the planning, participation, selection, implementation and ongoing oversight of the single HMIS

system and the HMIS Administrator. The CoC Board will appoint a Chair of the HMIS Governance Committee from members of the CoC Board or the Continuum of Care General Membership. HMIS Governance Committee members will be invited to participate in the committee at the invitation of the HMIS Governance Committee Chair and the HMIS Administrator and must represent Contributing HMIS Organizations and types (supportive services, emergency shelter, transitional housing, permanent housing), governmental and research entities.

Governance and Advocacy Committee responsible for conducting the annual nominations process for CoC Board of Directors. The Governance Committee Chair will be a member of the CoC Board of Directors. Committee members will be selected from the CoC Board of Directors or the Continuum of Care.

Improvement, Coordination and Training Committee responsible for issues related to CoC wide policy, procedures and training. The Chair will be a member of the CoC Board of Directors. Committee members will be appointed by the CoC Board and will include CoC Board Members, Chairs of Delegate Workgroups, and Community Representatives.

F. Continuum of Care General Membership

The Collaborative Applicant is responsible for conducting an annual call for membership to join the Continuum of Care General Membership in January. Members will be organizational representatives and citizens who are committed to the mission of the Continuum of Care. Members in good standing will have attended at least four Continuum of Care meetings a year as documented through sign-in or registration. The calendar year for the Continuum of Care General Membership will be January through December.

The Collaborative Applicant shall be responsible for conducting an annual meeting of the CoC General Membership with a published agenda that focuses exclusively on reviewing the Continuum of Care's business, structure, and operations. Results of this annual meeting will be reported to the CoC Board of Directors.

G. Selection and Evaluation of the Collaborative Applicant

The Continuum of Care Board of Directors will select an eligible organization to serve as the

Collaborative Applicant responsible for submission of the Continuum of Care's application for the HUD Continuum of Care Homeless Assistance Grant and conducting Continuum of Care Program activities. The selection will be formalized in a resolution that must be approved by a majority of the Board membership present. The resolution must be passed prior to submission of the HUD eSNAPS application for CoC Planning funds.

The Continuum of Care Board of Directors will enter into a Memorandum of Agreement with the Collaborative Applicant detailing the roles and responsibilities of each entity. (See Appendix)

A Request for Qualifications (RFQ) for a Collaborative Applicant may be called by the Continuum of Care Board by resolution approved by two-thirds of the Board membership. Upon approval, the Board shall name a special committee to conduct the process for RFQ review and recommendation of a Collaborative Applicant to the Board.

H. Selection and Evaluation of the HMIS Administrator

The Continuum of Care Board of Directors will select a single eligible organization to serve as the HMIS Administrator responsible for administering the HMIS in compliance with requirements prescribed by HUD. The selection will be formalized in a resolution that must be approved by a majority of the Board membership present. The resolution must be passed prior to submission of the HUD eSNAPS application for CoC HMIS funds.

The Continuum of Care Board of Directors will enter into a Memorandum of Agreement with the HMIS Administrator detailing the roles and responsibilities of each entity.

A Request for Qualifications (RFQ) for an HMIS Administrator may be called by the Continuum of Care Board by resolution approved by two-thirds of the Board membership. Upon approval, the Board shall name a special committee to conduct the process for RFQ review and recommendation of an HMIS Administrator to the Board.

I. Continuum of Care Policies and Procedures

The Continuum of Care Board 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 will be approved by the CoC Board by majority vote.

The CoC Board will review written standards on an annual basis, considering:

- Provider feedback on the current written standards

- Program participant feedback on the intake 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
- Changes in the housing and service resources available

CoC Policies and Procedures will be available on the Collaborative Applicant website.

II. CoC Program Grant

Regulatory Citation: CFR 578.7, 578.7(a)(9)(iii) and (iv). 578.37(a)(1)(ii),

HUD Guidance Documents and Resources:

Continuum of Care Program Roadmap <https://www.onecpd.info/resource/3144/continuum-of-care-program-roadmap/>

Passed by Board of Directors April 9, 2014

A. Collaborative Applicant

The Collaborative Applicant is the entity designated by the Continuum of Care (CoC) to submit the CoC Registration for the Fort Worth/Arlington/Tarrant County Continuum of Care TX601 and the CoC Program Homeless Assistance Grant Application on behalf of the CoC. The Collaborative Applicant shall be designated by the Continuum of Care Board of Directors by resolution per Section I. G.

The Collaborative Applicant will enter into a Memorandum of Understanding with the Continuum of Care Board of Directors that clearly establishes the roles and responsibilities of the Board and the Collaborative Applicant.

(See Appendix)

B. Grant Inventory Worksheet

In consultation with each of the CoC's Program project applicants and the local HUD Community Planning and Development field office, the Collaborative Applicant is responsible to assure 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.

C. Project Evaluation, Monitoring and Performance Reporting

The Collaborative Applicant will utilize its 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, Annual Performance Reports and other documentation as necessary to measure the Continuum of Care's progress in meeting HUD CoC Program Grant goals and objectives.

The Continuum of Care Board of Directors may establish additional performance measurement requirements as necessary to report progress on local goals and objectives. Collaborative Applicant staff will communicate with CoC Program Recipient Agencies throughout each program year to ensure that they are aware of expected performance measures required by HUD and the Continuum of Care Board of Directors.

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

a. Quarterly Continuum of Care Annual Performance Reports

The Collaborative Applicant will provide Continuum of Care – wide quarterly reporting of aggregate performance of all CoC Program Grant Projects through a quarterly Annual Performance Report to measure progress in the annual performance goals established in the Continuum of Care Program Grant.

The quarterly reports will cover the following performance periods which will include the quarterly point in time occupancy dates measured in the HUD standardized Annual Performance Report (APR) and Annual Homeless Assessment Report (AHAR):

- November – January (APR PIT Date: Fourth Wednesday in January)
- February – April (APR PIT Date: Fourth Wednesday in April)
- May – July (APR PIT Date: Fourth Wednesday in July)

- August – October (APR PIT Date: Fourth Wednesday in October)

b. Mid-Term Program Evaluation Policy

The Collaborative Applicant will provide mid-term project evaluations of CoC Program projects to measure individual Recipient Agency progress in achieving project goals established in the CoC Program Application and the Recipient Agency Project. This evaluation assistance will be performed after six months of a program year for all program grants including one year renewals or multi-year projects.

- i. Collaborative Applicant will contact agency at the midpoint of their operating term.
- ii. The Collaborative Applicant will review an Annual Performance Report from the HMIS system inclusive of program data from the operation start date to the midpoint review date. They will generate a mid-term project progress report that will include: progress in achieving project goals; contributions to meeting CoC level performance goals; and areas of concern for improvements. Examples of areas of concern include missing data elements within the HMIS, data not consistent with agency targets as outlined in the program's original agency application, or significant shortfalls in performance targets.
- iii. The Collaborative Applicant will submit the mid-term progress report to the Executive Director or designee of the Recipient Agency. Technical assistance will be provided upon request of the agency or as determined needful by the Collaborative Applicant. Technical assistance may include:
 - a) Review of client roles for accurate enrollment and exit documentation
 - b) Supplemental HMIS training
 - c) Recommendations for use of IHRA for clients appearing to meet independent readiness thresholds and average lengths of stay for clients consistent with program type
 - d) Review of agency records related to mainstream benefits enrollments, approvals and denials for the prior quarter
- iv. The Collaborative Applicant will provide documentation of all program monitoring, evaluation and technical assistance for recipients and subrecipients and maintain copies of all reports and correspondence in the official CoC project files.

c. Annual Performance Reports (APR)

Annual Performance Reports are used in the development of annual project performance score cards and for the aggregate CoC-wide achievements in meeting HUD Goals and Objectives reported in the CoC Program Grant.

The Collaborative Applicant will work with each CoC Recipient in the preparation of their Annual Performance Report. Final APRs will be reviewed and approved by the Collaborative Applicant prior to submission in the HUD electronic reporting system “eSNAPS” in order to confirm that data being reported to HUD is consistent with data reported in the local HMIS system.

i. APR Approval Procedures

- a) The Collaborative Applicant will contact the CoC Program Recipient Agency within one week of the expiration of each program year to initiate an APR data review and confirm APR due date.
- b) At initial APR data review, the Collaborative Applicant will provide a first draft APR to agency staff through the HMIS System and will include a report of any findings to be adjusted by agency staff. Examples of findings include missing data or data not consistent with agency targets as outlined in the program’s original agency Continuum of Care Program application.
- c) The Collaborative Applicant will consult with Recipient Agency to determine a planned submission date of the APR to eSNAPS which will be set prior to the HUD submission deadline. This planned submission date will take into consideration time allotted for any corrections that need to be made to HMIS data prior to submission in eSNAPS.
- d) The Collaborative Applicant will conduct a final data review no later than the first week of the month of the HUD submission deadline to ensure that any necessary findings were corrected in HMIS and will send a final HMIS APR version to agency staff to be used for eSNAPS data entry.
- e) The Recipient Agency will send a copy of their eSNAPS APR to the Collaborative Applicant for verification prior to submitting to HUD.
- f) The Recipient Agency will use the Collaborative Applicant approved APR to complete their APR in eSNAPS and will send a final version of the eSNAPS generated APR to the Collaborative Applicant for the official CoC Planning files.

ii. Annual Performance Scorecards for CoC Program Grant Competition

The Collaborative Applicant will draft an annual CoC Program Grant Project Scorecard template to be used as a tool for prioritization and funding in the CoC Program Grant local competition. The Draft Scorecard will be approved by the CoC Board of Directors prior to the CoC Program Grant local competition. Scorecard elements will reflect performance measures for both HUD and local CoC goals and objectives.

a.) CoC Program Projects Scorecard Procedures:

- i.) The Collaborative Applicant will populate the individual Preliminary Project Scorecards for review by the recipient agency. Agencies will review for data accuracy and final performance measures will be confirmed from APR and other HMIS and Collaborative Applicant records.
- ii.) Agencies will have the opportunity to provide a narrative response to any performance measure as part of the final Project Scorecard.
- iii.) The complete scorecard with comments will be included in the local CoC Program competition application.

d. 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 Score Card or monitoring and evaluation reports, may be subject to having their projects reduced in whole or in part and reallocated to other projects during the Community Projects Review Committee local competition renewal process as allowed in a HUD Notice of Funding Availability. (Emergency Solutions Grant recipients and subrecipients actions against poor performance are detailed in the ESG section of the policies and procedures.)

D. Application for CoC Program Grant Funds

Upon HUD issuance of the CoC Program Grant Notice of Funding Availability, the Collaborative Applicant will prepare a master timeline of the CoC Program Grant process and will conduct the following steps to assure a well communicated process for organizations to make application for CoC Program Funds to include, but not limited to:

- a. Establish all application, review and announcement deadlines sufficient to achieve reasonable public participation in the grant process and allow for timely submission to HUD
- b. Issue the local request for proposals for CoC Program Funds
- c. Publicize the request for proposal announcement through the Collaborative Applicant website, listserve, 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
- f. Assist project applicants in the submission of application in eSNAPS

E. CoC Project Ranking and Funding Decision Process

The Continuum of Care Board of Directors shall appoint a Community Projects Review Committee (CPRC) whose primary purpose will be to carry out the project ranking and funding decisions for the Continuum of Care Program local competition. The CPRC may also serve in other prioritization and funding allocation capacities as determined by the CoC Board of Directors.

The CoC Board will appoint the Chair of the CPRC and make an annual call for nominations for members. The CoC Board will elect from the slate of nominees up to 13 CPRC Members.

a. Conflicts of Interest

CPRC 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 CPRC on the CoC Grant Process that will be open to the public. The CPRC training will follow HUD guidance and the prioritization and ranking rules within the CoC Program Notice of Funding Availability.

The CPRC will conduct two private meetings inclusive of Collaborative Applicant staff as part of the project review and selection process. The first meeting will involve receipt of all CoC Program Application Materials. The CPRC Chair will provide final instruction to the committee on the review process. The second meeting will involve the final review, prioritization and funding decisions.

The Collaborative Applicant will prepare the project priority list and funding decision as instructed by the CPRC. The list and CPRC Chair report will be presented at the next CoC Board of Directors meeting. The CoC Board of Directors will vote to accept the decisions of the CPRC Board. The CPRC is the final decision-making body for the determination of project priorities and funding levels. The CoC Board of Directors 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.

F. CoC Program Rapid Rehousing Rental Assistance

Rapid Rehousing Permanent Housing Projects are designed to provide flexible programming that will expedite a household's ability to become self-sufficient through time-limited rental subsidy programs. Per 24 CFR part 578.37(a)(1)(ii), the CoC will establish annually priority populations to receive Rapid Rehousing assistance consistent with HUD Continuum of Care Program NOFA requirements and in response to analysis of point in time count and housing inventory and unmet need reports.

The CoC will establish a Rapid Rehousing Rental Assistance Subsidy Policy to determine the amount or percentage of rent each program participant must pay and the maximum amount or percentage of rental assistance that a program participant may receive.

The CoC will also establish a Rapid Rehousing Rental Assistance Subsidy Policy to determine the maximum number of months that a program participant may receive rental assistance, the maximum number of times that a program participant may receive rental assistance, and the extent to which a program participant must share the cost of rent.

Continuum of Care Rapid Rehousing Program applicants must identify and select one of two rental subsidy program models for all their project participants upon initial CoC Program Grant application during the local competition. CoC approved subsidy models include the Income Based Subsidy and the Gradual Declining Subsidy.

Program Participants may participate in a Rapid Rehousing Program within the Fort Worth/Arlington/Tarrant Continuum of Care a maximum of two times over a 24 month period including participation in an ESG Rapid Rehousing Program. Eligibility for frequency of participation will be determined by the Coordinated Assessment System review of client service history recorded in the HMIS and through consultation with any domestic violence Rapid Rehousing program.

a. Calculation of Eligible Participant Household Income The calculation of household adjusted gross income must follow existing Continuum of Care Program Requirements.

CoC Rapid Rehousing program participants adjusted gross household incomes must fall below or equal to 60% AMI. Household income will be recertified at least every 90 days to determine the appropriate level of rental subsidy.

b. Continuum of Care Rapid Rehousing Rental Subsidy Program

Rapid Rehousing Projects funded from CoC Program Funds must select one of the two models at program application and at program renewal and must apply that model to all clients within the CoC Rapid Rehousing project.

RENTAL ASSISTANCE SUBSIDY MODEL	Rent to be Paid by Program Participant	Maximum Amount of Rental Assistance Received	Maximum Number of Months of Rental Assistance	Frequency of Income and Self-Sufficiency Assessments	Maximum Number of Months in Case Management
Income Based Subsidy	30% of Adjusted Gross household Income. \$0 minimum	Monthly Rent	12 months (Short Term or Medium Term Programs)	First 90 days. Every 30 days from month 4 to program completion	24 months
Gradual Declining Subsidy	0% months 1-3 50% months 4-6 75% months 7-9 100% months 10-24	100% months 1-3 50% months 4-6 25% months 7-9	9 months (Medium Term Programs Only)	First 90 days. Every 30 days from month 4 to program completion	24 months

Extensions – Extensions of rental assistance can be made for three additional months if the subrecipient agency has submitted its extension policy to the Collaborative Applicant at program start-up.

III. CoC Coordinated Assessment System

The CoC shall adopt the provisions and requirements set out in [HUD Notice CPD-14-012](#) for the Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status as the baseline written standards for operations of the CoC Coordinated Assessment System.

A. Purpose and Standards of the CoC Coordinated Assessment System

A coordinated assessment process is intended to increase and streamline access to housing and services for households experiencing homelessness, matches appropriate levels of housing and services based on their needs, and prioritizes persons with severe service needs for the most intensive interventions.

Provisions at 24 CFR 578.7(a)(8) requires that the CoC establish a coordinated assessment process. The Coordinated Assessment System must incorporate and defer to any funding requirements established under the CoC Program interim rule, ESG Program interim rule, or a Notice of Funding Availability under which a project is awarded. In addition, the following are recommended as the minimum criteria for the effective implementation of the CoCs coordinated assessment process.

- a. **Standardized**—The assessment process should rely upon a standardized method and criteria to determine the appropriate type of intervention for individuals or families. This standardized process could encompass the CoC-wide use of a standardized assessment tool, as well as data driven methods.
- b. **Improves data management**—Individual tracking, resource allocation and planning, system monitoring, and reporting to the community and to funders is improved by use of a common, coordinated assessment tool.
- c. **Non-directive**—The recommendations of the tool can be overridden by the judgment of qualified professionals, especially in where there are extenuating circumstances that are not assessed by the tool that are relevant to choosing appropriate interventions. Discretion must be exercised in a nondiscriminatory manner consistent with fair housing and civil rights laws and should be subject to appropriate review to ensure it is applied judiciously.

- d. **Mainstream resources**—Effective coordinated assessment facilitates meaningful coordination between the homeless response system and the intake processes for mainstream systems. Connections should be made to public housing authorities, multifamily housing, health and mental health care, the workforce development system, and with other mainstream income and benefits as appropriate and applicable.
- e. **Align Interventions**—The various types of interventions that are available are aligned and used strategically.
- f. **Leverage local attributes and capacity**—The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, should inform local coordinated assessment implementation.
- g. **Assess program capacity**—Assess the variety and capacity of programs in the community to identify and fill critical gaps in housing and service resources and to ensure that there is a range of options needed for a coordinated assessment system to work well.
- h. **Outreach**—The coordinated assessment system should ensure that connections and ongoing engagement occurs with those not accessing services and housing on their own. Often, these are the highest need and most at-risk people in communities.
- i. **Privacy protections**—Protections should be in place to ensure proper use of the information with consent from the client. Assessment should also be conducted in a private location.
- j. **Fair Housing and Civil Rights**—Protections should be in place to ensure compliance with all civil rights requirements, including, but not limited to, the Fair Housing Act, Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973. The assessment tool should not seek disability-related information that is unnecessary for determining the need for housing-related services. The coordinated assessment process should ensure that program participants are informed of rights and remedies available under applicable federal, state, and local fair housing and civil rights laws, in accordance with the requirement at 24 CFR 578.93(c)(3).
- k. **Training**—Initial and ongoing training on the use of the assessment tool(s) should be provided to those parties that will be administering the assessment.

- l. **Accessible and well-advertised**—The assessment must be well advertised and easily accessed by people seeking services or housing. The assessment must be conducted in a manner that is accessible for individuals with disabilities, ensures meaningful program access for persons with Limited English Proficiency, and is affirmatively marketed in order to reach eligible persons who are least likely to seek assistance in the absence of special outreach, in accordance with 24 CFR 578.93(c)(1).

- m. **Prioritization**—When resources are scarce, the coordinated assessment process should prioritize who will receive assistance based on their needs. Coordinated assessment should never result in long waiting lists for assistance. Instead, when there are many more people who are assessed to receive an intervention than there are available openings, the process should refer only individuals with the greatest needs.

- n. **Inform system change efforts**—Information gathered during the coordinated assessment process should identify what types of programs are most needed in the community and be used by the CoC and other community leaders to allocate resources.

B. Operating the Coordinated Assessment System

The Collaborative Applicant will be responsible for implementation of a Coordinated Assessment System (CAS) to serve the Continuum of Care and provide a system and mechanism for targeting use of Continuum of Care Program and Emergency Solutions Grant resources. When fully implemented, the CAS system will include:

- Information about available services and programs for persons experiencing a housing or homeless crisis
- Uniform intake, assessment and screening tools and processes
- Real-time knowledge about program inventories and capacity
- Coordinated referrals to receive prevention, housing or related services
- Enrollment prioritization and waitlist management for housing programs

C. Prioritization for CoC Assistance

The Continuum of Care Board will adopt written standards for establishing eligibility and prioritization of clients for assistance. These standards will be specific and detailed, address any

unique eligibility requirements for assistance (e.g., disability or subpopulation), reflect the homeless population and subpopulations within the CoC as reported by the Collaborative Applicant, and reflect the housing and service resources available within the CoC, and reflect local and national targeting priorities.

These written standards will be in compliance with HUD Notice CPD-14-012 issued on July 28, 2014.

a. Priorities for Permanent Supportive Housing

CoC Goals of prioritization written standards are to establish an order of priority for dedicated and prioritized PSH beds to ensure that those persons with the most severe service needs are given first priority; and to inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness to prioritize persons who do not yet meet the definition of chronic homelessness but are most at risk of becoming chronically homeless.

The CoC shall also develop uniform recordkeeping requirements for all recipients of CoC Program funded PSH for documenting chronically homeless status of program participants when required to do so as well as provide guidance on recommended documentation standards that CoCs may require of its recipients of CoC Program-funded PSH that will be required before assigning CoC Funded PSH Beds.

Key Terms and Definitions for Prioritization

Housing First. Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. All recipients of CoC Program-funded PSH should follow a Housing First approach to the maximum extent practicable. Any recipient that indicated that they would follow a Housing First approach in the FY 2013 CoC Project Application must do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013–FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient’s FY 2013 and FY 2014 grant agreement.

Chronically Homeless. The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

An individual who:

Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and

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

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

A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

Severity of Service Needs. For the purposes of prioritization, severity of service needs means an individual for whom at least one of the following is true:

- History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or

- Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined above should be identified and verified through data-driven methods such as an administrative data match between the HMIS and institutional providers or through the use of a standardized assessment tool. The CoC Collaborative Applicant will select and implement assessment tools for the purpose of prioritization in consultation with homeless service providers, stakeholders and established CoC Board Committees charged with review of the Coordinated Assessment Process. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

i. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

There are two significant ways in which the CoCs can increase progress towards ending chronic homelessness using existing CoC Program-funded PSH:

a) Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are required through the project's grant agreement with HUD to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If this occurs, the recipient may then follow the order of priority in these written standards. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area as documented through the HMIS and the Coordinated Assessment System. These PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC) maintained by the Collaborative Applicant. A CoC may increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness when it's recipients of non-dedicated CoC Program-funded PSH request a grant amendment to dedicate one or more of its beds for

this purpose. A recipient of CoC Program-funded PSH is prohibited from changing the designation of the bed from dedicated to non-dedicated without a grant agreement amendment. Similarly, if a recipient of non-dedicated PSH intends to dedicate one or more of its beds to the chronically homeless it may do so through a grant agreement amendment.

b) Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. In the FY 2013-FY 2014 CoC Program Competition, CoCs were scored on the extent to which they were willing to commit to prioritizing chronically homeless persons in a percentage of their non-dedicated PSH beds with the highest points going to CoCs that committed to prioritize the chronically homeless in 85 percent or more of their non-dedicated CoC Program-funded PSH. Further, project applicants for CoC Program-funded PSH had to indicate the number of non-dedicated beds that would be prioritized for use by persons experiencing chronic homelessness. These projects are now required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for FY 2013 and FY 2014, as the project application is incorporated into the grant agreement. PSH beds that were included in the calculation for the CoCs commitment in the CoC Application cannot revise their FY 2014 application to reduce the number of prioritized beds; however, recipients of PSH that are currently not dedicated to the chronically homeless may choose to prioritize additional beds in the FY 2014 CoC Project Application. All recipients of CoC Program-funded PSH are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable.

CoC wide performance will be expected to meet or exceed the goals established in the FY 2013/FY 2014 CoC Application and should continue to prioritize persons experiencing chronic homelessness in their CoC Program-funded PSH until there are no persons within the CoC's geographic area who meet that criteria. Further,

to the extent that CoCs incorporate this order of priority into the CoCs written standards, recipients of CoC Program-funded PSH will also be required to follow this criterion included in those standards.

ii. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the CoC's written standards in accordance with Notice CPD-14-012 and in a manner consistent with their current grant agreement. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority will be documented and implemented through the Coordinated Assessment System Documentation of Priority Status managed by the Collaborative Applicant.

a) Priority One—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i.)** The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months;
- ii.)** The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

b) Priority Two—Chronically Homeless Individuals and Families with the Longest

History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- i.) The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- ii.) The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

c) Priority Three—Chronically Homeless Individuals and Families with the Most

Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i.) The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
- ii.) The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

d) Priority Four—All Other Chronically Homeless Individuals and Families. A

chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i.) The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and
- ii.) The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in PSH beds not dedicated or prioritized for persons experiencing chronic homelessness below (2.) may be followed.

Recipients of CoC Program-funded PSH should follow the order of priority above (1.) while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under the definition of **Priority One** to the extent in which persons with serious mental illness meet the criteria.

Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in this policy. The CoC recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients **are not required** to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable

and for those projects that indicated in the FY 2013 CoC Project Application that they would follow a Housing First approach will be required to do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013 – FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient's FY 2013 and FY 2014 grant agreement. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per 24 CFR 578.3.

iii. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

Recipients of CoC Program-funded PSH beds that are not dedicated or prioritized for persons experiencing chronic homelessness are required to follow the order of priority when selecting participants for housing in accordance with these written standards and in a manner consistent with their current grant agreement with HUD. This policy will allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those ***most at risk of becoming chronically homeless***. For eligibility in non-dedicated and nonprioritized PSH serving non-chronically homeless households, ***any household member with a disability*** may qualify the family for PSH.

a) Priority One—Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately

prior to entering the institution **and** has been identified as having the most severe service needs.

- b) Priority Two—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.** An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.
- c) Priority Three—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.** An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.
- d) Priority Four—Homeless Individuals and Families with a Disability Coming from Transitional Housing.** An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, in CoC Program-funded PSH where the beds are not dedicated or prioritized and which is permitted to target homeless persons with a serious mental illness should follow the order of priority under **Priority One** to the extent in which persons with serious mental illness meet the criteria.

Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person’s housing as possible.

b. Prioritization of Services for Families with Children: Prevention, Rapid Rehousing, Transitional Housing

For homeless households with children, agencies will initially engage the family to determine if there are **diversion** resources to avoid a stay in emergency shelter. Agency staff will have support from the Coordinated Assessments System Homeless Helpline in determining options to mediate or prevent homelessness whenever possible through ESG funded homeless prevention programs, Supportive Services for Veterans Families programs (SSVF) or the Direct Client Services Fund for transportation back to a location where there are existing social supports.

If the household is living in an unsheltered situation, there is no required waiting period prior to the start of the prioritization process. Outreach, or other relevant staff, may begin the prioritization process immediately.

If an extended stay in emergency shelter is necessitated, agencies will conduct the HMIS based “**Housing Assessment Form**” (HAF) (or the Domestic Violence shelter equivalent assessment) no later than the **7th night** of shelter to determine housing options and

severity of housing barriers.

If during the HAF assessment and case management interview, it is determined that the family presents with documentable disabling conditions and episodic homelessness, the agency will pursue the DOPS and severity of service needs process for prioritization for permanent supportive housing protocol described above.

If the HAF assessment and case management interview determines that the family presents with barriers and service needs that are manageable with resources provided by the CoC's Rapid Rehousing Programs, they will be referred or placed on the prioritization list for those resources.

If the HAF assessment and interview with the family determines that the family presents with more substantial barriers and service needs that are better managed with resources provided by the CoC's Transitional Housing Programs, they will be referred or placed on the prioritization list for those resources.

Prioritization Lists for Rapid Rehousing and Transitional Housing will be managed by the Coordinated Assessment Office and all clients on the lists will be reviewed and updated at least every 90 days.

c. Prioritization of Services for Individuals Unaccompanied by children for Homeless Prevention, Rapid Rehousing, and Transitional Housing

For homeless individuals unaccompanied by children, agencies, as able with shelter based staff resources, initially engage the individual to determine if there are **diversion** resources to avoid a stay in emergency shelter. Agency staff will have support from the Coordinated Assessments System Homeless Helpline in determining options to mediate or prevent homelessness whenever possible through ESG funded homeless prevention programs, Supportive Services for Veterans Families programs (SSVF) or the Direct Client Services Fund for transportation back to a location where there are existing social supports.

If an extended stay in emergency shelter is necessitated, agencies will conduct the HMIS based **"Housing Assessment Form"** (HAF) (or the Domestic Violence shelter equivalent

assessment) no later than the **30th night** of shelter to determine housing options and severity of housing barriers.

If during the HAF assessment and case management interview, it is determined that the individual presents with documentable disabling conditions and episodic homelessness, the agency will pursue the DOPS and severity of service needs process for prioritization for permanent supportive housing protocol described above.

If the HAF assessment and case management interview determines that the individual presents with barriers and service needs that are manageable with resources provided by the CoC's Rapid Rehousing Programs, they will be referred or placed on the prioritization list for those resources.

If the HAF assessment and case management interview determines that the individual presents with more substantial barriers and service needs that are better managed with resources provided by the CoC's Transitional Housing Programs, they will be referred or placed on the periodization list for those resources.

Prioritization Lists for Rapid Rehousing and Transitional Housing will be managed by the Coordinated Assessment Office and all clients on the lists will be reviewed and updated at least every 90 days

d. Prioritization of Housing for Subpopulations: Domestic Violence and Transition-Aged Youth

i) Victims of domestic violence, dating violence, sexual assault, or stalking

Persons who present through the Coordinated Assessment System or at emergency shelters who are victims of domestic violence, dating violence, sexual assault, or stalking will be immediately referred to the Domestic Violence resources for a safety assessment. If the assessment results in the household not being referred to a domestic violence shelter, the Coordinated Assessment System or receiving agency will proceed with the standard methods of assessment and prioritization and the victimization experience will be considered in the assessment and service needs evaluation.

i) Transition – aged youth

Persons who present through the Coordinated Assessment System or at emergency shelters who are transition – aged youth between the ages of 18 – 24, will be immediately referred to appropriate young adult services for assessment. If the assessment results in the household not being referred to services provided by specialized young adult agencies, the Coordinated Assessment System or agency will proceed with the standard methods of assessment and prioritization and the age of the youth will be considered in the assessment and service needs evaluation.

D. Standardized Assessment

The CoC shall adopt standardized assessment tools that will meet the following minimum standards:

- a. **Valid**—Tools should be evidence-informed, criteria-driven, tested to ensure that they are appropriately matching people to the right interventions and levels of assistance, responsive to the needs presented by the individual or family being assessed, and should make meaningful recommendations for housing and services.
- b. **Reliable**—The tool should produce consistent results, even when different staff members conduct the assessment or the assessment is done in different locations.
- c. **Inclusive**—The tool should encompass the full range of housing and services interventions needed to end homelessness, and where possible, facilitate referrals to the existing inventory of housing and services.
- d. **Person-centered**—Common assessment tools put people—not programs—at the center of offering the interventions that work best. Assessments should provide options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. High value and weight should be given to clients' goals and preferences.
- e. **User-friendly**—The tool should be brief, easily administered by non-clinical staff including outreach workers and volunteers, worded in a way that is easily understood by those being assessed, and minimize the time required to utilize.

- f. **Strengths-based**—The tool should assess both barriers **and** strengths to permanent housing attainment, incorporating a risk and protective factors perspective into understanding the diverse needs of people.
- g. **Housing First orientation**—The tool should use a Housing First frame. The tool should not be used to determine “housing readiness” or screen people out for housing assistance, and therefore should not encompass an in-depth clinical assessment. A more in-depth clinical assessment can be administered once the individual or family has obtained housing to determine and offer an appropriate service package.
- h. **Sensitive to lived experiences**—Providers should recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool’s questions should be worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool should minimize risk and harm, and allow individuals or families to refuse to answer questions. Agencies administering the assessment should have and follow protocols to address any psychological impacts caused by the assessment and should administer the assessment in a private space, preferably a room with a door, or, if outside, away from others’ earshot. Those administering the tool should be trained to recognize signs of trauma or anxiety.

Additionally, the tool should link people to services that are culturally sensitive and appropriate and are accessible to them in view of their disabilities, *e.g.*, deaf or hard of hearing, blind or low vision, mobility impairments

- i. **Transparent**—The relationship between particular assessment questions and the recommended options should be easy to discern. The tool should not be a “black box” such that it is unclear why a question is asked and how it relates to the recommendations or options provided.

E. Recordkeeping Requirements

Recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant’s status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. The CoC will maintain evidence through recordkeeping and documentation that the adopted orders of priority in Section B are being implemented.

a. CoC / Collaborative Applicant Records

In addition to the records required in 24 CFR 578.103, the CoC will maintain records of the following:

- i. Evidence of written standards that incorporate the priorities in Section A and B above as adopted by the CoC.** Written evidence of CoC, or subcommittee, meeting minutes where written standards were adopted that incorporate the prioritization standards.
- ii. Evidence of a standardized assessment tool.** Use of a standardized assessment tool may be evidenced by written policies and procedures referencing a single standardized assessment tool that is used by all CoC Program-funded PSH recipients within the CoC's geographic area.
- iii. Evidence that the written standards were incorporated into the coordinated assessment policies and procedures.** Incorporating standards into the coordinated assessment policies and procedures may be evidenced by updated policies and procedures—that incorporate the updated written standards for CoC Program-funded PSH developed and approved by the CoC.

b. Recipient Recordkeeping Requirements

In addition to the records required in 24 CFR 578.103, recipients of CoC Program-funded PSH that are required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

- i. Written Intake Procedures.** Recipients must maintain and follow written intake procedures to ensure compliance with the definition of chronically homeless per 24 CFR 578.3. These procedures must establish the order of priority for obtaining evidence as: (1) third-party documentation, (2) intake worker observations, and (3) certification from the person seeking assistance. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.
- ii. Evidence of Chronically Homeless Status.** Recipients of CoC Program-funded PSH whose current grant agreement includes beds that are dedicated or prioritized to the chronically

homeless must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for chronically homeless at 24 CFR 578.3. Such records must include evidence of the homeless status of the individual or family (paragraphs (1)(i) and (1)(ii) of the definition), the duration of homelessness (paragraph (1)(ii) of the definition), and the disabling condition (paragraph (1)(iii) of the definition). When applicable, recipients must also keep records demonstrating compliance with paragraphs (2) and (3) of the definition.

- a) Evidence of homeless status.** Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven. For paragraph (2) of the definition for chronically homeless at 24 CFR 578.3, for individuals currently residing in an institution, acceptable evidence includes:
 - i.)** Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or
 - ii.)** Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and
 - iii.)** Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

b) Evidence of the duration of the homelessness. Recipients documenting chronically homeless status must also maintain the evidence described in paragraph i. or in paragraph ii. below, and the evidence described in paragraph iii. below:

i.) Evidence that the homeless occasion was continuous, for at least one year.

Using any combination of allowable documentation described in Section V.B.2.(a), recipients must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. For the purposes of this Notice, a break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

Note: A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional

housing).

ii.) Evidence that the household experienced at least four separate homeless occasions over 3 years.

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, the recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years.

Generally, at least three occasions must be documented by either:

(1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation.

In only rare and the most extreme cases, HUD will permit a certification from the individual or head of household seeking assistance in place of third-party documentation for the three occasions that must be documented by either:

(1) HMIS data, (2) a written referral, or (3) a written observation. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

iii.) Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. Evidence of this criterion must include one of the following:

- (1) Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
- (2) Written verification from the Social Security Administration;
- (3) Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
- (4) Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or
- (5) Other documentation approved by HUD.

c. Coordinated Assessment System Prioritization

The order of priorities established in the CoC Coordinated Assessment System Policies and Procedures for CoC Program-funded PSH may demonstrate that they are following the CoC-established requirement by maintaining the following evidence:

- i.) Evidence of Cumulative Length of Occasions.** For recipients providing assistance to households using the selection Priority One through Four for both dedicated and non dedicated PSH beds, the recipient must maintain the evidence of each occasion of homelessness as required, which establishes how evidence of each occasion of homelessness, when determining whether an individual or family is chronically homeless, may be documented. However, to properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness and these occasions must cumulatively total a period of 12-months. In order to properly document the cumulative period of time homeless, at least 9 months of the 12-month period must be documented through third-party documentation unless it is one of the rare and extreme cases described above 2.b.ii. (*Evidence that the household experienced at least four separate homeless occasions over 3 years*). For purposes of this selection priority, a single encounter with a homeless service provider on a single day within one month that is documented through third-party

documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

ii.) Evidence of Severe Service Needs. Evidence of severe service needs is that by which the recipient is able to determine the severity of needs using data-driven methods such as an administrative data match or through the use of a standardized assessment conducted by a qualified professional.

iii.) Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance. Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

The CoC Board of Directors shall approve a Coordinated Assessment System Memorandum of Agreement that will detail the responsibilities for utilization, documentation and compliance with prioritization standards adopted and included in the CoC Coordinated Assessment System Policies and Procedures. The Coordinated Assessment System Memorandum of Agreement shall be a required agreement for all CoC Program and Emergency Solutions Grant grantees, sub grantees, recipients and subrecipients.

F. Operating Procedures for the Documentation of Priority Status (DOPS)

The Documentation of Priority Status process requires that agency staff, through the HMIS system, request of the Coordinated Assessment Office to review submissions of documentation of homelessness, disability, veteran status, households with children and other sub-population to verify the level of Priority based on the criteria established by the Coordinated Assessment Policies and Procedures. Priorities will be confirmed by the CAS office, recorded on the client record in HMIS and documented through a signed DOPS form. The Coordinated Assessment System Office will review all documents and assessments and categorize the client based on the Priority One through Four categories described above for Permanent Supportive Housing.

This Priority Status Classification will be documented in the HMIS as P1, P2, P3 and P4 etc. and have an additional Severity of Need Score that will encompass the Prioritized Waiting List.

The Coordinated Assessment Office will maintain the Prioritized Waiting lists to assist CoC and ESG recipients in identifying clients with the highest levels of need in appropriate housing interventions.

a. Documentation of Priority Status Lists

CoC Program-funded PSH projects will accept referrals only through a single prioritized waiting list that is created through the CoCs coordinated assessment process. This process is known as the *Documentation of Priority Status*. This process will ensure that CoC Program-funded PSH is being used most effectively. Project-level waiting lists will be based on this master priority status list, and not on the date in which they first applied for housing assistance.

b. Dispute Classification of Priority Status

Agencies that believe that the DOPS priority classification is not accurate, or believe that the client or household should be reconsidered for other circumstances of severity of service needs may request a DOPS Reconsideration to the Collaborative Applicant Executive Director or other designee appointed by the Collaborative Applicant or Continuum of Care Board.

c. DOPS Updates

The CAS office will review a household's Documentation of Priority Status every 90 days. Agency Staff may at any time request a DOPS update if a client or households homeless or disability status changes to seek a higher priority. All reconsiderations or updates must comply with all recordkeeping and documentation set forth in the CoC Coordinated Assessment System Policies and Procedures and consistent with the HUD Notice CPD-14-012.

(See Appendix)

G. Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair

Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

IV. CoC Planning

A. CoC Strategic Plan

The Collaborative Applicant will be responsible for drafting an annual Continuum of Care Strategic Plan to be reviewed and approved by the Continuum of Care Board. The plan will contain at minimum:

- a. HUD Goals
- b. Continuum of Care Goals
- c. HUD Objectives
- d. Continuum of Care Local Objectives
- e. Action Items that identify who and what steps will be taken to address the objectives and achieve the goals
- f. Performance measures

B. System Wide Performance Measurements

The Collaborative Applicant will be charged with collecting and reporting Continuum of Care System Performance Measures. These measure will include at minimum:

- a. Length of time persons remain homeless;
- b. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
- c. Number of homeless persons;
- d. Jobs and income growth for homeless persons in CoC Program-funded projects;
- e. Number of persons who become homeless for the first time;
- f. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects;
- g. 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 the CoC to understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.

Reductions in the number of people becoming homeless are assessed by measuring the number of persons who experience homelessness for the first time (#5), the number who experience subsequent episodes of homelessness (#2), and homelessness prevention and housing placement for people who are unstably housed (Category 3 of HUD's homelessness definition) (#6). Achievement of quick and stable housing is assessed by measuring length of time homeless (#1), employment and income growth (#4), and placement when people exit the homelessness system (#7).

The performance measures are interrelated and, when analyzed relative to each other, provide a more complete picture of system performance. Data Quality and Standards are addressed in the HMIS policies and procedures.

C. Needs and Gaps Analysis

The Collaborative Applicant is responsible for conducting and reporting to the Continuum of Care Board an annual gaps and needs analysis of housing and services in the homeless system of care. The Collaborative Applicant may use HMIS data, performance data, and point in time surveys, agency surveys for data collection.

D. Point in time Count

Regulatory Citation:

HUD Guidance Documents and Resources: Notice CPD-13-011: 2014 HIC and PIT of Homeless Persons Data Collection Guidance <https://www.onecpd.info/resources/documents/Notice-CPD-13-011-2014-HIC-and-PIT-Data-Collection-Notice.pdf>

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

date will be scheduled in consultation with the Texas Homeless Network in order to coordinate the count with Continuum of Cares statewide.

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

The CoC will conduct only a basic point in time count during even numbered year and a enhanced point in time count and homeless needs survey during odd numbered years.

The Collaborative Applicant will report the results of the point in time count at a public meeting and forum during the first quarter of the year known as the State of the Homeless Address.

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.

E. Housing Inventory Chart (HIC)

Regulatory Citation

HUD Guidance Documents and Resources: Notice CPD-13-011: 2014 HIC and PIT of Homeless Persons Data Collection Guidance <https://www.onecpd.info/resources/documents/Notice-CPD-13-011-2014-HIC-and-PIT-Data-Collection-Notice.pdf>

In consultation with each of the CoC's Program project applicants the Collaborative Applicant is responsible to assure the timely submission and accuracy of the Housing Inventory Chart (HIC) 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.

V. Emergency Solutions Grants

Regulatory Citations: 24 CFR 578.7(a)(9); 578.37(a)(1)(ii), 24 CFR 576, and 24 CFR §576.400(e), 24 C.F.R. §576.402

HUD Guidance Documents and Resources:

Coordinated Assessment - Philosophy Under the CoC and ESG Programs

<https://www.onecpd.info/resource/3106/coordinated-assessment-philosophy-under-the-coc-and-esg-programs/>

Notice CPD-13-06: Guidance for Submitting the Portions of the CAPER Related to Homelessness and the ESG Program <https://www.onecpd.info/resources/documents/Notice-CPD-13-06-Guidance-For-Submitting-Portions-of-CAPER-Related-to-Homelessness-and-ESG-Program.pdf>

ESG Program Components Reference Guide <https://www.onecpd.info/resources/documents/ESG-Program-Components-Quick-Reference.pdf>

Rapid Rehousing: ESG vs. CoC Guide https://www.onecpd.info/resources/documents/Rapid_Re-Housing_ESG_vs_CoC.pdf

ESG CAPER Reporting: HMIS Programming Requirements

<https://www.onecpd.info/resources/documents/ESGCAPERHMISProgrammingInstructions.pdf>

Policy Requirement: The CoC must consult with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients.

CoC TX 601 geographic area is Tarrant and Parker counties, Texas. Within the geographic area there are four ESG Recipients:

ESG Recipient	Program Year
State of Texas	October 1 –September 30
Fort Worth	October 1 – September 30
Arlington	July 1 – June 30
Tarrant County	July 1 – June 30

A. Consultation with ESG Grantees

ESG Grantees will submit to the Collaborative Applicant an annual ESG program calendar to include critical dates, deadlines, and public participation opportunities for:

- ESG Allocation Process
- Consolidated Action Plan
- CAPER

Local ESG recipients will submit to the CoC Collaborative Applicant a description of the ESG Grant Allocation Process no less than 30 days prior to the ESG Recipient's public release of the ESG request for proposal. Local ESG recipients will provide a draft version of the RFP to the Collaborative Applicant no later than five business days from finalization in order to receive input on priorities and performance measurements and consistency with the Continuum of Care and HUD funding priorities and targeted populations for assistance.

B. Establishing Priorities

Funding priorities and targeted populations for assistance will be established annually within the first quarter of the calendar year. These priorities will be established with input from HUD, the Collaborative Applicant, ESG recipients and subrecipients, and consumers.

Local government ESG recipients will attend the annual Continuum of Care Public Forum and State of the Homeless Address.

The Collaborative Applicant will provide an annual written State of the Homeless Report in response to the point in time count to local government ESG Recipients by March 15 to include information on: point in time count, housing inventory, and needs and gaps analysis.

The Collaborative Applicant will be the primary contact with TDHCA on providing consultation on the State ESG program.

C. Process for Monitoring ESG Recipients and Subrecipients

ESG Recipients will provide the CoC with a copy of all ESG subrecipient executed contracts within 10 business days of execution in order to maintain an accurate inventory of assistance

available for the Coordinated Assessment System and set up of ESG program and reporting tools in the HMIS system.

ESG Recipients will provide the Collaborative Applicant with an annual monitoring schedule. The Collaborative Applicant will cooperate with ESG Recipients in providing needed performance or client HMIS information.

The CoC Collaborative Applicant will conduct at least a biannual monitoring of ESG recipients to review timely expenditure of funds.

D. Reporting Performance

The CoC Collaborative Applicant will produce quarterly and end of program year ESG recipient and subrecipient reports generated by the HMIS system. CoC – wide standard ESG performance metrics will be established in the first quarter of the calendar year through consultation with ESG recipients and approved by the Continuum of Care Board of Directors.

Report Due Date	ESG Report Performance Coverage
February 15	November – January
May 15	February – April
August 15	May – July
November 15	August – October
October 31	City of Fort Worth Annual Report
July 31	Tarrant County Annual Report City of Arlington Annual Report

The CoC Collaborative applicant will provide ESG Recipients with required Consolidated Action Plan and CAPER data no later than 45 days prior to the final HUD submission deadline.

E. Standards for Provision of ESG Funds Administered by the CoC

The Continuum of Care Board has appointed the Collaborative Applicant as the designated representative to enter into contract with the Texas Department of Housing and Community Affairs to administer the ESG program funds designated to the Fort Worth/Arlington/Tarrant County Continuum of Care TX601. Standards for access to assistance funded by this program are as follows:

a. Eligible Organizations that may apply for ESG Funding Administered by the CoC

The subrecipient must be a private, non-profit organization, as defined by the Internal Revenue Service tax code, evidenced by having a Federal identification number, filed articles of incorporation, and written organizational by-laws.

Proposed use of ESG funds should address the Continuum of Care Strategic Plan, identified gaps and needs, or meet other identified needs of the CoC.

Further, ESG subrecipients must meet the following criteria to become eligible for assistance under one or multiple activities:

i. Street Outreach (24 CFR 576.101)

Essential Services

Related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Eligible costs include engagement, case management, emergency health and mental health services, transportation, and services for special populations.

ii. Emergency Shelter (24 CFR 576.102)

Any facility with primary purpose to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements. Any project funded as an emergency shelter.

a) Renovation

1. Include major rehabilitation or conversion of a building to serve as an emergency shelter. The emergency shelter must be owned by a government entity or private nonprofit organization. The shelter must serve homeless persons for at least 3 or 10 years, depending on the type of renovation and the value of the building. Note: Property acquisition and new construction are ineligible ESG activities.

b) Essential Services

1. Include case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

c) Shelter Operations

Include maintenance, rent, repair, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual.

iii. Homeless Prevention (24 CFR 576.03)

Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from moving to an emergency shelter, a place not meant for human habitation, or another place described in paragraph (1) of the homeless definition.

- a) The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in their current housing or move into other permanent housing and achieve stability in that housing. Eligible costs include:
 - i.) Rental Assistance: rental assistance and rental arrears
 - ii.) Financial Assistance: rental application fees, security and utility deposits, utility payments, last month's rent, moving costs
 - iii.) Services: housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, credit repair

iv. Rapid Re-Housing (24 CFR 576.04)

Housing relocation and stabilization services and/or short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing.

- a) Eligible costs include:
 - i.) Rental Assistance: rental assistance and rental arrears
 - ii.) Financial assistance: rental application fees, security and utility deposits, utility payments, last month's rent, moving costs
 - iii.) Services: housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, credit repair

v. Data Collection (24 CFR 576.07)

- i.) ESG funds may be used to pay for the costs of participating in and contributing to the HMIS designated by the Continuum of Care.

b. Ineligible Organizations

An organization will not be eligible to apply for ESG funds if it meets one or more of the following conditions:

- i. Outstanding audit or monitoring finding with any existing ESG or CoC Program Grantee, unless appropriately addressed by a corrective action plan
- ii. Current appearance on the List of Suspended and Debarred Contractors
- iii. Terms and conditions of any existing ESG or CoC Program Grantee that are not in full compliance
- iv. History of non-performance with contracts with any ESG or CoC Program Grantee

F. Standards for the Provision of ESG Assistance Administered by the CoC

These standard policies and procedures shall be followed for evaluating individuals' and families eligibility for Assistance under ESG.

Per 24 CFR 576.401 ESG subrecipients must conduct an initial evaluation to determine each individual or family's eligibility for ESG assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing.

ESG subrecipients must reevaluate the program participant's eligibility and the types and amounts of assistance the participant needs; **not less than once every 3 months** for participants who are receiving homelessness prevention assistance and rapid re-housing assistance. Evidence of reevaluation will be documented in the HMIS (or its equivalent).

At the sub-recipient's discretion, reevaluations may be conducted more frequently than required by 24 CFR 576.401 and may also be incorporated into the **case management process which must occur not less than monthly** for homelessness prevention and rapid re-housing participants – See 24 CFR 576.401 (e) (i). Regardless of which timeframe is used, reevaluations, must at minimum, establish that:

The program participant does not have an annual income that exceeds 30 percent of median family income for the area, as determined by HUD; and the program participant lacks sufficient resources and support networks necessary to retain housing without ESG assistance. To determine if an individual or family is income eligible, the sub-recipient must examine an individual or family's annual income to ensure that it does not exceed the most current area income limits as posted on: <http://www.huduser.org/datasets/il.html>

When the program participant's income or other circumstances change (e.g. changes in household composition) that affects the program participant's need for assistance under ESG, the sub-recipient must reevaluate the program participant's eligibility and the amount and types of assistance the program participant needs.

Terminating ESG Assistance - 24 C.F.R. §576.402 ESG Subrecipients must provide a copy of their agency termination policy to the Collaborative Applicant. The policy should include at minimum the following provisions:

(a) *In general.* If a program participant violates program requirements, the recipient or subrecipient may terminate the assistance in accordance with a formal process established by the recipient or subrecipient that recognizes the rights of individuals affected. The recipient or subrecipient must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases.

(b) *Program participants receiving rental assistance or housing relocation and stabilization services.* To terminate rental assistance or housing relocation and stabilization services to a program participant, the required formal process, at a minimum, must consist of:

(1) Written notice to the program participant containing a clear statement of the reasons for termination;

(2) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and

(3) Prompt written notice of the final decision to the program participant.

(c) *Ability to provide further assistance.* Termination under this section does not bar the recipient or subrecipient from providing further assistance at a later date to the same family or individual.

When the resulting termination of participation results in the risk of homelessness, the subrecipient should convey the circumstances and refer the client to the Coordinated Assessment system.

a. Standards for targeting and providing essential services related to street outreach

ESG funding may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an

appropriate health facility. For the purposes of this section, the term “unsheltered homeless people” means individuals and families who qualify as homeless under paragraph (1) (i) of the “homeless” definition under 24 CFR Part 576.2. As outlined in 24 CFR Part 576.101, essential services consist of:

- i. Engagement;
- ii. Case management;
- iii. Emergency health services – only when other appropriate health services are inaccessible or unavailable within the area;
- iv. Emergency mental health services – only when other appropriate mental health services are inaccessible or unavailable within the area;
- v. Transportation; and
- vi. Services for special populations.

ESG subrecipients must determine an individual’s or family’s vulnerability and unwillingness or inability to access emergency shelter, housing, or an appropriate health facility, prior to providing essential services under this component to ensure that ESG funding is used to assist those with the greatest need for street outreach assistance.

b. Policies and procedures for admission, diversion, referral, and discharge by emergency shelters

i. Emergency Shelter Definition

The term Emergency Shelter was revised by 24 CFR Part 576.2 to mean “any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements. This definition excludes transitional housing.

ii. Admission, Diversion, Referral and Discharge

Shelter stays should be avoided, if possible, and when not possible, limited to the shortest time necessary to help participants regain permanent housing. Consistent with Section (a) of this document, ESG subrecipients must conduct an initial assessment consistent with the CoC Coordinated Assessment System to determine if they should be admitted to an emergency shelter, diverted to a provider of other ESG-funded or CoC Program- funded components, such as rapid re-housing or homeless prevention assistance, or referred for other mainstream resources.

- iii. ESG subrecipients must determine that individuals and families meet category (1), (2), (3), or (4) of the Homeless Definitions listed below and use the CoC Coordinated Assessment System assessment tools to evaluate an individual's or family's homeless risk to ensure that only those individuals or families that have the greatest need for emergency shelter assistance receive ESG funded assistance.
 - a) Category 1 – Literally Homeless
 - b) Category 2 – Imminent Risk of Homeless
 - c) Category 3 – Homeless under Other Federal Statutes
 - d) Category 4 – Fleeing/Attempting to Flee DV

- vi. Safety and Shelter Needs of Special Populations
 - a) ESG funding may be used to provide services for homeless youth, victim services, and services for people living with HIV/AIDS, so long as the costs of providing these services are eligible under the regulations for the emergency shelter component found at 24 CFR Part 576.102.
 - b) Consistent with ESG recordkeeping and reporting requirements found at 24 CFR Part 576.500, ESG subrecipients must develop and apply written policies to ensure the safety of program participants through the following actions:
 - i.) All sub-grantees will take appropriate measures to provide for client confidentiality. Grantees and sub-grantees will develop and implement procedures to guarantee the confidentiality of records concerning program participants. All records containing personally identifying information (as defined in HUD's standards for participation, data collection, and reporting in a local HMIS) of any individual or family who applies for and receives ESG assistance will be kept secure and confidential.
 - ii.) The address or location of any domestic violence, dating violence, sexual assault, or stalking shelter project assisted under the ESG will not be made public, except with written authorization of the person responsible for the operation of the shelter, and
 - iii.) The address or location of any housing of a program participant, including youth, individuals living with HIV/AIDS, victims of domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing will not be made public, except as provided under a preexisting privacy policy of the sub-recipient and consistent with state and local laws regarding privacy and obligations of confidentiality

- c) In addition, ESG subrecipients must adhere to the following ESG shelter and housing standards found at 24 CFR Part 576.403 to ensure that shelter and housing facilities are safe, sanitary, and adequately maintained:
- i.) Lead-Based Paint Requirements. The Lead-Based Paint Poisoning Prevention Act applies to all shelters assisted under ESG program and all housing occupied by program participants. All ESG subrecipients are required to conduct a Lead-Based Paint inspection on all units receiving assistance under the rapid re-housing AND homelessness prevention components if the unit was built before 1978 and a child under age of six or a pregnant woman resides in the unit.
 - ii.) Structure and Materials. The shelter building should be structurally sound to protect residents from the elements and not pose any threat to health and safety of the residents.
 - iii.) Access. The shelter must be accessible, and there should be a second means of exiting the facility in the case of emergency or fire.
 - iv.) Space and Security. Each resident should have adequate space and security for themselves and their belongings. Each resident must have an acceptable place to sleep.
 - v.) Interior Air Quality. Each room or space within the shelter/facility must have a natural or mechanical means of ventilation. The interior air should be free of pollutants at a level that might threaten or harm the health of residents.
 - vi.) Water Supply. The shelter's water supply should be free of contamination.
 - vii.) Sanitary Facilities. Each resident should have access to sanitary facilities that are in proper operating condition. These facilities should be able to be used in privacy, and be adequate for personal cleanliness and the disposal of human waste.
 - viii.) Thermal Environment. The shelter/facility must have any necessary heating/cooling facilities in proper operating condition.
 - ix.) Illumination and Electricity. The shelter/facility should have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There should be sufficient electrical sources to permit the safe use of electrical appliances in the shelter.
 - x.) Food Preparation. Food preparation areas, if any, should contain suitable space and equipment to store, prepare and serve food in a safe and sanitary manner.
 - xi.) Sanitary Conditions. The shelter should be maintained in a sanitary condition.
 - xii.) Fire Safety-Sleeping Areas. There should be at least one working smoke detector in each occupied unit of the shelter facility. In addition, smoke detectors should be located near sleeping areas

where possible. The fire alarm system should be designed for a hearing-impaired resident.

xiii.) Fire Safety-Common Areas.

c. Standards for Homeless Prevention and Rapid Rehousing

ESG funded programs will adhere to the CoC Coordinated Assessment System policies and procedures for documentation of homelessness, assessment of service needs and prioritization for ESG and CoC Funded assistance.

All ESG homelessness prevention ESG assistance is available to individuals and families below 30% of Area Median Income (AMI), and are homeless or at risk of becoming homeless.

- i. ESG funds can be used to prevent an individual or family from becoming homeless and regain stability in current housing or other permanent housing. Rapid re-housing funds can be used to assist individuals and families who are literally homeless progress toward permanent housing and achieve housing stability.
 - a) Homeless Prevention Households will be **re-certified for continued eligibility no less than every 3 months.**
 - b) Rapid Re-Housing Households will be **re-certified for continued eligibility no less than every 3 months.**
- ii. Rent and utility costs

Standards for both homelessness prevention and rapid re-housing for determining the share of rent and utilities costs that each program participant must pay, if any, will be based on the following:

- a) Rental assistance cannot be provided for a unit unless the rent for that unit is at or below the current Fair Market Rent limit, established by HUD.
- b) The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units. See 24 CFR 574.320.
- c) The rental unit must meet minimum habitability standards found at 24 CFR 576.403.
- d) There must be a rental assistance agreement and lease between the property manager and tenant as well as the owner of property and ESG sub-recipient.
- a) No rental assistance may be made to an individual or family that is receiving rental assistance from another public source for the same time period.

- b) Rental assistance may not be provided to a participant who is currently receiving replacement housing payments under Uniform Relocation Assistance

Per 24 CFR 576.106 (e), ESG subrecipients may make rental assistance payments only to an owner with whom the sub-recipient has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided, including the requirements that apply under this section. The rental assistance agreement must provide that, during the term of the agreement, the owner must give the sub-recipient a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant.

iii. Length of assistance

Subject to the general conditions under 24 CFR 576.103 and 24 CFR Part 576.104, ESG subrecipients may provide a program participant with up to 24 months of rental assistance during any 3-year period. This assistance may be short-term rental assistance, medium-term rental assistance, payment of rental arrears, or any combination of this assistance.

- a) Short-term rental assistance is assistance for up to 3 months of rent.
- b) Medium-term rental assistance is assistance for more than 3 months but not more than 10 months of rent.
- c) Payment of rental arrears may consist of a one-time payment for up to 3 month of rent in arrears, including any late fees on those arrears.

The maximum amount of rental assistance provided, and an individual or household's level of responsibility for rent payments, over time, shall be determined by the ESG sub-recipient and shall be reflective of the individual or family's need for rental assistance and the level of financial resources available to the ESG sub-recipient.

Rental assistance will end if and when another subsidy begins, such as Section 8 Housing Choice Voucher, public housing, project based rental subsidy, or other PSH subsidy.

iv. Standards for determining the type, amount, and duration of housing stabilization and relocation services

Subject to the general conditions under 24 CFR 576.103 and 24 CFR Part 576.104, subrecipients may use ESG funding to pay housing owners, utility companies, and other third parties for some or all of the following costs, as allowed under 24 CFR 576.105:

- a) Rental application fees
- b) Security deposits
- c) Last month's rent
- d) Utility deposits
- e) Utility payments
- f) Moving costs, and
- g) Some limited services costs

Consistent with 24 CFR 576.105 (c), ESG subrecipients determine the type, maximum amount and duration of housing stabilization and relocation services for individuals and families who are in need of homeless prevention or rapid re-housing assistance through the initial evaluation, re-certification and ongoing case management processes.

Consistent with 24 CFR 576.105(d), financial assistance for housing stabilization and relocation services cannot be provided to a program participant who is receiving the same type of assistance through other public sources or to a program participant who has been provided with replacement housing payments under the Uniform Relocation Act (URA) during the period of time covered by the URA payments

G. ESG Program Rapid Rehousing Rental Assistance

Rapid Rehousing Permanent Housing Projects are designed to provide flexible programming that will expedite a household's ability to become self-sufficient through time-limited rental subsidy programs.

The CoC will establish a Rapid Rehousing Rental Assistance Subsidy Policy to determine the amount or percentage of rent each program participant must pay and the maximum amount or percentage of rental assistance that a program participant may receive.

The CoC will also establish a Rapid Rehousing Rental Assistance Subsidy Policy to determine the maximum number of months that a program participant may receive rental assistance, the maximum number of times that a program participant may receive rental assistance, and the extent to which a program participant must share the cost of rent.

Continuum of Care Rapid Rehousing Program applicants must identify and select one of two rental subsidy program models for all their project participants upon initial CoC Program Grant application during the local competition. CoC approved subsidy models include the Income Based Subsidy and the Gradual Declining Subsidy.

Program Participants may participate in a Rapid Rehousing Program within the Fort Worth/Arlington/Tarrant Continuum of Care a maximum of two times over a 24 month period including participation in an ESG Rapid Rehousing Program. Eligibility for frequency of participation will be determined by the Coordinated Assessment System review of client service history recorded in the HMIS and through consultation with any domestic violence Rapid Rehousing program.

- a. Calculation of Eligible Participant Household Income** The calculation of household adjusted gross income must follow existing Continuum of Care Program Requirements.

CoC Rapid Rehousing program participants adjusted gross household incomes must fall below or equal to 60% AMI. Household income will be recertified at least every 90 days to determine the appropriate level of rental subsidy.

b. ESG Rapid Rehousing Rental Subsidy Program

Rapid Rehousing Projects funded by ESG Program Funds must select one of the two models at program application and at program renewal and must apply that model to all clients within the ESG Rapid Rehousing project.

RENTAL ASSISTANCE SUBSIDY MODEL	Rent to be Paid by Program Participant	Maximum Amount of Rental Assistance Received	Maximum Number of Months of Rental Assistance	Frequency of Income and Self-Sufficiency Assessments	Maximum Number of Months in Case Management
Income Based Subsidy	30% of Adjusted Gross household Income. \$0 minimum	Monthly Rent	12 months (Short Term or Medium Term Programs)	First 90 days. Every 30 days from month 4 to program completion	24 months
Gradual Declining Subsidy	0% months 1-3 50% months 4-6 75% months 7-9 100% months 10-24	100% months 1-3 50% months 4-6 25% months 7-9	9 months (Medium Term Programs Only)	First 90 days. Every 30 days from month 4 to program completion	24 months

G. ESG Subrecipient Reporting Requirements to the Collaborative Applicant

a. Reimbursement Requests

Monthly payment requests, expenditure reports, matching funds shall be submitted, in a format prescribed by the Collaborative Applicant in compliance with the Texas Department of Housing and Community Affairs Rules, by the 10th day of the month after the reporting month's end, which identify the allowable expenditures incurred under an ESG contract.

Quarterly performance reports shall be submitted, in a format prescribed by the Collaborative Applicant, by the 10th day of the month after the quarter end, which identify the activities accomplished under the ESG subrecipient grant agreement with the Collaborative Applicant. Performance reports must be generated from the HMIS system (unless a recognized domestic violence provider agency).

The TDHCA ESG program year ends on September 30. At completion of all activities, a contract closeout report must be submitted within 30 days of the end of the contract. The subrecipient is required to supply such information, in such form and format as the Collaborative Applicant may require. All records and reports must be made available to any authorized Collaborative Applicant representative upon request and without prior notice.

All ESG Subrecipients must use the HMIS (or the CoC approved equivalent) to report on clients served by the ESG program.

b. Matching Funds

The Collaborative Applicant will meet the required dollar-for-dollar ESG match requirement by requiring subrecipients to match their award dollar-for-dollar with eligible match sources on a monthly basis. The amount will be reported on the sub-recipient's monthly report and reimbursement request form. The dollar-for-dollar match from subrecipients can be in cash expended for allowable costs identified by OMB Circular A-87 and A-122. Additionally, program income for the ESG program can also be used as match funds. Further, the value of any real property, equipment, goods, or services can also be used as dollar-for-dollar match.

The Collaborative Applicant will provide its own match for administrative funds.

c. Monitoring/ On-Site Visit

The three basic goals for oversight and monitoring of the progress and performance of ESG subrecipients include:

- Ensure that ESG funds are used effectively to assist homeless individuals and families and that the basic ESG program goals are met
- Ensure compliance with CoC Policies and Procedures and ESG regulations and program requirements in the usage of funds and in carrying out program activities
- Enhance and develop the management capacity of grantees or recipients

Monitoring of subrecipients will be conducted once a month for the first three months of the program year. Subsequent visits after the first three months will depend on sub-recipient performance and risk analysis. Monitoring can take a number of forms and can include review of reimbursement requests, monthly reports, performance measures, on-site assessments or a review of HMIS program data. If the Collaborative Applicant representatives have a concern or finding the following will take place;

1. Concern

- a. A concern is a deficiency in program performance not based on statutory, regulatory, or other program requirement (sanctions or corrective actions are not authorized for concerns).
- b. The Collaborative Applicant will bring the concern to the attention of the subrecipient via formal letter sent certified mail and by email and recommend actions to address concerns and/or provide technical assistance.
- c. Concerns do not require a formal written response to the Collaborative Applicant.

2. Finding

- a. A finding is a deficiency in a subrecipient's program performance based on material noncompliance with a statutory, regulatory, or CoC program requirement for which sanctions or corrective actions are authorized.
- b. The Collaborative Applicant will provide documentation via formal letter sent certified mail and by email and will include:
 - i. Condition
 - ii. Criteria
 - iii. Cause
 - iv. Effect
 - v. Corrective action

3. The subrecipient must respond to the Collaborative Applicant within ten (10) business days of notification by;

- a. Concurring and undertaking suggested corrective actions
- b. Concurring and suggesting alternate corrective actions
- c. Providing additional information to address the finding

Failure to provide written response to a finding may lead to a de-obligation of funds. However, upon receipt of the Notice of De-obligation, the Sub-recipient has thirty (30) days to submit a formal letter of appeal. The agency must:

- 1. Submit the appeal on a formal letterhead, addressed to the Collaborative Applicant Executive Director
- 2. The letter of appeal must present a high level of detail and explanation and must include an attached budget of proposed spending and any other documentation addressing the corrective action that has been found delinquent

The Collaborative Applicant will consult with TDHCA prior to taking de obligation actions.

d. Recordkeeping Requirements

Financial records, supporting documents, statistical records, and all other records pertinent to an award shall be retained for a period of three years from the date of submission of the final expenditure

e. Recording Services in HMIS

All ESG subrecipients must be contributing HMIS organizations (CHO) utilizing the single HMIS system designated by the Continuum of Care Board of Directors for the collection of client level data of participants and recipients of ESG assistance.

The CoC Collaborative Applicant will establish an HMIS dashboard for each ESG recipient to monitor subrecipient ESG program activity.

ESG subrecipients that represent domestic violence organizations are prohibited from entering data in the HMIS. The Collaborative Applicant will provide written documentation of compliance of the collection of required data collection through review and periodic examination of the alternate data source.

VI. HMIS Policies and Procedures

- A. Homeless Management Information System Overview:** A Homeless Management Information System (HMIS) is a computerized data management and sharing system often implemented across an entire Continuum of Care (CoC). There are two primary purposes of a HMIS. First, to increase effectiveness and efficiency of service delivery within a CoC facilitating collaboration among service providers. Second, to provide data to the HMIS stakeholders regarding the state of homelessness and program effectiveness. The HMIS is composed of the data generated by all programs and agencies who provide services to homeless households. Most federally funded programs that serve these populations must record participant data in HMIS.
- B. HMIS Terminology**
- a. Participation Intake – A point in an agency’s workflow when a participant is added to the HMIS.
 - b. Continuum of Care (CoC) – an integrated collection of agencies serving the homeless.
 - c. Contributing HMIS Organization (CHO) – an organization who enters data into the HMIS.
 - d. Data Quality – data accuracy and completeness.
 - e. Data Standards – Department of Housing and Urban Development publishes technical and data standards.
 - f. De-identification – data where all personal identifying information has been removed.
 - g. Encryption – the process of encrypting data for the purposes of safe storage or transmission.
 - h. End-User – an HMIS End-User is an individual with access to the HMIS.
 - i. HMIS Participation Notice – posted noticed explaining HMIS purpose and benefits.
 - j. Inferred Consent – consent inferred by End-User as to a participant’s desire to participate in the HMIS.
 - k. Informed Consent – consent given by a participant after demonstrating the purpose and benefits of participation.
 - l. Metadata – information describing data, e.g. the date an assessment was modified.
 - m. Personal identifying information – any information which may be used to identify a participant, whether directly or indirectly.
 - n. Program-specific Data Elements – data elements required to be collected for specific programs in HMIS.
 - o. Scan Cards – barcoded identification cards provided to participants for ease of data collection and entry into services.
 - p. Unduplicated Count – a count of participants where no two records represent the same participant.

- q. Universal Data Elements – data elements required to be gathered by all participating HMIS agencies.
- r. Written Consent – a written and signed consent.

C. Roles and Responsibilities

- a. HMIS Software Provider: The current HMIS software provider (HSP) will be required to meet the HUD Approved Goals and Objectives for the CoC Homeless Assistance Grant HMIS project, comply with rules outlined in HMIS Data Manual and ESG Program HMIS Manual, provide required data elements in a format specified in the HMIS Data Standards Dictionary, and meet recommended security and privacy standards stated in HUD Data and Technical Standards. The HSP will develop and maintain the HMIS reports outlined in the HMIS Data Standards Manual and HMIS Standard Reporting Terminology Glossary.
- b. HMIS Lead Agency: The HMIS Lead Agency will manage the system-wide implementation of the HMIS on behalf of the Continuum of Care. It is the HMIS Lead Agency's responsibility to act as an agent for the CoC in regards to the day-to-day operations of the HMIS. The HMIS Lead Agency will work collaboratively with the HMIS Governance Committee to make recommendations to the CoC Board regarding the planning, participation, coordination of resources, coordination of data integration, security and privacy features, and determination of policies and procedures. The HMIS Lead Agency is responsible for managing the HMIS Software Provider contract. The HMIS Lead Agency will manage the HMIS budget and the application for funding through the Continuum of Care Program Competition. The HMIS data will be aggregated by the HMIS Lead Agency to keep the CoC apprised as to the local state of homelessness.
- c. Mandatory Contributing HMIS Organization: A Mandatory Contributing HMIS organization (MCHO) is any organization contributing data to HMIS and is required to do so by its funding source. These projects must collect all Universal Data Elements and Program Specific Elements respective to the type of the program (2014 HMIS Data Standards Data Manual). On an annual basis MCHOs will be required to execute a HMIS Fort Worth/Arlington/Tarrant County Continuum of Care TX 601 Homeless Management Information System Participation Agreement.
- d. Voluntary Contributing HMIS Organization: A Voluntary Contributing HMIS Organization (VCHO) is any organization not required by its funding source to enter data into HMIS, however, the agency is participating in the HMIS as a contributing agency. The participant requirements for a VCHO are the same as an MCHO.
- e. Non-Contributing HMIS Organization: A Non-Contributing HMIS Organization (NCHO) is any agency that has been approved by the CoC Board of Directors to have "read-only" access to the HMIS. An NCHO is not required to enter any data into HMIS. An NCHO will not enter any data into HMIS.
- f. HMIS Governance Committee: HMIS Governance Committee is responsible for

making final recommendations to the CoC Board on the planning, participation, implementation, and ongoing oversight of the single HMIS and the HMIS Lead Agency. The HMIS Governance Committee is established in accordance with the Continuum of Care Charter Fort Worth / Arlington / Tarrant County TX601.

- g. HMIS End-User: An HMIS End-User is an individual with access to the HMIS. An End-User must act in accordance with the requirements placed about contributing HMIS agencies. Annually each End- User will be required to execute the CoC HMIS End User Security and Privacy Agreement.
- D. Privacy Plan
The Privacy plan will be articulated in the Fort Worth/Arlington/Tarrant County Continuum of Care TX 601Homeless Management Information System Participation Agreement and the CoC HMIS End User Security and Privacy Agreement.
- E. Security Plan
The Security Plan will be articulated in the Fort Worth/Arlington/Tarrant County Continuum of Care TX 601Homeless Management Information System Participation Agreement and the CoC HMIS End User Security and Privacy Agreement.
- F. Data Quality Plan
The Data Quality Plan will be articulated in the Fort Worth/Arlington/Tarrant County Continuum of Care TX 601Homeless Management Information System Participation Agreement and the CoC HMIS End User Security and Privacy Agreement.

VII. Educational Access Policy

The TX-601 Continuum of Care does not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and/or other laws pertaining to the provision of educational and related services to individuals and families experiencing homelessness.

CoC and ESG funding recipients are required to inform families and unaccompanied youth of all rights as stated in the McKinney-Vento Act. Furthermore, programs shall collaborate with local school district homeless liaison(s) to allow for a smooth transition to continued service and support for educational needs.

Project sponsors of CoC- and ESG-funded programs that provide housing or services to families will designate a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under the HEARTH Act.

The Collaborative Applicant will take the educational needs of children into account when families are placed in emergency or transitional shelter and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education.

Collaborative Applicant Board Resolution and Memorandum of Understanding

RESOLUTION OF THE BOARD OF DIRECTORS

TO DESIGNATE THE ELIGIBLE COLLABORATIVE APPLICANT FOR THE CONTINUUM OF CARE TX 601

WHEREAS the Continuum of Care Board of Directors is the lead planning body for the Fort Worth/Arlington/Tarrant County Continuum of Care TX 601 (CoC) serving the geographic area of Tarrant County and Parker County, Texas, as recognized by the U.S. Department of Housing and Urban Development, and

WHEREAS the Board of Directors, as the lead planning body for the CoC, is responsible for the designation of the Collaborative Applicant for the CoC Program Grant, therefore

BE IT RESOLVED that the Board of Directors designates the Tarrant County Homeless Coalition as the eligible Collaborative Applicant for the FY2013 Continuum of Care Program responsible for the submission of the CoC Program Application and is the sole eligible recipient of the Continuum of Care Planning Project and the Continuum of Care Coordinated Assessment Project.

The undersigned, BOARD CHAIR, elected Chair of the Board of Directors, that the above is a true and correct copy of the resolution that was duly adopted at the August 23, 2013 meeting of the Board of Directors, which was held in accordance with the Charter of the Board.

Date

CoC Board Chair

MEMORANDUM OF UNDERSTANDING

BETWEEN

TX 601 Continuum of Care Board

and the

TX601 Collaborative Applicant – Tarrant County Homeless Coalition

WHEREAS the Continuum of Care Board (CoC Board) shall serve the geographic area of the Fort Worth/Arlington/Tarrant County Continuum of Care TX 601, which includes all of Tarrant and Parker County, Texas, to:

- Promote community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts by nonprofit providers, States and local governments to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities as a consequence of homelessness;
- Promote access to and effective use of mainstream programs by homeless individuals and families;
- Optimize self-sufficiency among individuals and families experiencing homelessness; and

WHEREAS the 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 designate a CoC Lead Agency to serve as the Collaborative Applicant to operate the Continuum of Care (CoC) to support year-round Continuum of Care planning of homeless and homeless prevention housing and services; and

WHEREAS the Tarrant County Homeless Coalition has been designated as the Collaborative Applicant by Resolution of the CoC Board of Directors, and as such is the sole eligible applicant for the HUD CoC Program Planning Grant funds, and shall manage the required HUD process on behalf of the CoC Board to ensure the maximum amount of funds are received by the CoC jurisdiction and that the CoC is in compliance with all applicable HUD rules and regulations; and

WHEREAS the Tarrant County Homeless Coalition has been designated as the Administrator of the Homeless Management Information System (HMIS) by a Resolution of the CoC Board of Directors,

The parties agree to the following:

APPENDIX

ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE APPLICANT:

- I. Maintain CoC Board of Director and CoC Committee meeting agendas and minutes. Meeting agendas will be posted to the TCHC website in a timely fashion, and no less than 72 hours prior to the meeting times.
- II. Keep the CoC Board of Directors up to date on relevant changes in HUD rules and regulations
- III. Provide a Quarterly Collaborative Applicant/CoC Planning report
- IV. Conduct the HUD CoC Program Grant process
- V. Produce Annual Reports including
 - State of the Homeless Address report on homeless services needs and gaps
 - Point In Time Count (PIT)
 - Housing Inventory Chart (HIC)
 - Annual Homeless Assessment Report (AHAR)
 - CoC Program Grant Score Debrief and Improvement Report
- VI. Develop CoC performance targets appropriate for each population and program type based on HUD performance standards identified in HUD guidance, NOFAs and notices.
- VII. Conduct Performance Monitoring, Evaluation and Reporting of all CoC Program and ESG Program Recipients and Sub recipients.
- VIII. Serve as the HMIS Lead Agency, operating the HMIS compliant with the HUD HMIS CoC Program Grant and data collection and reporting standards.
- IX. Coordinate and facilitate collaboration, training and technical assistance among agencies to ensure successful planning and partnerships in the Continuum of Care geographic area.

APPENDIX

ROLES AND RESPONSIBILITIES OF THE CoC BOARD OF DIRECTORS:

- I. Ensure that the funds and resources needed by the Collaborative Applicant for its work outlined in the roles and responsibilities are adequate and available.
- II. Establish funding priorities for CoC Program and Emergency Solutions Grant assistance through fair, objective, and transparent processes.
- III. Approve policies and procedures for the performance monitoring, evaluation and reporting of all CoC Program and ESG Program Recipients and Sub recipients.
- IV. Ensure that any potential and or perceived conflicts of interest are addressed in an effective, open, and timely manner.
- V. Collaborate to secure and align local public and private funds, state funds, and federal funds to prevent and end homelessness.
- VI. Review and approve the funding application and response to HUD's annual CoC Program NOFA for homelessness assistance resources.
- VII. Approve CoC performance targets appropriate for each population and program type.
- VIII. Provide to the Collaborative Applicant an annual planning timeline and data and analysis information needs.
- IX. Conduct a bi-annual performance review of the Collaborative Applicant.

APPENDIX

DURATION AND RENEWAL

Except as provided in the TERMINATION section, the duration of the MOU shall be from January 15, 2014 through January 14, 2015. This agreement shall renew automatically unless either party gives notification pursuant to TERMINATION section.

AMENDMENTS/NOTICES

This MOU may be amended in writing by either party and is in effect upon signature of both parties. Notices shall be mailed, emailed or delivered to:

1. Chair of the Fort Worth/Arlington/Tarrant County Continuum of Care Board of Directors
2. President/Executive Director of the Tarrant County Homeless Coalition

TERMINATION

Either party may terminate this MOU at a date prior to the renewal date specified in the MOU by giving 120 days written notice to the other party. If the HUD CoC Program Planning Grant funds relied upon to undertake activities described in the MOU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MOU within 30 days by providing written notice to the other party. The termination shall be effective on the date specified in the notice of termination.

Signatures:

Chair

CoC TX601 Board of Directors

President/Executive Director

Tarrant County Homeless Coalition

Continuum of Care Board Member Application

The Continuum of Care Board will be a group of community leaders, decision makers and experts in the provision of services to the homeless that will provide the vision, strategies and guidance to end homelessness in Tarrant and Parker Counties.

Background

The Tarrant County Homeless Coalition Board of Directors has served as the U.S. Department of Housing and Urban Development (HUD) recognized decision making and planning board for the Fort Worth/Arlington/Tarrant County Continuum of Care TX 601 since 2008. The TCHC Board of Directors also serves concurrently as the board for the nonprofit corporation Tarrant County Homeless Coalition.

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act and this legislation consolidated the three separate McKinney-Vento homeless assistance programs into a single grant program known as the Continuum of Care (CoC) program.

The CoC Program includes both Continuum of Care Program funds (estimate grant of \$12.1 million annually) and Emergency Solutions Grants (estimate \$1.2 million annually). The CoC will also play a strategic planning and advisory role in Department of Health and Human Services and Veterans Administration federal programs that target homeless populations. As a result of the HEARTH Act, TCHC is leading the community to develop a separate and distinct Continuum of Care Board from the TCHC nonprofit Board of Directors. This CoC Board will be comprised of no more than 21 decision makers, homeless service providers and community leaders to serve as the backbone of the community's response to homelessness. The CoC jurisdiction is the entirety of Tarrant and Parker counties.

There is much work to accomplish to reduce the length of stay in homelessness, reduce recidivism back into homelessness, and reduce the overall number of persons experiencing homelessness – the three measures of a high performing Continuum of Care.

If you have an interest in addressing these challenges as a community, we encourage you to please submit the following materials to Cindy J. Crain, Executive Director of the Tarrant County Homeless Coalition via email: cjcrain@ahomewithhope.org.

- ☐ Letter of Interest and Experience (up to 500 words)
- ☐ CoC Board Application Form
- ☐ Signed Commitment Statement

Continuum of Care Board Member Application



Name:

Employer:

Position/Title:

Address:

Email:

Cell Phone:

Work Phone:

Fax:

Board Composition:

What service area, jurisdiction, or special population do you represent? *(Check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Homeless/Formerly Homeless | <input type="checkbox"/> Businesses |
| <input type="checkbox"/> Persons with substance use disorders | <input type="checkbox"/> Public Housing Agencies |
| <input type="checkbox"/> Persons with HIV/AIDS | <input type="checkbox"/> School districts |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Mental health care providers |
| <input type="checkbox"/> Persons who are chronically homeless | <input type="checkbox"/> Health care providers |
| <input type="checkbox"/> Families with children | <input type="checkbox"/> University/Academia |
| <input type="checkbox"/> Unaccompanied youth | <input type="checkbox"/> Affordable Housing Developers |
| <input type="checkbox"/> Persons who are seriously mentally ill | <input type="checkbox"/> Foundations |
| <input type="checkbox"/> Persons who are victims of domestic violence | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Faith Based | <input type="checkbox"/> CoC Lead Agency |
| <input type="checkbox"/> Faith-based organizations | |
| <input type="checkbox"/> Other: _____ | |

Financial/Grant Disclosures:

Does your organization currently receive funding or intend to apply for, any of the following grant programs:

*(Check all that apply) *Receipt or application of funding does not disqualify you from serving on the CoC Board.*

- | | |
|---|--|
| <input type="checkbox"/> Continuum of Care Program | <input type="checkbox"/> CDBG |
| <input type="checkbox"/> Emergency Shelter Grant | If yes, from what grantee(s)? |
| If yes, from what grantee(s)? | <input type="radio"/> City of Fort Worth |
| <input type="radio"/> City of Fort Worth | <input type="radio"/> City of Arlington |
| <input type="radio"/> City of Arlington | <input type="radio"/> Tarrant County |
| <input type="radio"/> Tarrant County | |
| <input type="radio"/> TDHCA | <input type="checkbox"/> HOME |
| <input type="checkbox"/> Department of Veterans Affairs SSVF | If yes, from what grantee(s)? |
| <input type="checkbox"/> City of Fort Worth Directions Home | <input type="radio"/> City of Fort Worth |
| <input type="checkbox"/> SAMHSA | <input type="radio"/> City of Arlington |
| <input type="checkbox"/> HOPWA | <input type="radio"/> Tarrant County |
| If yes, from what grantee(s)? | |
| <input type="radio"/> City of Fort Worth | |
| <input type="radio"/> Tarrant County | |
| <input type="checkbox"/> OTHER Grants related to Human Services/Homelessness: _____ | |

Statement of Commitment

By my signature below, if nominated and elected to the Continuum of Care Board, I understand that I will attend at least 70% of the CoC Board meetings.

Conflict of Interest

With my signature I affirm that I have received a copy of the Continuum of Care Charter and Policies and procedures and have read and understood the Conflict of Interest and Recusal policy. I agree to comply with this policy.

Signature: _____

Date: _____



Documentation of Priority Status - DOPS

Client Name:

Client Date of Birth:

Client HMIS/ETO Number:

The Tarrant County Homeless Coalition Coordinated Assessment System office verifies that the above named client holds the following priority status documented in the HMIS as of **[DATE HERE]**:

☐ **P1 – Priority 1**

Individual with a disability that has been documented by a medical professional or receiving Supplemental Security Income or Social Security Disability Insurance benefits. Living or residing in a place not meant for human habitation, safe haven, or in emergency shelter for at least 2 years. P1 meets the federal definition of chronically homeless.

☐ **P2 – Priority 2**

Individual or a family with at least one individual or an individual that has been documented by a medical professional and is receiving Supplemental Security Income or Social Security Disability Insurance benefits. Living or residing in a place not meant for human habitation, safe haven, or in emergency shelter for at least 1 year or on at least 4 separate occasions in the last 3 years. P2 meets the federal definition of chronically homeless.

☐ **P3 – Priority 3**

Non-chronic homeless individual or household with children that is unsheltered or residing in an emergency shelter. They have been assessed and determined to be a priority sub-population:

- ☐ DV - Victims of Domestic Violence
 - ☐ VET - Veteran
 - ☐ HIV/AIDS
 - ☐ FAM - Household with children under the age of 18
 - ☐ MH – Mental Health
 - ☐ UY – Unaccompanied Youth
 - ☐ Other Priority
- Determination: _____

☐ NP – Non Priority

Individual does not meet housing priority status. Reason for NP status:

Authorizing Official Signature

Mario Puga
CoC Housing and Resource Inventory Specialist (817)
996-7666 mario@ahomewithhope.org