Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC’s project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.
1A. Continuum of Care (CoC) Identification

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: TX-503 - Austin/Travis County CoC

1A-2. Collaborative Applicant Name: Ending Community Homelessness Coalition, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Ending Community Homelessness Coalition, Inc.
## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1B-1. CoC Meeting Participants.

For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including selecting CoC Board Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Youth Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Domestic Violence Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>LGBT Service Organizations</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Illness Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.

(limit 2,000 characters)

1. CoC enlists opinions from diverse stakeholders through CoC-led weekly & monthly workgroups, participation on community stakeholder meetings, its website & social media. Veterans & youth stakeholders with lived homeless experience participate on CoC-led initiatives to address their specific needs & inform joint strategies. DV providers participate on workgroups and the CoC board. CoC staff participate in community planning meetings, informing how homelessness impacts other sectors. CoC presents and seeks input from faith-based groups and students. Through the development of Austin’s Action Plan to End Homelessness, our CoC has engaged over 150 stakeholders and continues to engage our community to implement the plan.

2. All agendas and minutes from public meetings are posted and archived on the CoC’s website for public review, along with the most current iterations of the community’s Needs and Gaps Analyses and Action Plan to End Homelessness, developed with community input and endorsed by Austin City Council.

3. Through semi-annual community meetings, CoC gathers opinions on ending homelessness from broad stakeholders: business owners, city residents, hospitals & local governments. CoC integrates collected info to inform & improve program, policies & actions. CoC incorporated the opinions of the City of Austin Austin Homeless Advisory Council to influence creation of CoC VAWA policy and Emergency Transfer Plan. The Austin Youth Collective, a group of youth with lived experience of homelessness influenced the design of programs e.g. incorporating family therapy and family counseling in housing programs as recommended by them.

1B-2. Open Invitation for New Members. Applicants must describe:

(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.

(limit 2,000 characters)

1. The invitation process to participate in CoC meetings is available at all times on ECHO’s website. A specific invitation to join the CoC board is communicated annually during CoC-sponsored events, including the bi-annual CoC Stakeholder meetings, monthly meetings, and via email announcements. At the fall COC Community Stakeholder meeting, the slate of new COC Board members is presented by the current COC Board for approval by stakeholder
vote. Membership to all Committees is open & free.
2. CoC staff communicate these opportunities to join the CoC throughout the year at their regular meetings and events, in person and via email. Existing CoC members are encouraged to nominate new members and outreach to persons with lived experience to participate in CoC meetings and CoC Board. Regular meeting location, times, agendas, & minutes are available on the CoC website to ensure all information regarding the CoC’s activities is available.
3. While solicitation to join regular CoC meetings and committees occurs throughout the year, specific invitation to join the CoC Board occurs annually every Fall.
4. Our CoC recognizes the importance of creating avenues for person with lived experience to inform & lead system change. Our CoC fulfills its requirement of participation of homeless or formerly homeless individuals on the CoC Board and regular community meetings. In 2016, CoC partnered with youth to form the Austin Youth Collective, an advisory board comprised of youth with lived experience of homelessness that is part of the CoC governance and has 2 voting seats on the CoC’s Board. In the Fall of 2017, ECHO partnered with City of Austin to create a consumer advisory committee currently comprised of 18 persons with lived experience of homelessness. Members are compensated, meet bi-weekly, and invited to participate in workgroups and contribute their expertise within CoC and City programs, policies & strategic decisions.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)
1. The CoC notifies the public that it is accepting project applications & that it is an open process by publishing an invitation & announcing a bidders conference on the CoC website, social media, communicating via email to CoC planning groups & a local public email listserv of 800 subscribers. Prior to HUD’s NOFA release, the CoC holds a bidders conference for renewal & potential new applicants to learn about the NOFA process, HUD priorities, funding opportunities & community needs. Attendees are informed on how to submit renewal applications in a local electronic platform (Community Force). New project applications are accepted upon NOFA release via esnaps. New project application guidance is given at a second bidders conference. In FY18, this open process resulted in a non-CoC funded agency being selected for two new bonus projects.
2. The CoC process used to determine whether a project application would be included in the Competition included 1) an intent to apply form for new projects, 2) an application for new & renewal projects, 3) ranking by an Independent Review Team (IRT) of all applications using a standardized scoring tool, 4) presentation of ranking to CoC board for approval, and 5) notification to applicants of the decision to include. The IRT comprises community members who have an interest in homeless issues & have relevant experience and they review all eligible applications that meet HUD threshold criteria. All applications are scored based on community needs, experience with target population, project design, & previous project performance (if applicable). Grant management & fiscal soundness are also considered when evaluating inclusion
of project applications. All projects are ranked by score & then voted on by CoC Board.
3. The CoC publicly announced it was open to proposals for renewal/new project applicants on 4/24/2018. On 6/27/2018 following the FY18 NOFA release another announcement was made.
4. N/A
1C. Continuum of Care (CoC) Coordination

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

<table>
<thead>
<tr>
<th>Entities or Organizations the CoC coordinates planning and operation of projects</th>
<th>Coordinates with Planning and Operation of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Funding Collaboratives</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through other Federal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through private entities, including foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
<tr>
<td>Landlords and Property Management Companies</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

1. The CoC participates in the annual Action Plan process the City of Austin ESG recipient leads and the Consolidated Plan review process. During the month of May 2018, our CoC provided input to include in the City of Austin FY18-19 Action Plan, which includes information on ESG investments and
allocation of funds. The CoC also provides comments directly to the state ESG administrator on prioritization for the state ESG allocations. The National Alliance to End Homelessness (NAEH) led a 2-day CoC Shelter Workshop in which community stakeholders evaluated and discussed future plans for ESG-funded shelter in April 2018. Following the NAEH final report, members of the CoC governing body convened on 7/9/2018 to suggest future actions. On 7/21/2018, the CoC provided a memo that included detailed feedback to the City of Austin on the Scope of Work for the ESG-funded shelter. Comments focused on: clients served, services delivered, operations & maintenance, staffing, collecting and reporting data, evaluation, service coordination, and community planning.

2. Annually, our CoC analyzes the System Performance Measures at the agency level which include the performance of all ESG recipients and subrecipients and the information is shared with the ESG administrators. System Performance Measures have been an integral part in driving community and program improvements. In Feb 2018, the CoC Board approved changes to the previously called “CoC Committee,” renaming it “HUD CoC & ESG Committee” with the intent to ensure integration across system in federal/funding compliance, performance evaluation and strategies including ESG investments. In addition, our CoC partners with ESG recipients to complete CAPER each year and ensures data accuracy.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

1. The CoC uses the HUD Emergency Transfer Plan as a part of the CoC VAWA Policy and Procedures which was adopted by the entire homeless service community (providers and partners) regardless of funding (e.g., CoC, ESG, City of Austin, DOJ, HHS, HOPWA, VOCA, HOME). The CoC began collaborating with Victim Service Providers (VSP) in March 2018 to improve the use of best practices (Trauma Informed Care, victim-centered) at the
community level through policy and program standards. A VAWA Policy Task Group was formed in April 2018; resulting in the adoption of the CoC VAWA P&P and Protocols. Safe Housing Partnership resources were utilized. Procedures provide in-depth details surrounding safety planning, emergency transfers, and confidentiality. Safety planning is the first step and is used to help guide housing options and decisions according to client needs; using a collaborative approach to increase empowerment, to reduce chances of re-victimization through rapport building, and limit trauma triggers. CoC has partnered with SAFE (VSP) to provide an annual all-day workshop with a tailored curriculum based on policy & best practices. Trainings are offered as needed & annually, every September.

2. CoC protocols incorporate client choice for emergency transfers using internal program transfers first. The CoC offers landlord outreach support to increase ease, options, & speed in accessing housing. Transfers across programs/agencies are offered through CoC Coordinated Entry (CE) or VSP CE when needed. Clients using VSP CE system are given equal opportunity to use the CoC CE at any point in time and are informed of database protocols to protect information along with possible risks. CoC policies require providers to use a limited-time ROI when sharing client information. CoC VSPs offer low barrier emergency shelter, TH & PSH, & voluntary supportive services to persons fleeing DV and can be accessed at CE entry points.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

1. For ESG & CoC project staff, the CoC coordinates with SAFE Alliance, the largest VSP in the CoC, to provide a mandatory annual 6-hour workshop covering dynamics and impact of interpersonal violence and human trafficking, local protocols, safety planning, trauma-informed care (TIC), and privacy concerns. The training is taught through a trauma informed lens and equips staff to offer services in a manner that is both affirmative and sensitive. This ensures survivors are actively informed of their rights and options and all steps are driven by informed client-choice. In addition to safety planning, staff are expected to offer all potential avenues for connecting to further VSP services, including the 24-hour SAFE emergency hotline, 24-hour SAFE chatline, and the SAFE walk-in locations.

2. The CoC requires additional TIC, safety planning and VSP service training as part of the Coordinated Entry Assessor annual training. Assessors must demonstrate competency in these processes to be certified as a CE Assessor and must participate in annual refresher trainings on this topic to retain that certification. CoC CE written standards require that staff offer active assistance to individuals who indicate a potential need for DV services, and staff are directly trained by SAFE Alliance on how to most effectively explain these services to clients in a clear and sensitive manner in the context of a stand-alone intake. The CoC and SAFE Alliance have also developed a cross-training system between the SAFE Hotline staff and the CE staff to ensure that both intake systems are mutually well-informed and communicating. Assessors are required to provide a safe and confidential location or process for conducting assessments. The assessment protocol includes a statement and question at the beginning of the interview to allow safe disclosure of danger/fear and offer
immediate access to safe housing.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The CoC coordinates closely with Victim Service Providers (VSP) in Austin / Travis County to assess and meet the needs of persons experiencing domestic violence, dating violence, sexual assault, and stalking. It does so by analyzing and integrating de-identified data from local VSPs into CoC planning and implementation processes and having VSP play an active role on the CoC board and committees where their voices are included in decision making. There are two CoC funded VSPs: The SAFE Alliance and Green Doors. The CoC works closely with both providers in the CoC’s governance structure, including voting membership on the CoC Board (SAFE). The CoC uses de-identified aggregate data from comparable databases to enumerate how many people are in need of housing, what their specific needs are, household composition, vulnerability factors, and recommended housing interventions. The CoC integrates this information in: 1) Austin’s Action Plan to End Homelessness which includes Needs & Gaps data, 2) the Annual Point in Time and Housing Inventory Count Reports, 3) Austin / Travis County Coordinated Community Plan to Prevent & End Youth Homelessness, 5) Quarterly Performance Scorecards - for monitoring project performance at ending homelessness includes data on number served, exits to and retentions of permanent housing, increases in income, and prioritization for services. On 7/12/2018, the HMIS Lead met with VSPs to discuss strategies for improving data sharing and support surrounding comparable database use and reporting needs. Discussion also included reviewing webinar recordings and resources from National Network to End Domestic Violence Best Practices Series.

CoC VAWA P&P includes procedures and protocols for agencies to document incidences of Emergency Transfer requests and report de-identified aggregate data to the HMIS Lead on a quarterly basis.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects? Yes

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

<table>
<thead>
<tr>
<th>SSO Coordinated Entry</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH</td>
<td>X</td>
</tr>
<tr>
<td>Joint TH/RRH</td>
<td></td>
</tr>
</tbody>
</table>

1C-4b. Applicants must describe: (1) how many domestic violence survivors the CoC is currently serving in the CoC’s geographic area;
1. On 7/18/2018, there were 7,488 people being served in TX-503. Of the total served, 1,828 or 24.4% have a lifetime experience with domestic violence while 616 or 8% were currently fleeing DV or were fleeing at the time of program entry. “Being served” is defined as having an active program entry in any program in the CoC (e.g. street outreach, shelter, transitional housing, RRH, PSH, & OPH).

2. The data sources were the CoC’s HMIS, combined with the data from the two Victim Service Providers’ (VSPs) comparable databases (SAFE Alliance and Green Doors).

3. The CoC collected the data by running a CoC APR on the entire CoC in HMIS. Total served was collected from APR question 5a-1 (total # of persons served). Lifetime experience of DV was collected from 14a (DV history). Currently fleeing DV was collected from 14b (persons fleeing DV). The data collection methodology was followed at SAFE Alliance and Green Doors and they shared aggregate data from their comparable databases, which was combined into the narrative here for a full report of DV rates in the CoC.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC’s geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1. As of 7/18/2018, there were 4,920 total people identified in need of housing and services through the CoC’s Coordinated Entry System (CES) and the SAFE Alliance’s Victim Service Provider (VSP) CES. Of them, 1,915 people, or 39% of the total, are survivors that have ever experienced domestic violence and 673 people, or 14% of the total, are actively fleeing domestic violence. More specifically by housing intervention- Of the 1,900 total people recommended for PSH: 907, or 48%, are DV survivors while 302, or 16%, are actively fleeing domestic violence. 3,020 total people are recommended for RRH: 1,008 are DV survivors and 371 are actively fleeing, or 33% and 12% of the total in need of RRH, respectively.

2. Data source used for calculation: This data was collected by a) the CoC’s Coordinated Entry System (CES) and, b) the SAFE Alliance (VSP)’s CES. DV survivor (ever experienced DV) was collected using HUD HMIS Program Specific Data Element 4.1. Actively fleeing DV was collected using HUD HMIS Program Specific Data Element 4.1 Dependent B.

3. This data was collected through the CoC’s Coordinated Entry System, which has been in operation since August 2014, and through the SAFE Alliance’s CES (comparable system for VSPs). Both CES collect data in HMIS or their comparable HMIS and the data is fully reportable via a By Name List that includes a recommended housing intervention and is broken down by subpopulations including DV survivors.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
(1) describe the unmet need for housing and services for DV survivors,
or if the CoC is applying for an SSO-CE project, describe how the current
Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for
housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and
services for DV survivors.
(limit 3,000 characters)

1. As of 7/18/2018, there were 1,915 survivors experiencing homelessness:
there are 907 DV survivors (302 are actively fleeing) that need PSH and 1,008
DV survivors (371 are actively fleeing) that need RRH.
2. SAFE is consistently at capacity in their TH program (105 bds), and currently
has 57 households (114 adults and children) on their waitlist for shelter. Green
Doors PSH project is also consistently at capacity with limited turnover (16
beds). To fully meet the current need of DV survivors experiencing
homelessness in the CoC, we need to increase resources and program
capacity to meet the needs of 907 persons in need of PSH and the needs of
1,008 in need of RRH in addition to the 114 persons waiting for shelter
specifically.
3. This data was collected by a) the CoC’s Coordinated Entry System (CES) by-
name-list and, b) the by-name-list managed by SAFE Alliance (VSP)’s parallel
CES. DV survivor (ever experienced DV) was collected using HUD HMIS
Program Specific Data Element (PSDE) 4.1. Actively fleeing DV was collected
using HUD HMIS PSDE 4.1 Dependent B.
4. The CoC determined the unmet need through the CoC’s CES and the SAFE
Alliance (VSP)’s CES. Within these CES, all people in need of housing
intervention, including DV survivors, complete a vulnerability and prioritization
assessment, in accordance with the CoC’s CES Policies and Procedures. Client
choice is always paramount to all recommended housing interventions and
clients are given informed choice when selecting the intervention they believe
will provide the level of support they need to end their homelessness.

1C-4e. Applicants must describe how the DV Bonus project(s) being
applied for will address the unmet needs of domestic violence survivors.
(limit 2,000 characters)

1. In the last Austin/Travis County HIC, there were zero DV dedicated RRH
beds and local CE data demonstrates RRH as the greatest need for survivors.
With over 370 known households actively fleeing DV situations, there is severe
need to fill this gap. SAFE is a national leader in Trauma Informed Care (TIC)
and survivor-centered services. SAFE has extensive experience with HUD grant
administration and delivery through their CoC TH program and is consistently
one of the highest performing programs in the CoC.
2. Austin’s expensive housing market makes affordable and fast housing
options limited. Agencies serving survivors of DV must be cognizant of a
housing first approach while also keeping safety at the forefront of all
interactions. SAFE uniquely combines traditional services offered by VSPs and
housing stability services aimed at ending and preventing homelessness.
3. SAFE manages a parallel VSP Coordinated Entry system (assessing,
prioritizing, and referring) and has demonstrated excellent system collaboration.
Providing SAFE with CoC funded RRH will improve housing options for
survivors that adhere to a high level of confidentiality while also offering broader
homeless and housing services provided through the CE process. With a large
unsheltered population, increasing RRH beds will also allow the SAFE shelter and TH programs to serve more people and free up VSP emergency shelter beds- allowing an increased focus on diversion/prevention services when applicable.

4. SAFE has access to unrestricted funds- allowing them to facilitate fast emergency transfers, quickly eliminate and reduce barriers to stable housing, and provide resources that will facilitate a path to safety and stability (child care, employment & education, legal counseling and credit repair services). SAFE’s expertise with serving DV survivors allows them to be a national model on how VSP can collaborate with the CoC to end homelessness.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.

(limit 4,000 characters)

1. SAFE has set the standard of 80% of participants being housed within 30 days of program enrollment. They have demonstrated the capacity to successfully meet this goal in their TH program which has 91% housing placement rate in their most recent APR. For this RRH program, SAFE has partnered with the CoC Landlord Outreach Specialist (LOS) services to match participants to housing options that meet household needs. CoC LOS services have shown similar successful housing placement outcomes during the Veteran and Youth 100 Day Challenge initiatives. Outcomes are achieved through strong property relationships providing a diverse stock of housing options and financial resources to reduce housing barriers. SAFE will support the LOS staff to ensure survivors’ access to VAWA housing protections to limit barriers to access housing in a timely manner. SAFE and CoC LOS staff will use unrestricted funds to eliminate unique barriers and challenges survivors may encounter when locating stable and safe housing.

2. Strategies that ensure 80% of clients exit to PH and 85% will not return to homelessness include using best practices - Critical Time Intervention and progressive engagement models. SAFE has designed a program that provides a well-rounded support system and clearly defined staff roles. Examples include: Peer Support Specialists (ensure successful community referrals, facilitate connections to safe support networks, life skills coaching and mentoring), SOAR Specialist (ensure access to mainstream benefits), and Case Management (safety planning, housing stability, and parent education). With their subject matter expertise, they are well equipped to provide RRH services that combine important components of safety planning and housing stability.

3. SAFE is the largest VSP in Austin/Travis County; with over 400 staff. They have a comprehensive onboarding procedure resulting in the agency having highly trained staff who are recognized as both local and national experts. SAFE uses multiple assessments across programs to measure the impact of services on participant safety- the outcomes are posted publicly on their website. An addition, they provide several tailored trainings and workshops (with an estimate of 33,000 people participating annually) which include topics such as domestic violence awareness and prevention, safety planning, VAWA
implementation and practices. Moreover, SAFE is the go-to agency for community consultation needs on policies and training needs related to DV (including Coordinated Entry staff). Case Managers and Peer Support Specialists will assist with monthly outreach, community networking, and checking in with clients as needed to emphasize safety and housing retention. SAFE actively participates in community events and meetings and has established strong partnerships. This allows them to be effective in maintaining updated resource knowledge and providing a large menu of referral options and opportunities that allow participants to build positive support networks.

4. SAFE is dedicated to addressing multiple barriers through the use of appropriate program services (achieving goal of 70% increasing income through SOAR and employment mentoring with Peer Support) and case managers dedicated to increasing client knowledge and access to local resources. SAFE is working on educating LOS staff and landlords in the community of housing barriers DV survivors face and ways to reduce barriers resulting from violence. They also use data to advocate with CoC leadership for improved local policies and system coordination. SAFE has a diverse amount of funding that allows for flexible spending to increase safe, quick housing options. SAFE and CoC created CoC VAWA Policies and Procedures and provides trainings to community partners to strengthen best practices around safety planning, emergency transfers, and overall community protocols pertaining to DV.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC’s geographic areas:

(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Authority of Travis County</td>
<td>32.00%</td>
<td>Yes-Both</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing Authority of the City of Austin</td>
<td>34.00%</td>
<td>Yes-Both</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?

Yes

Move On strategy description. (limit 2,000 characters)

The CoC has adopted a common CoC-wide Move-On Strategy supported by formal partnerships with both local Public Housing Authorities (City of Austin, and Travis County), through the Housing Choice Voucher program and 7 HUD Multi-Family properties to provide access to tenant-based subsidies. For existing Move-On partnerships, the CoC has adopted a common Move-On application process available to all participating CoC Permanent Supportive Housing participants who no longer require intensive services - defined locally as households who are a) meeting their basic personal needs without case management assistance, b) require a continued permanent subsidy to continue to meet those needs, c) have demonstrated housing stability within their current program, and d) affirmatively and voluntarily consent to this process.

The CoC is also exploring additional Move-On partnership opportunities with more HUD Multi-Family properties, as well as the 811 PRA system coordinated by the Local Mental Health Authority. The CoC is currently receiving technical assistance from the Technical Assistance Collaborative to expand access to other HUD Multi-Family properties through the implementation of the homeless preference. The City of Austin has also passed two local affordable housing bonds and is preparing to put another bond out to vote in November for $250 million. Within the City’s scoring matrix for these local bond dollars, developers are heavily incentivized to dedicate units within their properties to PSH. These developments are typically also receiving Low Income Housing Tax Credits. These units are intended to be leveraged by the CoC to create new PSH program opportunities, including additional Move-On partnerships to gain access to deeply affordable units.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

A CoC-wide anti-discrimination policy was adopted on 8/7/2017. The CoC coordinates trainings at least annually on Anti-Discrimination Policy/Equal Access Rule for service providers and continues to improve fidelity by building upon the initial workshop held in November 2016. The CoC works with LGBTQ national experts and local agencies such as LifeWorks and AIDS Services of Austin in youth planning efforts to incorporate anti-discrimination standards.
From Feb-May 2017 the CoC convened a youth committee to address inequities & ensure LGBTQ affirming program recommendations and works with True Colors Fund to ensure ongoing learning. The CoC’s commitment to ensuring Equal Access is evident in our willingness to provide technical assistance to programs to improve anti-discrimination practices. In March 2018, the CoC provided such technical assistance to a local ESG-funded shelter to improve anti-discrimination practices within the shelter setting by providing guidance around HMIS data entry for transgender and non-binary persons entering shelter. Additionally, the CoC partnered with Daring Dialogues Consulting to create a tailored workshop focused on implementation within programs, systems, and direct services and to identify strengths and weaknesses using fidelity tools. The most recent community wide Equal Access Workshop was held on 8/10/2018 and was open to all community homeless providers free of charge and CoC will continue to coordinate such workshops as needed to address staff turnover and ensure all program staff are educated on best practices.


<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?</td>
<td></td>
</tr>
<tr>
<td>2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?</td>
<td></td>
</tr>
<tr>
<td>3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?</td>
<td></td>
</tr>
</tbody>
</table>

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area. Select all that apply.

<table>
<thead>
<tr>
<th>Strategy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged/educated local policymakers:</td>
<td>X</td>
</tr>
<tr>
<td>Engaged/educated law enforcement:</td>
<td>X</td>
</tr>
<tr>
<td>Engaged/educated local business leaders:</td>
<td>X</td>
</tr>
<tr>
<td>Implemented communitywide plans:</td>
<td>X</td>
</tr>
<tr>
<td>No strategies have been implemented:</td>
<td></td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
<tr>
<td>Interdisciplinary Homeless Outreach Street Team</td>
<td>X</td>
</tr>
</tbody>
</table>
1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC’s standard assessment tool.
(limit 2,000 characters)

1. The CoC’s Coordinated Entry System (CES) uses four methods to ensure complete geographic coverage: a) physical walk-in locations located in separate geographic areas (north, south, & central) which are accessible through public transportation, b) a universal online web portal, c) physical street outreach teams who cover the full geographic area of the CoC & are capable of completing the assessment in the field, d) community education partnerships with geographically dispersed organizations such as libraries, community centers, schools, clinics, hospitals, law enforcement, & the Local Mental Health Authority.

2. To ensure the system reaches people least likely to apply, walk-in locations are co-located with complementary services such as career services, family medical services, & drop-in day resources. The web portal includes a direct contact section where clients or community members can request a phone appointment or a personalized location appointment. Many of the street outreach & community partner organizations are specifically dedicated to hard-to-reach populations such as unsheltered families, chronically homeless veterans, unaccompanied youth, people experiencing HIV/AIDS, refugees/asylees, & people experiencing mental health challenges.

3. The CoC prioritizes all permanent housing resources based upon the vulnerabilities captured by the VI-SPDAT. The CoC has developed an integrated Outreach & Navigation system that actively engages & assesses individuals in the greatest need, then proactively documents eligibility & keeps households engaged. This cycle between marketing, assessment, & ongoing engagement ensures that households most in need are being actively enrolled in the system, & that they have support to access housing opportunities quickly & efficiently.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
<th>System of Care</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care:</td>
<td></td>
</tr>
<tr>
<td>Health Care:</td>
<td></td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td></td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td></td>
</tr>
<tr>
<td>None:</td>
<td>X</td>
</tr>
</tbody>
</table>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
<th>System of Care</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care:</td>
<td>X</td>
</tr>
<tr>
<td>Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>
1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

**Instructions**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

1. **Used Objective Criteria for Review, Rating, Ranking and Section**
   - Yes

2. **Included at least one factor related to achieving positive housing outcomes**
   - Yes

3. **Included a specific method for evaluating projects submitted by victim service providers**
   - Yes

4. Attach evidence that supports the process selected.

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

1. All CoC-funded projects seeking renewal funding and new projects applying for funding are expected to follow the CoC’s adopted policies & procedures and Coordinated Entry (CE) Written Standards for Housing First PSH, TH & RRH programs which prioritize clients by highest vulnerability, as measured by VI-SPDAT at CE. Such vulnerabilities included in the VI-SPDAT include but are not limited to: length of time homeless, medical/mental fragility, substance use, history of exploitation, and social/emotional well-being and programs are/will be monitored for CoC and CE compliance and performance which is reflected in their quarterly scorecard.

2. During the project ranking process, 65% of renewal projects’ overall score is rated based on their performance and compliance with the aforementioned policies and practices. The remaining 35% is based on a local application outlining the community need and how the project addresses challenges to serving vulnerable subpopulations (reviewed by an independent review team, or IRT). Renewal projects are then ranked by their average total score of both areas. Applicants applying for new project funding are reviewed by the same review team and scored 100% on their ability to demonstrate their historical
performance or future plan complying with the community priority and serving the most vulnerable households and meeting their unique needs. When ranking new projects, the IRT evaluates community need based on information in the Gaps Analysis and Action Plan and selects the project(s) with the ability to serve highly vulnerable populations and also ranks these projects by their overall average total score.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

<table>
<thead>
<tr>
<th>Public Posting of Objective Ranking and Selection Process</th>
<th>Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC or other Website</td>
<td>□ CoC or other Website</td>
</tr>
<tr>
<td>Email</td>
<td>□ Email</td>
</tr>
<tr>
<td>Mail</td>
<td>□ Mail</td>
</tr>
<tr>
<td>Advertising in Local Newspaper(s)</td>
<td>□ Advertising in Local Newspaper(s)</td>
</tr>
<tr>
<td>Advertising on Radio or Television</td>
<td>□ Advertising on Radio or Television</td>
</tr>
<tr>
<td>Social Media (Twitter, Facebook, etc.)</td>
<td>□ Social Media (Twitter, Facebook, etc.)</td>
</tr>
</tbody>
</table>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.

(limit 2,000 characters)

1. CoC-funded projects complete Quarterly Performance Scorecards measuring performance on compliance requirements, data quality & system performance measures. The CoC Reallocation Policy was updated to include a more robust...
Performance Improvement Plan (PIP) Policy, adopted on 5/7/2018. The PIP creates a more systematic way to monitor and take action toward poor performers. Updated quarterly scorecards increase expectations of threshold performance. Projects on a PIP receive intensive technical assistance and must demonstrate improvement within a set time frame which is aimed at increasing the time of expected improvements. The PIP Policy ties into the CoC Reallocation Policy when a project continues to not meet standards and provides guidance for voluntary reallocation. Prior to the updated policy, all project met performance threshold. Since approval of Performance Improvement Plan Policy, even with the higher performance expectations, all projects met the benchmark criteria on quarterly scorecard reports and did not fall below standards outlined in PIP Policy.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required.

| (1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? | Yes |
| (2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? | Yes |
| (3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline? | Yes |
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/ MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must:
   (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
   (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).


2A-3. HMIS Vendor. What is the name of the HMIS software vendor? Mediware Information Systems - ServicePoint

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
   (1) total number of beds in 2018 HIC;
   (2) total beds dedicated for DV in the 2018 HIC; and
(3) total number of beds in HMIS.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2018 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) beds</td>
<td>785</td>
<td>106</td>
<td>679</td>
<td>100.00%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>15</td>
<td>0</td>
<td>15</td>
<td>100.00%</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>331</td>
<td>163</td>
<td>168</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>365</td>
<td>0</td>
<td>365</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>1,035</td>
<td>16</td>
<td>1,019</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>246</td>
<td>0</td>
<td>246</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5a., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

Not Applicable - Bed coverage is 100% across all project types


2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)

04/26/2018
2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).

01/26/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

04/26/2018
2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results. (limit 2,000 characters)

Not Applicable - There were no changes in the sheltered PIT Count implementation from 2017 to 2018.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

| Beds Added: | 56 |
| Beds Removed: | 238 |
| Total: | -182 |

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count? No

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

| Beds Added: | 0 |
| Beds Removed: | 0 |
| Total: | 0 |
2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.

Yes

2C-4a. If “Yes” was selected for question 2C-4, applicants must:
(1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC’s unsheltered PIT count results.
(limit 2,000 characters)

There were no methodology changes. The CoC had the following unsheltered PIT Count (PITC) data quality changes from 2017 to 2018:
1. The Austin Youth Collective to End Homelessness (AYC) is a board of young people in Austin who have lived experience of homelessness and provide leadership for ending youth homelessness through YHDP. The AYC was heavily involved in the planning of the 2018 PITC, including having a member of the AYC on the CoC’s PITC Planning Committee. The AYC worked with the CoC’s PITC Planning Committee to identify geographic locations throughout Austin / Travis County where unaccompanied youth are known to sleep unsheltered. This resulted in a highly comprehensive outreach strategy and an accurate count of youth experiencing unsheltered homelessness on the night of the 2018 PITC. Specifically, the unsheltered unaccompanied youth counted between 2017 and 2018 increased by 8.5% or from (47) in 2017 to (51) 2018. The small increase, despite the planning effort, is explained by a comprehensive outreach and engagement strategy in place for Austin’s YHDP initiative.
2. The AYC also provided training information to PITC volunteers on safety and how to effectively engage with youth who are sleeping unsheltered during the PITC. The leadership provided by the AYC during the 2018 PITC improved data quality and the the quality of interactions between volunteers and youth experiencing homelessness on the night of the count. Specifically, the unsheltered youth count increased from 47 to 51.
Besides the changes implemented to better identify youth, the methodology and implementation remained consistent from the previous year for all other populations.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.

(limit 2,000 characters)

1. The CoC engages youth stakeholders for planning the PIT Count (PITC) by facilitating a PITC Planning Committee which meets monthly throughout the year. This committee is directed by the CoC Board, which has leadership from LifeWorks, our primary youth provider in TX-503. The CoC’s PITC Planning Committee has membership from the Austin Youth Collective to End Homelessness (AYC), a board of young people with lived homelessness experience who provide leadership for ending youth homelessness in Austin / Travis County, leveraging momentum through YHDP. An AYC member was actively involved in the Planning Committee for the 2018 Count. The AYC consulted with the PITC Planning Committee on 1/5/2018 to identify geographic locations where youth sleep unsheltered and advice on how to engage with unsheltered youth during the PITC. Staff from youth service organizations and youth with lived experience consulted on volunteer training materials and assisted with volunteer training in order to promote effective strategies for engaging with youth during the PITC.

2. The CoC’s PITC Planning Committee met with the AYC on 1/5/2018 to identify specific geographic locations where youth experiencing homelessness were most likely to be identified. The AYC identified and informed on over 30 locations throughout the CoC. Additionally, LifeWorks, a youth service organization held a post-count magnet event on 1/30/2018, in accordance with PIT methodology, to count youth who may have been missed during the unsheltered count.

3. Youth with lived experience of homelessness were involved in the PITC by serving as general volunteers and as team leads, leading other volunteers during the count. Youth with lived experience strategically volunteered in areas they were familiar with, had slept in personally, or they expected other youth to be found to increase engagement and response rate during the count.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.

(limit 2,000 characters)

1. Individuals & families experiencing chronic homelessness (CH): a) The CoC partnered with CH providers to better identify them during the unsheltered PITC. b) The CoC trained 2018 PITC volunteers on outreach and scouting using the map of geographic locations where individuals and families were counted in the prior year, resulting in strategic outreach to areas where people experiencing long-term, chronic homelessness are likely to be located. c) The CoC collected identifying info voluntarily & checked HMIS to verify CH. The result was higher data quality & improved count accuracy for CH.

2. Families with children experiencing homelessness: a) The CoC partnered with family providers to better identify them during the unsheltered PITC. b) The CoC trained 2018 PITC volunteers to find families with children during the count
by identifying the hot-spots where families with children were found in prior years. Specifically, families with children are more often found in large parking lots (Lowes, Walmart, Home Depot), and sleeping in their cars. c) Utilized existing cross-system collaboration with school districts and family service providers to ensure broad outreach to less visible families with children. The result of this strategic training is higher data quality and improved count accuracy for families with children.

3. Veterans experiencing homelessness: a) TX-503 reached functional zero for Veteran homelessness in August 2016. As part of this, the CoC has strategic & specific Veteran outreach that comprehensively covers the CoC. b) VA staff were involved in planning & participation of the PITC. c) Veteran service staff volunteered during the PITC covering areas where Veterans have been found in the past & Veterans themselves participated & engaged other Veterans during PITC. d) Veterans found were connected to services and, e) their info was cross-referenced with the VA to confirm Veteran status. This resulted in higher data quality & count accuracy for Veterans.
3A. Continuum of Care (CoC) System Performance

Instructions
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

| Number of First Time Homeless as Reported in HDX. | 3,039 |

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1. The risk factors the CoC uses to identify persons becoming homeless for the 1st time include: a) The CoC analyzes Coordinated Entry, HMIS & other local and national data to identify risk factors of first time homelessness, Race, LGBTQ, criminal justice involvement, youth aging out of foster care, trauma history, lack of social supports, mental health conditions & little/no income. These risk factors are associated with homelessness locally and nationally and are adopted locally as risk factors used to identify persons most likely to become homeless for the 1st time.
2. Strategies to address individuals and families at risk of becoming homeless include: A) Identified risk factors inform CoC prevention strategies & programs. B) Coordinate with City-funded 13-organization prevention collaborative, that provides cash assistance & case management to persons & families at risk. C) Discharge planning with different systems (e.g. foster care, mental hospitals, jail, Travis County Juvenile Probation) to ensure people in those systems do not exit to homelessness. D) Refer to agencies that do mediation in housing courts to preserve tenancy. E) Actively advocate for expanded local affordable housing opportunities and other mainstream safety net programs to reduce the number of housing-cost burdened families at risk of homelessness due to poverty, as well as advocating that these new resources be uniformly low barrier and accessible. F) Maintain relationships with housing providers to aid and identify individuals and families at risk of losing housing.
3. ECHO, the CoC Lead Agency, oversees the CoC strategy to reduce and end first time homelessness.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
1. The CoC reduced average length-of-time (LOT) homeless between FY17 and FY16. The average LOT homeless for persons in ES & SH was 72 days in FY17 vs. 74 days in FY16. For persons in ES, SH, & TH LOT was 90 days in FY17 vs. 96 days in FY16.

2. To reduce LOT homeless, the CoC operates a Coordinated Entry System (CES) for RRH & PSH, prioritizing most vulnerable for housing, including chronically homeless with long histories of homelessness & advertising services among first line of respondents (e.g. schools, medical clinics, jails) for early intervention; b) assists people early on gather docs to access housing (housing navigation); c) partners with landlords for expedient access to housing units that become available, and d) is reorienting shelters to focus on housing outcomes and reducing LOT homeless.

3. The CoC identifies and houses persons with the longest LOT homeless using CES, prioritizing housing for persons with highest need, including long histories of homelessness. The CES effectively engages with persons experiencing homelessness, including long-term homelessness, by having multiple access points including through drop-in centers, shelters, street outreach programs, medical clinics, jails, and call-in phone options.

4. ECHO, the CoC Lead Agency, oversees this strategy.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations.

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.</td>
</tr>
<tr>
<td>Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.</td>
</tr>
</tbody>
</table>

3A-3a. Applicants must:
(1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid
rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

The CoC has incorporated strategies and lessons from the Veterans Initiative that achieved Functional Zero in August 2016. The strategies that work locally for increasing successful PH outcomes are:

1. CoC strategy to increase rate of persons in ES, SH, TH, and RRH exiting to PH destinations: a) Using the Coordinated Entry System (CES) to connect all persons to PH, b) Leading shelter transformation to be housing-focused, c) increasing documentation of exit data in HMIS for all projects, including ES where there are high rates of missing exit destination information, d) monitoring project performance by housing outcomes, e) partnering with landlords for expedient access to units that become available, f) training case managers to implement best practices that promote housing attainment and retention.

2. CoC strategy to increase rate of persons in PH projects, other than RRH, to retain their PH or exit to PH: a) The CoC monitors PH projects quarterly on successful PH retention and exits to PH destinations. PSH projects are competitively ranked for renewal based on their performance, b) Partnering with landlords for expedient access to units that become available and for lease negotiation that fit the needs of vulnerable people in PH projects, c) training case managers to implement best practices that promote housing stability and retention, d) The CoC has also actively partnered with both local Housing Authorities to develop a Move-On Strategy, streamlining access to mainstream Housing Choice Voucher for individuals in PSH who are no longer in need of intensive case management services, but who wish to exit to a long-term subsidized housing opportunity.

3. ECHO, the CoC Lead Agency, is responsible for overseeing the strategy to increase rate of persons in ES, SH, TH, and RRH exiting to PH destinations.

4. ECHO, the CoC Lead Agency, is responsible for the strategy to increase the rate of persons in PH projects to retain their PH or exit to PH.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4%</td>
</tr>
</tbody>
</table>

3A-4a. Applicants must:

1. The CoC uses two methods to identify return to homelessness: a) a shared, open HMIS system returns to homelessness can be immediately identified, regardless of return location, b) A Coordinated Entry System (CES) that...
encourages households to immediately request assistance again upon a return
to homelessness. The HMIS system identifies cases where a prior exit to
permanent housing now has a new emergency shelter or street outreach
contact, then flags that case as a potential return to homelessness in need of
active targeting for further engagement. These households are encouraged to
request assistance from CES as soon as possible, regardless of whether they
have already been re-housed by the system before. Extensive marketing,
intensive outreach, & highly accessible locations ensure that all households can
request assistance quickly & conveniently & are being affirmatively offered the
opportunity.

2. To reduce the rate of these returns, the CoC utilizes a CES that matches
households to programs with the right combination of services to quickly return
them to permanent housing & provide the support necessary for permanent
success, then offering these households active choice in determining which
potential option is best suited to meet their personal needs. These housing
programs then utilize a Progressive Engagement approach to ensure that
households with higher needs receive more intensive services & increase
program enrollment duration if needed to ensure stabilization before program
exit, thereby reducing the risk of return. If a return does occur, then the CoC
actively analyzes common factors among all of these returning cases on both
an individual household & project-specific lens to identify areas of needed
additional support, resources, or staff training, & to further inform the
development & refinement of the CES matching process.

3. ECHO, as the CoC lead agency, is responsible for overseeing this strategy.

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC’s strategy to increase access to employment and
non-employment cash sources;
(2) describe how the CoC works with mainstream employment
organizations to help individuals and families increase their cash income;
and
(3) provide the organization name or position title that is responsible for
overseeing the CoC’s strategy to increase job and income growth from
employment.
(limit 2,000 characters)

1. The CoC has adopted three strategies to increase income: a) improving
access to disability benefits through SOAR, b) actively partnering with
employment-dedicated mainstream systems, non-profit agencies, & specific
projects, c) helping clients to apply for cash assistance such as SNAP, WIC,
TANF, & child support. To expand disability benefit access, the CoC hired a
SOAR local lead in September 2017 to strengthen the existing local SOAR
network & expanding capacity to create the greatest benefit for the CoC’s
population. This position works in tandem with the local lead from the Local
Mental Health Authority (Integral Care). The CoC has also integrated
employment assistance into the Coordinated Entry System (CES), & individual
housing projects are trained & encouraged to affirmatively market these
programs (especially Supported Employment programs). Finally, for clients
struggling to access mainstream cash assistance sources, the CoC facilitates
access to legal aid.

2. The CoC partners with mainstream employment providers in four ways: a)
mutual advertising & referral, b) active case coordination, c) cross-training, d)
shared outcomes analysis. The CoC created an employment planning
committee Jan 2018 tasked with identifying potential partner employment programs, then actively developing a working relationship with these systems, agencies, & programs. In all cases, the CoC trains project staff and assessors on what resources are available to improve client access and then analyzes income outcomes for shared clients to identify areas of potential improvement. A comprehensive employment and income resource manual was created by this committee and is used to match participants to employment programs for which they qualify. To date, the CoC has seen success in 62% of leavers and 38% of stayers experienced increase in income from employment and non-employment cash sources.

3. ECHO, the CoC-Lead Agency, is responsible for the income growth strategy.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/31/2018
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of beds dedicated as DedicatedPLUS</td>
<td>222</td>
</tr>
<tr>
<td>Total number of beds dedicated to individuals and families experiencing chronic homelessness</td>
<td>149</td>
</tr>
<tr>
<td>Total</td>
<td>371</td>
</tr>
</tbody>
</table>

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.

Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>☒</td>
</tr>
<tr>
<td>Number of previous homeless episodes</td>
<td>☒</td>
</tr>
<tr>
<td>Unsheltered homelessness</td>
<td>☒</td>
</tr>
<tr>
<td>Criminal History</td>
<td>☒</td>
</tr>
<tr>
<td>Bad credit or rental history</td>
<td>☒</td>
</tr>
<tr>
<td>Head of Household with Mental/Physical Disability</td>
<td>☒</td>
</tr>
</tbody>
</table>
3B-2.2. Applicants must:
(1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

1. The CoC uses 2 primary strategies to rehouse families with children in less than 30 days. 1) quickly outreach to offer housing focused shelter & assess for PH referrals through the Coordinated Entry System (CES), 2) quickly match families to PH that is driven by client choice (e.g., diversion options, RRH, and TH or RRH w/ VSP). CES is advertised where families seek help (e.g. clinics, emergency shelters, VSP, 211 & CoC agency websites). Intensive street outreach, accessible locations & advertising ensures services are offered affirmatively. CES creates a real-time, by-name list of families using HMIS data (including date first homeless) & is used to outreach and engage in PH.

2. The CoC adopted standards in FY16 to prioritize highest need & longest unhoused households for all PH programs. Landlord outreach is used to expand housing options for families and a build system-wide housing first approach to reduce housing barriers and time spent homeless. Programs utilize progressive engagement to ensure service package matches need for successful housing stability. The CoC has established formal CES partnerships (e.g., mental health, substance use, HIV/AIDS, Veteran services, SSI/SSDI SOAR applications, representative payee, employment training, & medical care (through MAP, a locally funded indigent health program). CES & CoC project staff also market services such as subsidized child care (local Workforce Solutions system), education services, SNAP, TANF, WIC, subsidized housing waitlists, & Medicaid. The CoC & local housing authorities dedicated a Homeless Preference for a portion of local vouchers. CoC uses RRH to link families to PH and is piloting a voucher preference referral system for families who need ongoing subsidies in order to maintain PH if not successful in RRH using progressive engagement.

3. ECHO, the CoC Lead Agency leads this strategy through the Family Initiative Workgroup.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

| CoC conducts mandatory training for all CoC and ESG funded service providers on these topics. | ☐ |
| CoC conducts optional training for all CoC and ESG funded service providers on these topics. | ☐ |
| CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients. | ☐ |
| CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance. | ☐ |
3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied homeless youth includes the following:

| Human trafficking and other forms of exploitation | Yes |
| LGBT youth homelessness | Yes |
| Exits from foster care into homelessness | Yes |
| Family reunification and community engagement | Yes |
| Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs | Yes |

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

| History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse) | X |
| Number of Previous Homeless Episodes | X |
| Unsheltered Homelessness | X |
| Criminal History | X |
| Bad Credit or Rental History | X |

3B-2.6. Applicants must describe the CoC’s strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources. (limit 3,000 characters)

1. The CoC’s strategy to increase housing & services for all youth experiencing homelessness: a) In Jan. 2017, TX-503 was announced as a FY16 YHDP community and was awarded $5.3m to end youth homelessness. In Dec. 2017, HUD accepted the CoC’s Coordinated Community Plan to Prevent & End Youth Homelessness. The CCP is data-driven, rooted in best practices, and is designed to meet the needs of youth experiencing homelessness, human trafficking, and other forms of exploitation in our CoC. YHDP funding will support three new projects that expedite housing and services for all youth experiencing homelessness: RRH (120 youth/yr), TH-RRH (120 youth/yr), Diversion (200 youth/yr). These projects will go live on 10/1/2018. b) In the past year, LifeWorks (largest youth agency) also secured $449,000 in new funding from the City of Austin, foundations, and private donors for ending youth
homelessness, adding to the existing local / federal / private investment annually of $987,000 in youth-dedicated housing and service programming.

2. The CoC’s strategy to increase housing & services for youth experiencing unsheltered homelessness: On any given day, there are 51 unaccompanied unsheltered youth in TX-503 (2018 Point in Time Count). There are currently 20 shelter beds dedicated to youth (operated by LifeWorks). a) On 10/1/2018, the YHDP-funded TH-RRH project, “The PORT,” will go live. This new project will add 19 youth-dedicated beds to increase resources for unsheltered youth. It is a goal of this program to rapidly rehouse youth within 30 days. The project is expected to serve 120 otherwise unsheltered youth annually. b) LifeWorks is assessing how to repurpose their existing RHY-funded TLP beds specifically for youth in the public school system to prevent unsheltered homelessness. c) In the past year, LifeWorks has secured $449,000 in new funding for ending youth homelessness, including a private donation of $150,000 specifically to increase shelter resources for unsheltered youth.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC’s strategies.
(limit 3,000 characters)

1. To measure strategies to increase resources for unaccompanied youth, including unsheltered youth, all data is entered in HMIS. The CoC: a) completed a system-wide needs & gaps analysis in 2016 that yielded a need for additional youth resources, b) participated in the Chapin Hall Voices of Youth Count (Summer 2016), further quantifying unaccompanied & unsheltered needs, c) participated in Away Home America’s (AWHA) 100 Day Challenge (Fall 2016) where non-traditional housing resources were dedicated to ending youth homelessness, providing evidence the CoC needs to increase resources to end youth homelessness, d) the CoC applied for FY16 YHDP & was awarded $5.3m to end youth homelessness, e) completed a system evaluation of youth homelessness data sources including HMIS, schools, foster care, & juvenile justice. Results are described in the CoC’s Coordinated Community Plan to Prevent & End Youth Homelessness.

2. Measures to calculate strategy effectiveness: The CoC a) analyzes the quantifiable needs of unaccompanied & unsheltered youth in TX-503. Then, b) analyzes the current availability of resources to meet the need, including utilization. Then, c) implements a plan to meet unmet needs, including the specific interventions needed (diversion, shelter, RRH, PSH) & cost. d) Analyzing the youth system inflow/outflow, reported monthly on AWHA’s Dashboard, provides ongoing evaluation of strategy effectiveness. e) In Oct. 2018, CoC will implement an evaluation plan to monitor progress toward all USICH Benchmarks & Criteria for Youth Homelessness.

3. Why the CoC believes this is appropriate & effective: a) The CoC’s strategy aligns with best practices from federal partners such as HUD, USICH, NAEH, & CSH. b) The CoC receives technical assistance through YHDP, ensuring the appropriateness & effectiveness of strategies. c) Our methods are rooted in USICH Benchmarks and Criteria for Youth Homelessness as the CoC is
committed to ending youth homelessness in 2020. d) Similar strategies used in the Veterans Initiative has shown a decrease in Veteran homelessness from 515 to 170 between 2011 and 2018- a 67% reduction.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

1. The CoC collaborates with the following agencies through the YHDP Leadership Advisory Council and Ending Family Homelessness Workgroup:
   a. Youth education providers: LifeWorks (largest youth provider) employs an Education Workforce Division which primarily focuses on connecting youth and families to education. Austin Voices for Education & Youth provide support services to students of AISD and participate in the CoC & HMIS. LifeWorks & Salvation Army (family shelter), both CoC organizations, ensure clients are connected to education opportunities including high school, GED, and higher ed.
   b. McKinney-Vento Local LEA or SEA: Representatives from the Texas Homeless Education Office (THEO) and the Austin ISD (AISD) McKinney Vento Homeless liaison coordinator attend monthly YHDP Leadership Planning Meetings. Additionally, AISD and Del Valle ISD McKinney Vento liaisons collaborate with the CoC on the Family Homelessness Initiative (monthly meetings).
   c. School districts: Austin ISD and Del Valle ISD are active collaborators in the youth homelessness and family homelessness initiatives with the CoC. An AISD Trustee is a voting member on the CoC Board.

2. Formal Partnerships:
   a. Youth education providers: The CoC has formal partnerships with LifeWorks, Salvation Army, Austin Voices for Education and Youth; all providing services for youth education. These providers fully participate in the CoC and HMIS, with some as seated, voting members on the CoC Board and CoC planning workgroups.
   b. McKinney-Vento LEA or SEA: Both THEO & AISD have formal letters of agreement with the CoC for ending youth homelessness.
   c. School districts: An AISD Trustee is a voting member on the CoC Board. AISD Project Help is formally partnering with LifeWorks for the YHDP Diversion program.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The CoC has a policy that requires programs serving children to have policies and procedures ensuring access to education services. New applications are evaluated based on demonstrated ability and plans to successfully make formal
connections with education institutions through the use of MOUs, subrecipients, or contracts. Both the Texas Education Office & AISD provided a letter of agreement with the CoC to participate in community planning to prevent & end youth homelessness. Evaluation of education status and needs is built into the Coordinated Entry assessment. Families and youth are informed of rights under McKinney-Vento and are assisted in making decisions about how to continue their education most effectively.

### 3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

<table>
<thead>
<tr>
<th>MOU/MOA</th>
<th>Other Formal Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood Providers</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start</td>
<td>No</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>No</td>
</tr>
<tr>
<td>Child Care and Development Fund</td>
<td>No</td>
</tr>
<tr>
<td>Federal Home Visiting Program</td>
<td>No</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>No</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>No</td>
</tr>
<tr>
<td>Birth to 3 years</td>
<td>Yes</td>
</tr>
<tr>
<td>Tribal Home Visiting Program</td>
<td>No</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Early Childhood</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).

1. The CoC has adopted three primary strategies for identifying homeless Veterans: a) an HMIS database shared by the CoC & VA housing & support programs (including VASH, SSVF, GPD, & HCHV), b) A Coordinated Entry System (CES) shared by the same partners, c) education of other Veteran programs. The local HMIS system includes street outreach, emergency shelter, & drop-in programs. This system is open so that Veterans accessing services anywhere can be identified on the By Name List of all literally homeless Veterans (BNL). CES screens Veterans for all potential programs regardless of assessment location. For services outside of HMIS/CES, staff are trained on how to advertise CES, and to document any challenges through the CoC website.
2. The CES uses three assessment methods: a) physical walk-in locations, b) a universal online web portal, & c) street outreach teams (including HCHV) who can assess in the field. Walk-in locations are co-located with services such as
career services, walk-in medical services, & drop-in day resources. The web portal also includes a direct contact section where Veterans or community members can request a personalized appointment, such as by phone. Veterans completing CES are added in real-time to the CoC BNL & screened for presumptive program eligibility & housing needs using self-reported history & the VI-SPDAT. Veteran status & eligibility is confirmed on a weekly basis with the local VA.

3. The CoC, local VA Medical Center, VA-funded programs, & state & private funded community organizations all coordinate housing & support services through the CoC HMIS database & CES. Once confirmed, Veterans are referred to HUD-VASH, SSVF, GPD, or CoC housing programs, as determined by client need & eligibility. Staff from all involved organizations meet bi-weekly to review all cases on the BNL & create active engagement plans for potentially unreached Veterans. CoC has demonstrated success in this process by reaching functional zero in Aug 2016.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? No

3B-5. Racial Disparity. Applicants must:
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC’s assessment.

- People of different races or ethnicities are more or less likely to receive homeless assistance.
- People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.
- There are no racial disparities in the provision or outcome of homeless assistance. X
3B-5b. **Applicants must select from the options below the strategies the CoC is using to address any racial disparities.**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>選項</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CoC’s board and decisionmaking bodies are representative of the population served in the CoC.</td>
<td></td>
</tr>
<tr>
<td>The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.</td>
<td></td>
</tr>
<tr>
<td>The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.</td>
<td></td>
</tr>
<tr>
<td>The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups</td>
<td></td>
</tr>
<tr>
<td>The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.</td>
<td></td>
</tr>
<tr>
<td>The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.</td>
<td></td>
</tr>
<tr>
<td>The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.</td>
<td></td>
</tr>
<tr>
<td>The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.</td>
<td></td>
</tr>
<tr>
<td>The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.</td>
<td></td>
</tr>
<tr>
<td>The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.</td>
<td></td>
</tr>
<tr>
<td>The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Care Benefits</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(State or Federal benefits, Medicaid, Indian Health Services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Insurers:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Profit, Philanthropic:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Assistance Program (MAP) - Local Insurance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits.
(limit 2,000 characters)

1. The CoC works with mainstream programs in 4 ways: a) formal referrals through the Coordinated Entry System (CES), b) marketing of mainstream services, c) systems capacity development. Formal CES referral partnerships include mental health, substance use, HIV/AIDS, Veteran services, SSI/SSDI SOAR applications, representative payee, employment training, & medical care (through MAP, a locally funded indigent health program). Formal partners include the Local Mental Health Authority (LMHA), HOPWA funded healthcare, the local VA, & the CCC, a collaboration of several healthcare providers. CES & CoC project staff also market services such as subsidized childcare (local Workforce Solutions system), other employment & training programs, education services, SNAP, TANF, WIC, subsidized housing waitlists, & Medicaid. The
CoC hired a SOAR and partners with the LMHA to lead to strengthen the local SOAR network & improve access to disability benefits and Medicaid/Medicare. The CoC & local housing authorities (City and County) also created a Homeless Preference for a portion of local Section 8 Vouchers.  
2. CoC keeps program staff up-to-date through the following methods: a) CoC maintains online resource site AustinECHOListings.org, b) community meetings, c) community-tailored trainings and webinar trainings/recordings, d) an email listserv of over 800 subscribers, and e) coordinates with online and telephonic resources 2-1-1 and AuntBertha.com. ECHO Listings is available to all community staff & covers service descriptions, eligibility criteria, & application steps for a various mainstream resources. Regular community meetings are held with staff from a variety of levels & agencies and are convened based on project type (e.g., RRH, PSH, or Navigation/Outreach) or subpopulation dedication (e.g., Veterans, Youth, HIV/AIDS, or Families with Minor Children). 3. ECHO, the CoC Lead agency, and the CoC Income & Employment Workgroup are responsible for overseeing this strategy.

4A-2. Housing First: Applicants must report:  
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and  
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.</td>
<td>17</td>
</tr>
<tr>
<td>Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.</td>
<td>17</td>
</tr>
<tr>
<td>Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.</td>
<td>100%</td>
</tr>
</tbody>
</table>

4A-3. Street Outreach. Applicants must:  
(1) describe the CoC’s outreach;  
(2) state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;  
(3) describe how often the CoC conducts street outreach; and  
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.  
(limit 2,000 characters)

1. The CoC partners with 11 different Street Outreach (SO) teams & three different Navigation centers through the Coordinated Entry System (CES) & a shared, open HMIS database. SO teams meet monthly at a CoC-wide coordination meeting to discuss coverage areas & frequency, emerging practices & concerns, & individual cases. Client identified through these efforts are added to a community By Name List (BNL) for further engagement & housing.
2. SO covers 100% of the CoC’s geographic area. One SO team (HOST) is dedicated to the downtown area, & two outreach teams (PATH & HOPE) are dedicated to the suburban & rural areas of the CoC. Other programs cover both areas, usually with a specific underserved target population, or a specific geographic area of the CoC (such as near the largest university).

3. These combined SO teams conduct outreach daily, including weekends & evening hours.

4. Many SO teams are dedicated to hard-to-reach populations such as unsheltered families, chronically homeless veterans, unaccompanied youth, HIV/AIDS, refugees/asylees, & mental health. SO teams also partner with diverse community partners such as libraries, community centers, schools, clinics, hospitals, law enforcement, & the Local Mental Health Authority to identify additional households. CES materials are translated into Spanish, & the CoC employs assessors fluent in Spanish, Arabic, Hindi, & Nepali (and a language line). The SO teams can complete the CES assessment directly in the field using mobile technology, and they can request help from other SO teams if an area of high need is identified. Housing resources are prioritized based upon vulnerability, & the CoC has developed a CES system that uses SO teams to proactively document eligibility & keep households engaged while accessing services. This cycle between marketing, assessment, & ongoing engagement ensures that households can be immediately enrolled in the system, then supported continuously as they access housing services.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above. (limit 2,000 characters)

1. The CoC has implemented 24 CFR 578.93(c) through: a) creating partnerships & referrals with diverse & disability focused community agencies to ensure all eligible receive info about offered services (including partners such as the Local Mental Health Authority, NAMI, Disability Rights Texas, AIDS Services of Austin, Family Eldercare, the ARC, ARCIL, OutYouth), b) Developing an inclusive & geographically intentional street outreach system (that focuses special effort on individuals least likely to access services, as well as the most geographically isolated & inaccessible areas), c) self-assessing data for the CoC as a whole, as well as specific CoC projects & the Coordinated Entry System (CES) for equity in access & outcomes; d) informing clients of their rights (& advertising both a CoC grievance procedure, as well as an independent grievance procedure through the LMHA); e) ensuring CES documents, services, & marketing materials are available & accessible to persons with disabilities or limited English proficiency.

2. The CoC ensures CES documents & services are linguistically accessible by a) translating CES materials into Spanish, b) employing assessors fluent in Spanish, Arabic, Hindi, & Nepali, c) contracting with a language line), & d) ensuring CES marketing materials are written in plain, accessible language. To ensure accessibility for persons with disabilities, the CoC maintains 24-hour hotline recording which verbally explains the CES process & access points, as
well as partnering with the fully accessible local 2-1-1 system. CES procedures are designed so that steps are verbally explained with plain language for situations of limited literacy or visual impairments, & the CoC provides written materials the referrals to ASL interpretation agencies for individuals who are deaf or hard-of-hearing. The CoC is also partnering with the City’s Public Health Department to further develop this ASL resource bank for the community.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

<table>
<thead>
<tr>
<th>RRH beds available to serve all populations in the HIC</th>
<th>2017</th>
<th>2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>254</td>
<td>365</td>
<td>111</td>
</tr>
</tbody>
</table>

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?

No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?

No
4B. Attachments

Instructions:
Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C-5. PHA Administration Plan–Homeless Preference</td>
<td>No</td>
<td>PHA Administration...</td>
<td>09/08/2018</td>
</tr>
<tr>
<td>1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference</td>
<td>No</td>
<td>Move-on Multifami...</td>
<td>09/08/2018</td>
</tr>
<tr>
<td>1C-8. Centralized or Coordinated Assessment Tool</td>
<td>Yes</td>
<td>CE Assessment Tool</td>
<td>09/08/2018</td>
</tr>
<tr>
<td>1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)</td>
<td>Yes</td>
<td>CoC Rating and Ra...</td>
<td>09/08/2018</td>
</tr>
<tr>
<td>1E-3. Public Posting CoC-Approved Consolidated Application</td>
<td>Yes</td>
<td>Consolidated Appl...</td>
<td>09/14/2018</td>
</tr>
<tr>
<td>1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)</td>
<td>Yes</td>
<td>Public Posting Pr...</td>
<td>09/08/2018</td>
</tr>
<tr>
<td>1E-4. CoC's Reallocation Process</td>
<td>Yes</td>
<td>CoC Process for R...</td>
<td>09/08/2018</td>
</tr>
<tr>
<td>1E-5. Notifications Outside e-snaps–Projects Accepted</td>
<td>Yes</td>
<td>Projects Accepted...</td>
<td>09/08/2018</td>
</tr>
<tr>
<td>1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced</td>
<td>Yes</td>
<td>Project Rejection...</td>
<td>09/11/2018</td>
</tr>
<tr>
<td>1E-5. Public Posting–Local Competition Deadline</td>
<td>Yes</td>
<td>Local Competition...</td>
<td>09/08/2018</td>
</tr>
<tr>
<td>2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)</td>
<td>Yes</td>
<td>CoC and HMIS Lead...</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>3A-6. HDX–2018 Competition Report</td>
<td>Yes</td>
<td>FY 2018 CoC Compe...</td>
<td>09/08/2018</td>
</tr>
<tr>
<td>3B-2. Order of Priority–Written Standards</td>
<td>No</td>
<td>Order of Priority</td>
<td>09/08/2018</td>
</tr>
</tbody>
</table>
### 3B-5. Racial Disparities Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>Response</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial Disparities</td>
<td>No</td>
<td>09/11/2018</td>
</tr>
<tr>
<td>4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Austin/Travis County COC

Project: TX-503 CoC Registration FY2018
Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description: Move-on Multifamily Assisted

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: CoC Rating and Ranking Procedure

Attachment Details

Document Description: Consolidated Application

Attachment Details

Document Description: Public Posting Project Selections, Ranking and
Attachment Details

Document Description: CoC Process for Reallocation

Attachment Details

Document Description: Projects Accepted Notification

Attachment Details

Document Description: Project Rejection- Reduction Notification

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: CoC and HMIS Lead Governance
Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description: FY 2018 CoC Competition Report

Attachment Details

Document Description: Order of Priority

Attachment Details

Document Description: Racial Disparities Assessment Summary

Attachment Details

Document Description:
Attachment Details

Document Description:

Attachment Details

Document Description:
Submission Summary

Ensure that the Project Priority List is complete prior to submitting.
<table>
<thead>
<tr>
<th>Submission Summary</th>
<th>No Input Required</th>
</tr>
</thead>
</table>

**Applicant:** Austin/Travis County COC

**Project:** TX-503 CoC Registration FY2018

COC_REG_2018_159621

FY2018 CoC Application Page 53 02/11/2019
1C-5 PHA Administrative Plan – Homeless Preference

Housing Authority for the City of Austin (pg 102-104 of Admin Plan)
Housing Authority of Travis County (pg 102 of Admin Plan)
near the end of the HAP contract term.

**Targeted Funding** [24 CFR 982.204(e)]

HUD may award HACA funding for a specified category of families on the waiting list. HACA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, HACA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

**HACA Policy**

HACA administers the following types of targeted funding:

- Mainstream Vouchers for Persons with Disabilities
- VASH – Veterans Affairs for Supportive Housing
- Family Unification Program
- Non-elderly Disabled

**Order of Selection – specified category vouchers**

When HACA resumes voucher issuance after a funding shortfall, HACA will first issue vouchers to specified category vouchers until HACA is assisting the required number of special purpose families.

**Regular HCV Funding**

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

**4-III.C. SELECTION METHOD**

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that HACA will use [24 CFR 982.202(d)].

**Local Preferences** [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits HACA to establish other local preferences, at its discretion. Any local preferences established must be consistent with HACA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

**HACA Policy**

Families can claim eligibility for any local preference any time from the date they applied up until the time their name is drawn off the waiting list. Preference claims will be verified once they have been drawn off the waiting list during the interview process. If HACA is unable to verify a preference claim, the family will be placed back on the
waiting list without the preference.

HACA will open the waiting list or leave the waiting list open for certain preference groups as needed to meet the preference caps listed below.

1. Non-specified category vouchers will use the following local preferences for purposes of establishing priority. The local preferences are weighted differently, with the higher number representing a higher ranking. Each applicant family can be granted a maximum of one local preference plus the residency preference (if they qualify). Weights for each preference are as follows:

<table>
<thead>
<tr>
<th>Preference</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly</td>
<td>2</td>
</tr>
<tr>
<td>Disabled</td>
<td>2</td>
</tr>
<tr>
<td>Involuntarily Displaced</td>
<td>2</td>
</tr>
<tr>
<td>Homeless</td>
<td>3</td>
</tr>
<tr>
<td>Families with Minor Children</td>
<td>2</td>
</tr>
<tr>
<td>Residency</td>
<td>1</td>
</tr>
<tr>
<td>RAD Choice Mobility</td>
<td>3</td>
</tr>
<tr>
<td>PH Special Accommodation</td>
<td>3</td>
</tr>
<tr>
<td>FUP Youth</td>
<td>3</td>
</tr>
<tr>
<td>RAD Relocation</td>
<td>4</td>
</tr>
<tr>
<td>HACA VAWA Emergency</td>
<td>5</td>
</tr>
</tbody>
</table>

(A) **Elderly Preference:** HACA will give preference to elderly families. An elderly family is a family in which the head, spouse or co-head is age 62 or older.

(B) **Disabled Preference:** HACA will give preference to disabled families. A disabled family is a family in which the head, spouse or co-head is disabled using the current HUD definition of disability.

(C) **Involuntary Displacement Preference:** HACA will give preference to families displaced as a result of natural disaster or government action. The following documentation will be used to verify displacement status:

   Certification from a unit of government concerning displacement due to natural disaster; or

   Certification from a unit of government concerning displacement due to code enforcement or public improvement/development or displacement by inaccessibility of a unit.

The displacement must have occurred within six months of requesting the involuntary displacement preference. Also, HACA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

(D) **Homeless Preference:** HACA will give preference to homeless applicants. Each fiscal year HACA will give a preference to no more than 100 applicants or 25% of all applicants drawn (whichever is less) meeting all of the following criteria:
a) Meet the HUD definition of homeless. See definitions section at the end of the Administrative Plan.

b) Are referred to HACA by a coalition of homeless service providers with whom HACA has executed a Memorandum of Understanding (MOU) outlining the provider’s responsibilities with respect to the provision of housing search assistance and supportive services for the referred household.

c) Have received a written commitment from the referring homeless service provider for housing search / location assistance.

d) Have received a written commitment from the homeless service provider to offer support services on an as needed basis to help the household transition from homelessness to permanent housing; and

e) Have received a written commitment from the homeless service provider to offer supportive services to help the household maintain housing and comply with HCV rules.

While a referral from the coalition of homeless service providers is required for this preference, use of the offered supportive services is not a requirement. The choice of the applicant to refuse the offered services will not jeopardize any housing assistance for which they are eligible.

HACA will execute a Memorandum of Understanding with one entity representing a coalition of homeless service providers that will serve as the primary point of contact for communicating homeless referrals to HACA. HACA reserves the right to establish additional MOUs as necessary to ensure that homeless applicants have the opportunity to apply for housing assistance under this preference.

If it is determined that an applicant referred by a homeless service provider, as described above, does not meet the criteria described therein, the applicant will not receive the preference and:

- if the applicant was only on the HCV waiting list because of the homeless referral, the applicant will be removed from the HCV waiting list
- if the applicant was on the HCV waiting list through the regular application process, the applicant will return to their lottery position on the waiting list without the homeless preference.

If HACA denies an applicant’s homeless preference claim, HACA will notify the applicant and referring service provider in writing, including the reason(s) for the preference denial. Applicants have the right to appeal the denial of eligibility for the homeless preference using the established process for informal hearings.

Persons transitioning out of the City of Austin’s 1115 Waiver Permanent Supportive Housing Assertive Community Treatment Team program into permanent housing will be included as a priority group as part of this preference. This would require a referral from the current case manager as well as documentation that the family was homeless prior to entering into the current...
program. This documentation must be provided as part of the referral.

Individuals and families transitioning, or “moving up,” from Permanent Supportive Housing (PSH) units will also be included as a priority group as part of this homeless preference. These are persons that were previously homeless prior to entry into a PSH program but who no longer require that level of supportive services. Referrals could also include individuals and families participating in a Continuum of Care homeless rental assistance program, which is not renewed. This would require a referral from the current case manager or PSH provider as well as documentation that the family was homeless prior to entering into the PSH unit. This documentation must be provided as part of the referral.

(E) **Families with Minor Children Preference:** HACA will give preference to families with minor children. A minor child is a child under age 18 who meets HUD and HACA’s definition of a family member (See Section 3.1.B for the definition of Family Members).

- Minor children of a live in aide do not qualify the family for this preference.
- Minor children who are foster children of an authorized adult member of the assisted family do not qualify the family for this preference.

(F) **Residency Preference:** HACA will give preference to persons who reside in the following Texas Counties: Travis, Hays, Bastrop, Caldwell and Williamson counties. The residency status will be determined at the time of the eligibility interview. This preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, sexual orientation, religion, disability, or age of any member of an applicant family.

Applicants who are working or who have been notified that they are hired to work in a residency preference area will be treated as residents of the residency preference area with documented proof of employment in the residency preference area. Applicants who are graduates of, or active participants in, education and training programs in a residency preference area are eligible for this preference if the education or training program is designed to prepare individuals for the job market.

(G) **Rental Assistance Demonstration (RAD) Choice Mobility Preference:** As required by HUD and in accordance with all HUD RAD guidelines, if HACA participates in RAD, HACA will provide a Choice-Mobility option to residents of covered RAD projects in accordance with policies outlined in Chapter 18 of this HCV Administrative Plan.

(H) **Public Housing Special Accommodation Preference:** HACA will give
Section 8 Administrative Plan

Removal from the Waiting List

HATC Policy

HATC will remove applicants from the waiting list if they have requested in writing that their name be removed. In such cases no informal review is required and none will be offered.

If HATC determines that the family is not eligible for assistance at the time of the family’s initial appointment (see Chapter 3), the family will be removed from the waiting list.

If HATC determines the family is not eligible for assistance (see Chapter 3) at any time while the family is on the waiting list the family will be removed from the waiting list.

If at the time of the family’s initial appointment, HATC has determined that the family is not eligible for assistance a notice will be sent to the family’s address of record. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the HATC’s decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families receive assistance from the waiting list depends on the selection method chosen by HATC and is impacted in part by any selection preferences that the family qualifies for. The source of HCV funding also may affect the order in which families are selected from the waiting list.

HATC must maintain a clear record of all information required to verify that the family is selected from the waiting list according to HATC’s selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, HATC may admit families that are not on the waiting list, or without considering the family’s position on the waiting list. HATC must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a HATC funding for a specified category of families on the waiting list. HATC must use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

HATC Policy

HATC administers the following types of targeted funding:
Section 8 Administrative Plan

- **Shelter Plus Care for homeless individuals**
- **Mainstream/ NED Program for Persons with Disabilities**
- **Project Based Voucher Program / Elderly Preference:** Preference shall be extended to elderly families (55 and older) to utilize a Project Based Voucher (PBV) for residency at Cambridge Villas (15711 Dessau Rd. Pflugerville, TX) only.
- **Homeless Preference:** Preference shall be extended to those families determined to be homeless by an approved local or state agency. Referrals will only be accepted from the following approved local/state agencies: Foundation Communities and Front Steps Inc. Referrals in this regard must be accompanied by an official certification by the referring agency as to the homeless status of the applicant at the time of application submission and upon reaching the top of the waiting list. The number of homeless vouchers is limited to 22 Project Based and 18 Tenant Based Rental Assistance specifically to Foundation Communities and Front Steps, respectively.

HATC will give preference to homeless applicants who meet the following criteria:

- ✓ Meet the HUD definition of homeless
- ✓ Must be referred to HATC by an organization or a coalition of homeless service providers serving the homeless population
- ✓ A Project Based HAP Contract or a memorandum of Understanding must be executed between the homeless service provider and HATC outlining the responsibilities of both entities
- ✓ When the family no longer needs supportive services as outlined by homeless service provider agencies, families will be given preference and offered the next available housing choice voucher if family has complied with all HUD rules and regulations and with the homeless service provider requirements

**Regular HCV Funding**

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-IIIC.

**4-IIIC. SELECTION METHOD**

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that HATC will use [24 CFR 982.202(d)].

**Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits HATC to establish other local preferences, at its discretion. Any local preferences established must be consistent HATC plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

HATC Policy

HATC will use the following preference system:
1C-5 Move-On Multifamily Assisted

Housing Authority for the City of Austin (pg 104 of Admin Plan)
Housing Authority of Travis County (pg 102 of Admin Plan)
near the end of the HAP contract term.

**Targeted Funding [24 CFR 982.204(e)]**

HUD may award HACA funding for a specified category of families on the waiting list. HACA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, HACA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

**HACA Policy**

HACA administers the following types of targeted funding:

- Mainstream Vouchers for Persons with Disabilities
- VASH – Veterans Affairs for Supportive Housing
- Family Unification Program
- Non-elderly Disabled

**Order of Selection – specified category vouchers**

When HACA resumes voucher issuance after a funding shortfall, HACA will first issue vouchers to specified category vouchers until HACA is assisting the required number of special purpose families.

**Regular HCV Funding**

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that HACA will use [24 CFR 982.202(d)].

**Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits HACA to establish other local preferences, at its discretion. Any local preferences established must be consistent with HACA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

**HACA Policy**

Families can claim eligibility for any local preference any time from the date they applied up until the time their name is drawn off the waiting list. Preference claims will be verified once they have been drawn off the waiting list during the interview process. If HACA is unable to verify a preference claim, the family will be placed back on the
waiting list without the preference.

HACA will open the waiting list or leave the waiting list open for certain preference
groups as needed to meet the preference caps listed below.

1. Non-specified category vouchers will use the following local preferences for purposes
   of establishing priority. The local preferences are weighted differently, with the higher
   number representing a higher ranking. Each applicant family can be granted a
   maximum of one local preference plus the residency preference (if they qualify).
   Weights for each preference are as follows:

<table>
<thead>
<tr>
<th>Preference</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly</td>
<td>2</td>
</tr>
<tr>
<td>Disabled</td>
<td>2</td>
</tr>
<tr>
<td>Involuntarily Displaced</td>
<td>2</td>
</tr>
<tr>
<td>Homeless</td>
<td>3</td>
</tr>
<tr>
<td>Families with Minor Children</td>
<td>2</td>
</tr>
<tr>
<td>Residency</td>
<td>1</td>
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<tr>
<td>RAD Choice Mobility</td>
<td>3</td>
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<tr>
<td>PH Special Accommodation</td>
<td>3</td>
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<tr>
<td>FUP Youth</td>
<td>3</td>
</tr>
<tr>
<td>RAD Relocation</td>
<td>4</td>
</tr>
<tr>
<td>HACA VAWA Emergency</td>
<td>5</td>
</tr>
</tbody>
</table>

(A) **Elderly Preference:** HACA will give preference to elderly families. An elderly
family is a family in which the head, spouse or co-head is age 62 or older.

(B) **Disabled Preference:** HACA will give preference to disabled families. A
   disabled family is a family in which the head, spouse or co-head is disabled using
   the current HUD definition of disability.

(C) **Involuntary Displacement Preference:** HACA will give preference to families
   displaced as a result of natural disaster or government action. The following
documentation will be used to verify displacement status:

   Certification from a unit of government concerning displacement due to
   natural disaster; or

   Certification from a unit of government concerning displacement due to
   code enforcement or public improvement/development or displacement by
   inaccessibility of a unit.

The displacement must have occurred within six months of requesting the
involuntary displacement preference. Also, HACA will offer a preference to any
family that has been terminated from its HCV program due to insufficient program
funding.

(D) **Homeless Preference:** HACA will give preference to homeless applicants. Each
fiscal year HACA will give a preference to no more than 100 applicants or 25% of
all applicants drawn (whichever is less) meeting all of the following criteria:
a) Meet the HUD definition of homeless. See definitions section at the end of the Administrative Plan.
b) Are referred to HACA by a coalition of homeless service providers with whom HACA has executed a Memorandum of Understanding (MOU) outlining the provider’s responsibilities with respect to the provision of housing search assistance and supportive services for the referred household.
c) Have received a written commitment from the referring homeless service provider for housing search / location assistance.
d) Have received a written commitment from the homeless service provider to offer support services on an as needed basis to help the household transition from homelessness to permanent housing; and
e) Have received a written commitment from the homeless service provider to offer supportive services to help the household maintain housing and comply with HCV rules.

While a referral from the coalition of homeless service providers is required for this preference, use of the offered supportive services is not a requirement. The choice of the applicant to refuse the offered services will not jeopardize any housing assistance for which they are eligible.

HACA will execute a Memorandum of Understanding with one entity representing a coalition of homeless service providers that will serve as the primary point of contact for communicating homeless referrals to HACA. HACA reserves the right to establish additional MOUs as necessary to ensure that homeless applicants have the opportunity to apply for housing assistance under this preference.

If it is determined that an applicant referred by a homeless service provider, as described above, does not meet the criteria described therein, the applicant will not receive the preference and:

if the applicant was only on the HCV waiting list because of the homeless referral, the applicant will be removed from the HCV waiting list

if the applicant was on the HCV waiting list through the regular application process, the applicant will return to their lottery position on the waiting list without the homeless preference.

If HACA denies an applicant’s homeless preference claim, HACA will notify the applicant and referring service provider in writing, including the reason(s) for the preference denial. Applicants have the right to appeal the denial of eligibility for the homeless preference using the established process for informal hearings.

Persons transitioning out of the City of Austin’s 1115 Waiver Permanent Supportive Housing Assertive Community Treatment Team program into permanent housing will be included as a priority group as part of this preference. This would require a referral from the current case manager as well as documentation that the family was homeless prior to entering into the current
program. This documentation must be provided as part of the referral.

Individuals and families transitioning, or “moving up,” from Permanent Supportive Housing (PSH) units will also be included as a priority group as part of this homeless preference. These are persons that were previously homeless prior to entry into a PSH program but who no longer require that level of supportive services. Referrals could also include individuals and families participating in a Continuum of Care homeless rental assistance program, which is not renewed. This would require a referral from the current case manager or PSH provider as well as documentation that the family was homeless prior to entering into the PSH unit. This documentation must be provided as part of the referral.

**(E) Families with Minor Children Preference:** HACA will give preference to families with minor children. A minor child is a child under age 18 who meets HUD and HACA’s definition of a family member (See Section 3.1.B for the definition of Family Members).

- Minor children of a live in aide do not qualify the family for this preference.
- Minor children that are foster children of an authorized adult member of the assisted family do not qualify the family for this preference.

**(F) Residency Preference:** HACA will give preference to persons who reside in the following Texas Counties: Travis, Hays, Bastrop, Caldwell and Williamson counties. The residency status will be determined at the time of the eligibility interview. This preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, sexual orientation, religion, disability, or age of any member of an applicant family.

Applicants who are working or who have been notified that they are hired to work in a residency preference area will be treated as residents of the residency preference area with documented proof of employment in the residency preference area. Applicants who are graduates of, or active participants in, education and training programs in a residency preference area are eligible for this preference if the education or training program is designed to prepare individuals for the job market.

**(G) Rental Assistance Demonstration (RAD) Choice Mobility Preference:** As required by HUD and in accordance with all HUD RAD guidelines, if HACA participates in RAD, HACA will provide a Choice-Mobility option to residents of covered RAD projects in accordance with policies outlined in Chapter 18 of this HCV Administrative Plan.

**(H) Public Housing Special Accommodation Preference:** HACA will give
Removal from the Waiting List

HATC Policy

HATC will remove applicants from the waiting list if they have requested in writing that their name be removed. In such cases no informal review is required and none will be offered.

If HATC determines that the family is not eligible for assistance at the time of the family's initial appointment (see Chapter 3), the family will be removed from the waiting list.

If HATC determines the family is not eligible for assistance (see Chapter 3) at any time while the family is on the waiting list the family will be removed from the waiting list.

If at the time of the family's initial appointment, HATC has determined that the family is not eligible for assistance a notice will be sent to the family's address of record. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the HATC's decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families receive assistance from the waiting list depends on the selection method chosen by HATC and is impacted in part by any selection preferences that the family qualifies for. The source of HCV funding also may affect the order in which families are selected from the waiting list.

HATC must maintain a clear record of all information required to verify that the family is selected from the waiting list according to HATC's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE I or 2 projects). In these cases, HATC may admit families that are not on the waiting list, or without considering the family's position on the waiting list. HATC must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

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HATC Policy

HATC administers the following types of targeted funding:
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- Shelter Plus Care for homeless individuals
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HATC will give preference to homeless applicants who meet the following criteria:

✓ Meet the HUD definition of homeless
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✓ A Project Based HAP Contract or a memorandum of Understanding must be executed between the homeless service provider and HATC outlining the responsibilities of both entities

✓ When the family no longer needs supportive services as outlined by homeless service provider agencies, families will be given preference and offered the next available housing choice voucher if family has complied with all HUD rules and regulations and with the homeless service provider requirements

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that HATC will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits HATC to establish other local preferences, at its discretion. Any local preferences established must be consistent HATC plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

HATC Policy

HATC will use the following preference system:
Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen Triage Tool for Single Adults

CANADIAN VERSION 2.01

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Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

• VI-SPDAT V 2.0 for Individuals
• VI-SPDAT V 2.0 for Families
• VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor’s ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

• SPDAT V 4.0 for Individuals
• SPDAT V 2.0 for Families
• SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/
SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at http://www.orgcode.com/product-category/training/spdat/
VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS CANADIAN VERSION 2.01

Administration

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<tr>
<th>Interviewer's Name</th>
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<th>Staff</th>
<th>Volunteer</th>
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<td><em><strong>/</strong><strong>/</strong></em></td>
<td>___ : ___</td>
</tr>
</tbody>
</table>

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

• the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
• the purpose of the VI-SPDAT being completed
• that it usually takes less than 7 minutes to complete
• that only “Yes,” “No,” or one-word answers are being sought
• that any question can be skipped or refused
• where the information is going to be stored
• that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
• the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
</tr>
</thead>
</table>

| In what language do you feel best able to express yourself? |

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Social Insurance Number</th>
<th>Consent to participate</th>
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</thead>
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<td><em><strong>/</strong><strong>/</strong></em></td>
<td>___</td>
<td>______________________</td>
</tr>
</tbody>
</table>

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.
A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - [ ] Shelters
   - [X] Couch Surfing
   - [ ] Outdoors
   - [ ] Other (specify):
   - [ ] Refused

   **Score:**

   **IF THE PERSON Answers ANYTHING OTHER THAN “SHELTER”, THEN SCORE 1.**

2. How long has it been since you lived in permanent stable housing?
   - [ ] Refused

3. In the last year, how many times have you been homeless?
   - [ ] Refused

   **IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1.**

**Score:**

B. Risks

4. In the past six months, how many times have you...
   a) Received health care at an emergency department/room?
   - [ ] Refused
   b) Taken an ambulance to the hospital?
   - [ ] Refused
   c) Been hospitalized as an inpatient?
   - [ ] Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
   - [ ] Refused
   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?
   - [ ] Refused
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?
   - [ ] Refused

   **IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.**

   **Score:**

5. Have you been attacked or beaten up since you've become homeless?
   - [ ] Y
   - [ ] N
   - [ ] Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?
   - [ ] Y
   - [ ] N
   - [ ] Refused

   **IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.**

   **Score:**
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? □ Y □ N □ Refused

IF “YES,” THEN SCORE 1 FOR LEGAL ISSUES.

8. Does anybody force or trick you to do things that you do not want to do? □ Y □ N □ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t know, share a needle, or anything like that? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money? □ Y □ N □ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? □ Y □ N □ Refused

IF “YES” TO QUESTION 10 OR “NO” TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? □ Y □ N □ Refused

IF “NO,” THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? □ Y □ N □ Refused

IF “NO,” THEN SCORE 1 FOR SELF-CARE.

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? □ Y □ N □ Refused

IF “YES,” THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.
D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? □ Y □ N □ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? □ Y □ N □ Refused

17. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help? □ Y □ N □ Refused

18. When you are sick or not feeling well, do you avoid getting help? □ Y □ N □ Refused

19. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? □ Y □ N □ N/A or Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.**

SCORE:

20. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? □ Y □ N □ Refused

21. Will drinking or drug use make it difficult for you to stay housed or afford your housing? □ Y □ N □ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.**

SCORE:

22. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
   a) A mental health issue or concern? □ Y □ N □ Refused
   b) A past head injury? □ Y □ N □ Refused
   c) A learning disability, developmental disability, or other impairment? □ Y □ N □ Refused

23. Do you have any mental health or brain issues that would make it hard for you to live independently because you’d need help? □ Y □ N □ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.**

SCORE:

**IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.**

SCORE:
24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? □ Y □ N □ Refused

25. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

26. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? □ Y □ N □ Refused

IF “YES”, SCORE 1 FOR ABUSE AND TRAUMA.

Scoring Summary

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<th>DOMAIN</th>
<th>SUBTOTAL</th>
<th>RESULTS</th>
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<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
<td>/2</td>
<td>0-3: no housing intervention</td>
</tr>
<tr>
<td>B. RISKS</td>
<td>/4</td>
<td>4-7: an assessment for Rapid</td>
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<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
<td>/4</td>
<td>Re-Housing</td>
</tr>
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<td>D. WELLNESS</td>
<td>/6</td>
<td>8+: an assessment for Permanent</td>
</tr>
<tr>
<td>GRAND TOTAL:</td>
<td>/17</td>
<td>Supportive Housing/Housing First</td>
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Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

place: ____________________________

time: __ : ___ or

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

phone: (___) ______ - _____________

e-mail: __________________________

Ok, now I’d like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?

□ Yes □ No □ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning
Appendix A: About the VI-SPDAT

In communities getting the results required to end chronic and episodic homelessness, the introduction of a coordinated access and common assessment approach has proven to be essential for success. Many communities have struggled to find evidence informed tools and strategies, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need tools that enhance their ability to quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

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The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

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You will notice some differences in Version 2 compared to Version 1. Namely:

• it is shorter, usually taking less than 7 minutes to complete;
• subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
• medical, substance using, and mental health questions are all refined;
• you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
• the scoring range is slightly different (Don’t worry, we can provide instructions on how these relate to results from Version 1).
Appendix B: Where SPDAT products are being used in Canada

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is used in more communities than we know of. It is also being used in the United States and Australia. A partial list of regions in Canada where we know SPDAT products are being used includes:

Alberta
• Province-wide

Manitoba
• City of Winnipeg

New Brunswick
• City of Fredericton
• City of Saint John

Newfoundland and Labrador
• Province-wide

Northwest Territories
• City of Yellowknife

Ontario
• City of Barrie/Simcoe County
• City of Brantford/Brant County
• City of Greater Sudbury
• City of Kingston/Frontenac County
• City of Ottawa
• City of Windsor
• District of Kenora
• District of Parry Sound
• District of Sault Ste Marie

Saskatchewan
• Regional Municipality of Waterloo
• Regional Municipality of York
• Saskatoon

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1 (800) 355-0420  info@orgcode.com  www.orgcode.com
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com
Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

**Current versions available:**
- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at


SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor’s ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

**Current versions available:**
- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

**Current SPDAT training available:**
- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

**Other related training available:**
- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

Administration

Interviewer’s Name
Agency
☐ Team
☐ Staff
☐ Volunteer

Survey Date
Survey Time
Survey Location
DD/MM/YYYY _____/____/____ __ __ : __ __

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

• the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
• the purpose of the VI-SPDAT being completed
• that it usually takes less than 7 minutes to complete
• that only “Yes,” “No,” or one-word answers are being sought
• that any question can be skipped or refused
• where the information is going to be stored
• that if the participant does not understand a question that clarification can be provided
• the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

<table>
<thead>
<tr>
<th>PARENT 1</th>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
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<td>____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Age</td>
<td>Social Security Number</td>
<td>Consent to participate</td>
</tr>
<tr>
<td>DD/MM/YYYY _____/<strong><strong>/</strong></strong> __ __</td>
<td>________________</td>
<td>☐ Yes ☐ No</td>
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</tbody>
</table>

☐ No second parent currently part of the household

<table>
<thead>
<tr>
<th>PARENT 2</th>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
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</tr>
<tr>
<td>DD/MM/YYYY _____/<strong><strong>/</strong></strong> __ __</td>
<td>________________</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.
Children

1. How many children under the age of 18 are currently with you? ________ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? ________ ☐ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? ☐ Y ☐ N ☐ Refused
4. Please provide a list of children’s names and ages:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Date of Birth</th>
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</tbody>
</table>

**IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**

**IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   ☐ Shelters
   ☐ Transitional Housing
   ☐ Safe Haven
   ☐ Safe Haven
   ☐ Outdoors
   ☐ Other (specify): ________
   ☐ Refused

**IF THE PERSON ANSWERS ANYTHING OTHER THAN “SHELTER”, “TRANSITIONAL HOUSING”, OR “SAFE HAVEN”, THEN SCORE 1.**

6. How long has it been since you and your family lived in permanent stable housing? ________ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? ________ ☐ Refused

**IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.**
B. Risks

8. In the past six months, how many times have you or anyone in your family...
   a) Received health care at an emergency department/room? □ Refused
   b) Taken an ambulance to the hospital? □ Refused
   c) Been hospitalized as an inpatient? □ Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? □ Refused
   e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? □ Refused
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? □ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE: 0

9. Have you or anyone in your family been attacked or beaten up since they’ve become homeless? □ Y □ N □ Refused
10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE: 0

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? □ Y □ N □ Refused

IF “YES,” THEN SCORE 1 FOR LEGAL ISSUES.

SCORE: 0

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? □ Y □ N □ Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don’t know, share a needle, or anything like that? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE: 0
C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?  
   - Y  - N  - Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  
   - Y  - N  - Refused

IF “YES” TO QUESTION 14 OR “NO” TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.  
   SCORE: 0

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?  
   - Y  - N  - Refused

IF “NO,” THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.  
   SCORE: 0

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  
   - Y  - N  - Refused

IF “NO,” THEN SCORE 1 FOR SELF-CARE.  
   SCORE: 0

18. Is your family’s current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?  
   - Y  - N  - Refused

IF “YES,” THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.  
   SCORE: 0

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?  
   - Y  - N  - Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  
   - Y  - N  - Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?  
   - Y  - N  - Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help?  
   - Y  - N  - Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?  
   - Y  - N  - Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.  
   SCORE: 0
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?  
[N/A or 0]

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?  
[N/A or 0]

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

   a) A mental health issue or concern?  
[N/A or 0]

   b) A past head injury?  
[N/A or 0]

   c) A learning disability, developmental disability, or other impairment?  
[N/A or 0]

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?  
[N/A or 0]

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.**

28. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?  
[N/A or 0]

**IF “YES”, SCORE 1 FOR TRI-MORBIDITY.**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?  
[N/A or 0]

30. Are there any medications like painkillers that you or anyone in your family don’t take the way the doctor prescribed or where they sell the medication?  
[N/A or 0]

**IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**

31. **YES OR NO:** Has your family’s current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?  
[N/A or 0]

**IF “YES”, SCORE 1 FOR ABUSE AND TRAUMA.**
E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? □ Y □ N □ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE: 0

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? □ Y □ N □ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? □ Y □ N □ Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? □ Y □ N □ N/A or Refused

IF “YES” TO ANY OF QUESTIONS 34 OR 35, OR “NO” TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE: 0

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? □ Y □ N □ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE: 0

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? □ Y □ N □ Refused

40. After school, or on weekends or days when there isn’t school, is the total time children spend each day where there is no interaction with you or another responsible adult... a) 3 or more hours per day for children aged 13 or older? □ Y □ N □ Refused

b) 2 or more hours per day for children aged 12 or younger? □ Y □ N □ Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? □ Y □ N □ N/A or Refused

IF “NO” TO QUESTION 39, OR “YES” TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE: 0
Scoring Summary

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<tr>
<th>DOMAIN</th>
<th>SUBTOTAL</th>
<th>RESULTS</th>
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</thead>
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<tr>
<td>PRE-SURVE</td>
<td>0 /2</td>
<td></td>
</tr>
<tr>
<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
<td>0 /2</td>
<td></td>
</tr>
<tr>
<td>B. RISKS</td>
<td>0 /4</td>
<td></td>
</tr>
<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
<td>0 /4</td>
<td></td>
</tr>
<tr>
<td>D. WELLNESS</td>
<td>0 /6</td>
<td></td>
</tr>
<tr>
<td>E. FAMILY UNIT</td>
<td>0 /4</td>
<td></td>
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<tr>
<td><strong>GRAND TOTAL:</strong></td>
<td><strong>0 /22</strong></td>
<td><strong>Score:</strong> <strong>Recommendation:</strong></td>
</tr>
<tr>
<td>0-3</td>
<td>no housing intervention</td>
<td></td>
</tr>
<tr>
<td>4-8</td>
<td>an assessment for Rapid Re-Housing</td>
<td></td>
</tr>
<tr>
<td>9+</td>
<td>an assessment for Permanent Supportive Housing/Housing First</td>
<td></td>
</tr>
</tbody>
</table>

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

place: __________________________________________

time: ___ : ___ or Night

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

phone: (____) _____ - _________

e-mail: ____________________________

Ok, now I’d like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?

☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
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- current restrictions on where a person can legally reside
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A partial list of continuas of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

**Alabama**
- Parts of Alabama Balance of State

**Arizona**
- Statewide

**California**
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

**Colorado**
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

**Connecticut**
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

**District of Columbia**
- District of Columbia

**Florida**
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Auchah, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

**Georgia**
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

**Hawaii**
- Honolulu

**Illinois**
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County
- Parts of Iowa Balance of State

**Iowa**
- Kansas City/Wyandotte County

**Kentucky**
- Louisville/Jefferson County

**Louisiana**
- Lafayette/Acadia
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

**Massachusetts**
- Cape Cod Islands
- Springfield/Holyoke/ Chicopee/Westfield/Hampden County

**Maryland**
- Baltimore City
- Montgomery County

**Maine**
- Statewide

**Michigan**
- Statewide

**Minnesota**
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- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

**Missouri**
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- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/ Lee’s Summit/Jackson County
- Parts of Missouri Balance of State

**Mississippi**
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

**North Carolina**
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

**North Dakota**
- Statewide

**Nebraska**
- Statewide

**New Mexico**
- Statewide

**Nevada**
- Las Vegas/Clark County

**New York**
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

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- Oklahoma City
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- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

**Utah**
- Statewide

**Virginia**
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

**Washington**
- Seattle/King County
- Spokane City & County

**Wisconsin**
- Statewide

**West Virginia**
- Statewide

**Wyoming**
- Wyoming Statewide is in the process of implementing
Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

“Next Step Tool for Homeless Youth”

AMERICAN VERSION 1.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

Eric Rice, PhD
Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:
• VI-SPDAT V 2.0
• Family VI-SPDAT V 2.0
• Next Step Tool for Homeless Youth V 1.0

All versions are available online at
www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor’s ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:
• SPDAT V 4.0 for Individuals
• F-SPDAT V 2.0 for Families
• Y-SPDAT V 1.0 for Youth

Information about all versions is available online at
www.orgcode.com/products/spdat/
SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:
• Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
• Level 1 SPDAT Training: SPDAT for Frontline Workers
• Level 2 SPDAT Training: SPDAT for Supervisors
• Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:
• Excellence in Housing-Based Case Management
• Coordinated Access & Common Assessment
• Motivational Interviewing
• Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.
Administration

<table>
<thead>
<tr>
<th>Interviewer’s Name</th>
<th>Agency</th>
<th>Team □</th>
<th>Staff □</th>
<th>Volunteer □</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey Date</th>
<th>Survey Time</th>
<th>Survey Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD/MM/YYYY</td>
<td><em><strong>/</strong></em>/____</td>
<td>___ : ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In what language do you feel best able to express yourself? __________________________________________

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Social Security Number</th>
<th>Consent to participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD/MM/YYYY</td>
<td><em><strong>/</strong></em>/____</td>
<td>_____</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td>___ : ___</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE: 1
A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - Shelters
   - Transitional Housing
   - Safe Haven
   - Couch surfing
   - Outdoors
   - Refused
   ○ Other (specify): ____________________________


   SCORE: 0

2. How long has it been since you lived in permanent stable housing?
   ___ Years ☐ Refused

3. In the last three years, how many times have you been homeless?
   ___ ☐ Refused

   IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

   SCORE: 0

B. Risks

4. In the past six months, how many times have you...
   a) Received health care at an emergency department/room?
      ___ ☐ Refused
   b) Taken an ambulance to the hospital?
      ___ ☐ Refused
   c) Been hospitalized as an inpatient?
      ___ ☐ Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
      ___ ☐ Refused
   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?
      ___ ☐ Refused
   f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?
      ___ ☐ Refused

   IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

   SCORE: 0

5. Have you been attacked or beaten up since you’ve become homeless? ☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

   IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

   SCORE: 0
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  ☐ Y  ☐ N  ☐ Refused

8. Were you ever incarcerated when younger than age 18?  ☐ Y  ☐ N  ☐ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.
SCORE: 0

9. Does anybody force or trick you to do things that you do not want to do?  ☐ Y  ☐ N  ☐ Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don’t know, share a needle, or anything like that?  ☐ Y  ☐ N  ☐ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.
SCORE: 0

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  ☐ Y  ☐ N  ☐ Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?  ☐ Y  ☐ N  ☐ Refused

IF “YES” TO QUESTION 11 OR “NO” TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.
SCORE: 0

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  ☐ Y  ☐ N  ☐ Refused

IF “NO,” THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.
SCORE: 0

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  ☐ Y  ☐ N  ☐ Refused

IF “NO,” THEN SCORE 1 FOR SELF-CARE.
SCORE: 0
15. Is your current lack of stable housing...
   a) Because you ran away from your family home, a group home or a foster home?  ☐ Y  ☐ N  ☐ Refused
   b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?  ☐ Y  ☐ N  ☐ Refused
   c) Because your family or friends caused you to become homeless?  ☐ Y  ☐ N  ☐ Refused
   d) Because of conflicts around gender identity or sexual orientation?  ☐ Y  ☐ N  ☐ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.**

**SCORE:** 0

   e) Because of violence at home between family members?  ☐ Y  ☐ N  ☐ Refused
   f) Because of an unhealthy or abusive relationship, either at home or elsewhere?  ☐ Y  ☐ N  ☐ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA.**

**SCORE:** 0

**D. Wellness**

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  ☐ Y  ☐ N  ☐ Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  ☐ Y  ☐ N  ☐ Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?  ☐ Y  ☐ N  ☐ Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help?  ☐ Y  ☐ N  ☐ Refused
20. When you are sick or not feeling well, do you avoid getting medical help?  ☐ Y  ☐ N  ☐ Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?  ☐ Y  ☐ N  ☐ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.**

**SCORE:** 0
22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?

24. If you’ve ever used marijuana, did you ever try it at age 12 or younger?

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

0

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?

b) A past head injury?

c) A learning disability, developmental disability, or other impairment?

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you’d need help?

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

0

IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE:

0

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

28. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication?

IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

0

Scoring Summary

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>SUBTOTAL</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-SURVE</td>
<td>1</td>
<td>/1</td>
</tr>
<tr>
<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
<td>0</td>
<td>/2</td>
</tr>
<tr>
<td>B. RISKS</td>
<td>0</td>
<td>/4</td>
</tr>
<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
<td>0</td>
<td>/5</td>
</tr>
<tr>
<td>D. WELLNESS</td>
<td>0</td>
<td>/5</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td>1</td>
<td>/17</td>
</tr>
</tbody>
</table>

Score: Recommendation:

0-3: no moderate or high intensity services be provided at this time

4-7: assessment for time-limited supports with moderate intensity

8+: assessment for long-term housing with high service intensity
Follow-Up Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
</table>
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | place: ____________________________
|                                                                         | time: __:___ or Night |
| Is there a phone number and/or email where someone can get in touch with you or leave you a message? | phone: (___) ______ - ____________
|                                                                         | email: ____________________ |
| Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? | ☐ Yes ☐ No ☐ Refused |

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning
Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.
The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

• it is shorter, usually taking less than 7 minutes to complete;
• subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
• medical, substance use, and mental health questions are all refined;
• you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
• the scoring range is slightly different (Don’t worry, we can provide instructions on how these relate to results from Version 1).
Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.
A partial list of continuums of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

**Alabama**
- Parts of Alabama Balance of State
**Arizona**
- Statewide
**California**
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Riverside City & County
- Glendale
- San Luis Obispo County

**Colorado**
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

**Connecticut**
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

**District of Columbia**
- District of Columbia

**Florida**
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

**Georgia**
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- Dekalb County

**Hawaii**
- Honolulu

**Illinois**
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

**Iowa**
- Parts of Iowa Balance of State

**Kansas**
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**Kentucky**
- Louisville/Jefferson County

**Louisiana**
- Lafayette/Acadia
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

**Massachusetts**
- Cape Cod Islands
- Springfield/Holyoke/ Chicopee/Westfield/Hampden County

**Maryland**
- Baltimore City
- Montgomery County

**Maine**
- Statewide

**Michigan**
- Statewide

**Minnesota**
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

**Missouri**
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/ Lee’s Summit/Jackson County
- Parts of Missouri Balance of State

**Mississippi**
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

**North Dakota**
- Statewide

**Nebraska**
- Statewide

**New Mexico**
- Statewide

**Nevada**
- Las Vegas/Clark County

**New York**
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

**Ohio**
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

**Oklahoma**
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

**Pennsylvania**
- Philadelphia
- Lower Marion/Norrisstown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

**Rhode Island**
- Statewide

**South Carolina**
- Statewide
- Charleston/Low Country
- Columbia/Midlands

**Tennessee**
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

**Texas**
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

**Utah**
- Statewide

**Virginia**
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

**Washington**
- Seattle/King County
- Spokane City & County

**Wisconsin**
- Statewide

**Wyoming**
- Wyoming Statewide is in the process of implementing
IE Attachments

I. Quarterly Performance Scorecards
   a. PSH
   b. RRH
   c. TH
   d. Subrecipient
   e. HMIS

II. Local Competition – Independent Review Team Project Scorecards
   a. PH and TH Project Component
   b. HMIS Project Component
   c. SSO-CE Project Component

III. Victim Service Providers – Additional Review
   a. Comparable Database
   b. Exit Survey – Safety Component

IV. Independent Review Team & Rating and Ranking
   a. IRT Application
   b. IRT Description
   c. IRT Agreement
   d. FY18 Rank and Review Policies and Procedures
   e. FY18 Appeals Process
I. Quarterly Performance Scorecards
   a. PSH
   b. RRH
   c. TH
   d. Subrecipient
   e. HMIS
Ending Community Homelessness Coalition (ECHO)
Permanent Supportive Housing (PSH) Continuum of Care Project
Quarterly Self-Scorecard (Rev. 07/11/2018)

Scorecard Summary

<table>
<thead>
<tr>
<th>Rating Category</th>
<th>Maximum Points</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HMIS Data Quality</td>
<td>32</td>
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</tr>
<tr>
<td>2. Project Performance</td>
<td>68</td>
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</tr>
<tr>
<td><strong>Total Points</strong></td>
<td><strong>100</strong></td>
<td><strong>0</strong></td>
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</tbody>
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The purpose of these Scorecards is for Austin/Travis County CoC-funded projects to monitor compliance and performance on a quarterly basis. Scores are generated from reports using ServicePoint, the local HMIS database. Data collected from reports is then entered into the Quarterly Scorecard. Save this as a PDF to submit with your Scorecard. Agencies using a comparable database must provide the CoC HMIS Lead documentation on how all data generated follows and matches the same reporting logic.

1. Overview of HMIS Data Quality Questions
   - HMIS participation and data quality are priorities for both ECHO and the U.S. Department of Housing and Urban Development (HUD). Accurate, complete, and timely data is crucial to determine whether projects are contributing to ending homelessness.

2: Overview of Project Performance Questions
   - Achieving program outcomes is crucial to ensure programs are ending homelessness for their clients.
   - Assessing and monitoring project outcomes is also necessary to understand a program’s rate of success and their contribution to meeting performance goals at the CoC level.
2: Scorecard Comments
► Use this space after completing scorecard to write any comments on your score.

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<tr>
<td>1.1</td>
<td>Data Completeness</td>
<td>The CoC is monitored by HUD for HMIS data quality including completeness. What is the projects' percentage of completed values on all HUD required data elements for the last quarter?</td>
<td>ServicePoint &gt; ART &gt; Public Folder &gt; CoC Project Performance Scorecards &gt; &quot;ECHO HMIS Data Completeness Report Card (CM)&quot; &gt; Tab A - Overall Percentage</td>
<td>Percentage of Completed Values • &gt; 99% → 8 pts • &gt; 97% → 6 pts • &gt; 95% → 3 pts</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>Timely Submission of Data Completeness Reports</td>
<td>A Data Completeness report is due to ECHO on the 10th of each month. Out of the three Data Completeness reports due this quarter, what were the number of timely reports submitted to ECHO?</td>
<td>Refer to emails sent to ECHO HMIS Director for submission dates. Compare submission dates to due dates.</td>
<td>Number of Timely Data Completeness Reports • 3 out of 3 → 6 pts • 2 out of 3 → 4 pts • 1 out of 3 → 2 pts</td>
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<td>1.3</td>
<td><strong>Timely APR Submission</strong></td>
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<td><strong>Scoring Mechanism</strong></td>
<td></td>
<td>6</td>
<td></td>
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<tr>
<td></td>
<td>Timely submission of APRs to HUD is important for the CoC as it impacts its CoC funding. Did your project submit the last applicable APR within the required period, that is within 90 days of the end of your agency's operating year?</td>
<td>To calculate, subtract the Submission Date minus the End of the Operating Year. Attach to the scorecard, a screenshot of the Sage APR submission timestamp for the last submitted APR.</td>
<td><strong>Timely APR Submission</strong>&lt;br&gt;• APR submitted on time → 6 pts&lt;br&gt;• APR not submitted on time → 0 pts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td><strong>Timeliness of Data Entry</strong></td>
<td></td>
<td><strong>Scoring Mechanism</strong></td>
<td></td>
<td>6</td>
<td></td>
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<td></td>
<td>The CoC and CoC-funded projects are monitored by HUD for data quality including timeliness in HMIS. HMIS Policies and Procedures require data to be input within 5 business days of interaction with a client. What % of entry/exits were created in 6 days or less during the reporting period?</td>
<td>To calculate Rate of Timely Data Entry:&lt;br&gt;1. [(# of Start Records in 6 days or less) + (# of Exit Records in 6 days or less)] / 2. [(Total # Start Records) + (Total # Exit Records)]&lt;br&gt;To calculate 1:&lt;br&gt;ServicePoint &gt; Reports &gt; CoC APR &gt; 6e Data Quality: Timeliness &gt; Sum all Start and Exit records created in 6 days or less.&lt;br&gt;To calculate 2:&lt;br&gt;ServicePoint &gt; Reports &gt; CoC APR &gt; 6e Data Quality: Timeliness &gt; Sum all Start and Exit Records</td>
<td><strong>Rate of Timely Data Entry:</strong>&lt;br&gt;• 75% - 100% → 6 pts&lt;br&gt;• 74% - 0% → 0 pts</td>
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<td></td>
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<tr>
<td>1.5</td>
<td><strong>Timeliness of Data Entry: Annual Assessments</strong></td>
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<td>HUD requires CoC-funded projects to do an Annual Assessment no more than 30 days before or after the anniversary of the client’s Project Start Date. What percent of the Annual Assessments that were due during the reporting period were completed on time?</td>
<td>To calculate, subtract the Submission Date minus the End of the Operating Year. Attach to the scorecard, a screenshot of the Sage APR submission timestamp for the last submitted APR.</td>
<td><strong>Percent of Annual Assessments Completed on Time</strong>&lt;br&gt;• 100% → 6 pts&lt;br&gt;• 95-99% → 4 pts&lt;br&gt;• 85-94% → 2 pts</td>
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<td>2:</td>
<td><strong>Project Performance</strong></td>
<td></td>
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<td></td>
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</table>
| 2.1 | Successful Housing Placement (exits or retentions) from PSH             | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0706 - Permanent Housing Placement-Retention Metric 7" > Tab A - Summary > Metric 7b.2 - Current Year Counts Percentage successful exits | Successful Housing Placement from PSH  
• 97-100 % → 12 pts  
• 94-96 % → 8 pts  
• 90-93 % → 4 pt                                                                                                           | 12                  |
| 2.2 | Returns to Homelessness                                                 | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0701 - Exits to Permanent Housing with Return to Homelessness" > Tab A - Summary > Percentage of Returns in 2 Years | Returns to Homelessness  
• 0-4 % → 12 pts  
• 5-9 % → 8 pts  
• 10-15 % → 4 pts                                                                                                         | 12                  |
| 2.3 | Income Growth for Stayers                                               | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0703 - Employment and Income Growth for CoC Funded Projects Metric 4" > Tab A - Summary > Metric 4.3 - Percentage of adults who increased total income | Income Growth for Stayers  
• 81-100 % → 8 pts  
• 61-80 % → 5 pts  
• 40-60 % → 3 pt                                                                                                         | 8                   |
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| 2.4 | Income Growth for Leavers | Improving someone's access to financial resources is crucial to reducing the person's vulnerability to homelessness. HUD is encouraging CoCs, through the NOFA and System Performance Measures, to increase program participants' income. What is the percentage of adults who increased total income (earned and non-employment) over the quarter? | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0703 - Employment and Income Growth for CoC Funded Projects Metric 4" > Tab A - Summary > Metric 4.6 - Percentage of adults who increased total income | Income Growth for Leavers  
• 91-100 % → 8 pts  
• 81-90 % → 5 pts  
• 71-80 % → 3 pt | 8 |

| 2.5 | Bed Utilization Rate | Bed utilization is important to ensure we are fully utilizing our inventory. The CoC and individual projects are scored by HUD on this measure in the NOFA, with CoCs that have less than 85% bed utilization not receiving any points. What is the project's average bed utilization rate for the reporting period? | Bed utilization rate = 1. [Average persons served per night] / 2. [the "total beds" reported in the Project Application]  
To calculate 1: ServicePoint > Reports (not ART) > CoC APR > 7b - Point in Time Count of Persons on the Last Wednesday > Average the four point in times together to calculate the average number served > (January + April + July + October) / 4 = Average Served  
2. "Total Beds" is the number of beds in the project’s most recent Project Renewal Application to HUD. ECHO can provide you with this number if you need it. | Bed Utilization Rate  
• 96-100 % → 8 pts  
• 91-95 % → 5 pts  
• 85-90 % → 3 pts | 8 |
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| 2.6| **Coordinated Assessment (CA) Clients:** Per 24 CFR 578.(a)(8), CoCs must establish and operate either a coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The purpose is to allocate assistance as effectively as possible, prioritizing services to those that need it the most. What was the percentage of new clients that were accepted into the project that had completed Coordinated Assessment? | ServicePoint > ART > Public Folder > ART ECHO Data Quality (Report Cards) > "ECHO HMIS New Clients CA Complete" | Percentage of CA Clients:  
• 90-100% → 12 pts  
• ≤89% → 0 pts | 12 |
| 2.7| **Low-barrier admission policies**  
Low barrier admission policies are important to prevent screening out people for assistance because of perceived barriers to housing or services. Housing First practices are a requirement of all HUD CoC-funding recipients. The four components are:  
**Income:** Are participants screened out based on having too little or no income?  
**Substance Use:** Are participants screened out based on an active or history of substance use?  
**Criminal Record:** Are participants screened out based on having a criminal record - with exceptions for HUD-mandated restrictions?  
**Domestic Violence:** Are participants screened out based on history of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)? | Refer to your housing program eligibility criteria-policies and procedures & answer accordingly. Please attach a copy of the program policy to this scorecard, indicating page where criteria is outlined. | Low-barrier admission policies  
• Program does not screen out on any of the criteria → 8 pts  
• Program screens out on any combination of the criteria → 0 pts | 8 |
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<td></td>
<td>Total for Section 2</td>
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ENDING COMMUNITY HOMELESSNESS COALITION (ECHO)
RAPID REHOUSING HOUSING (RRH) CONTINUUM OF CARE PROJECT
QUARTERLY SELF-SCORECARD (Rev. 07/11/2018)

REPORTING PERIOD: 01/01/2016 - 12/31/2016

Scorecard Summary

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The purpose of these Scorecards is for Austin/Travis County CoC-funded projects monitor compliance and performance on a quarterly basis. Scores are generated from reports using ServicePoint, the local HMIS database. Data collected from reports is then entered into the Quarterly Scorecard. Save this as a PDF to submit with your Scorecard. Agencies using a comparable database must provide the CoC HMIS Lead documentation on how all data generated follows and matches the same reporting logic.

1. Overview of HMIS Data Quality Questions
   ► HMIS participation and data quality are priorities for both ECHO and the U.S. Department of Housing and Urban Development (HUD). Accurate, complete and timely data is crucial to determine whether projects are contributing to ending homelessness.

2. Overview of Project Performance Questions
   ► Achieving program outcomes is crucial to ensure programs are ending homelessness for their clients.
   ► Assessing and monitoring project outcomes is also necessary to understand a program's rate of success and their contribution to meeting performance goals at the CoC level.
## 1: HMIS Data Quality

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</table>
|   | **1.1 Data Completeness** | The CoC is monitored by HUD for HMIS data quality including completeness. What is the projects’ percentage of completed values on all HUD required data elements for the last quarter? | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "ECH0 HMIS Data Completeness Report Card (CM)" > Tab A - Overall Percentage | **Percentage of Completed Values**  
  • > 99% → 8 pts  
  • > 97% → 6 pts  
  • > 95% → 3 pts | **8** | **8** |
|   | **1.2 Timely Submission of Data Completeness Reports** | A Data Completeness report is due to ECHO on the 10th of each month. Out of the three Data Completeness reports due this quarter, what were the number of timely reports submitted to ECHO? | Refer to emails sent to ECHO HMIS Director for submission dates. Compare submission dates to due dates. | **Number of Timely Data Completeness Reports**  
  • 3 out of 3 → 6 pts  
  • 2 out of 3 → 4 pts  
  • 1 out of 3 → 2 pts | **6** | **6** |

---

**2: Scorecard Comments**

► Use this space after completing scorecard to write any comments on your score.
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<td>1.3</td>
<td><strong>Timely APR Submission</strong>&lt;br&gt;Timely submission of APRs to HUD is important for the CoC as it impacts its CoC funding.&lt;br&gt;<strong>Did your project submit the last applicable APR within the required period, that is within 90 days of the end of your agency’s operating year?</strong></td>
<td>To calculate, subtract the <em>Submission Date</em> minus the <em>End of the Operating Year</em>&lt;br&gt;Attach to the scorecard, a screenshot of the Sage APR submission timestamp for the last submitted APR.</td>
<td><strong>Timely APR Submission</strong>&lt;br&gt;• APR submitted on time → 6 pts&lt;br&gt;• APR not submitted on time → 0 pts</td>
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<td>1.4</td>
<td><strong>Timeliness of Data Entry</strong>&lt;br&gt;The CoC and CoC-funded projects are monitored by HUD for data quality including timeliness in HMIS. HMIS Policies and Procedures require data to be input within 5 business days of interaction with a client.&lt;br&gt;<strong>What % of entry/exits were created in 6 days or less during the reporting period?</strong></td>
<td>To calculate Rate of Timely Data Entry:&lt;br&gt;1. ($#$ of Start Records in 6 days or less) + ($#$ of Exit Records in 6 days or less) / 2. ($#$ of Start Records) + ($#$ of Exit Records)&lt;br&gt;To calculate 1:&lt;br&gt;ServicePoint &gt; Reports &gt; CoC APR &gt; 6e Data Quality: Timeliness &gt; Sum all Start and Exit records created in 6 days or less.&lt;br&gt;To calculate 2:&lt;br&gt;ServicePoint &gt; Reports &gt; CoC APR &gt; 6e Data Quality: Timeliness &gt; Sum all Start and Exit Records</td>
<td><strong>Rate of Timely Data Entry:</strong>&lt;br&gt;• 75% - 100% → 6 pts&lt;br&gt;• 74% - 0% → 0 pts</td>
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<td><strong>Timeliness of Data Entry: Annual Assessments</strong>&lt;br&gt;HUD requires CoC-funded projects to do an Annual Assessment no more than 30 days before or after the anniversary of the client’s Project Start Date.&lt;br&gt;<strong>What percent of the Annual Assessments that were due during the reporting period were completed on time?</strong></td>
<td>ServicePoint &gt; ART &gt; Public Folder &gt; CoC Project Performance Scorecards &gt; &quot;ECHO HMIS - Annual Assessments Calculator - 2018 “ &gt; Calculate the percent of completed annual assessments</td>
<td><strong>Percent of Annual Assessments Completed on Time</strong>&lt;br&gt;• 100% → 6 pts&lt;br&gt;• 95-99% → 4 pts&lt;br&gt;• 85-94% → 2 pts</td>
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**Total HMIS Data Quality** 32 0
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| 2.1| **Successful Housing Placement from RRH**                               | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0706 - Permanent Housing Placement-Retention Metric 7 - v1" > Tab A - Summary > Metric 7b.2 - Current Year Counts Percentage successful exits | Successful Housing Placement from RRH  
• 94-100 % → 12 pts  
• 87-93 % → 8 pts  
• 80-86 % → 4 pt | 12       |               |
| 2.2| **Returns to Homelessness**                                             | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0701 - Exits to Permanent Housing with Return to Homelessness" > Tab A - Summary > Percentage of Returns in 2 Years | Returns to Homelessness  
• 0-4 % → 12 pts  
• 5-9 % → 8 pts  
• 10-15 % → 4 pts | 12       |               |
| 2.3| **Income Growth for Stayers**                                           | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0703 - Employment and Income Growth for CoC Funded Projects Metric 4" > Tab A - Summary > Metric 4.3 - Percentage of adults who increased total income | Income Growth for Stayers  
• 81-100 % → 8 pts  
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<td><strong>Income Growth for Leavers</strong>&lt;br&gt;Improving someone’s access to financial resources is crucial to reducing the person’s vulnerability to homelessness. HUD is encouraging CoCs, through the NOFA and System Performance Measures, to increase program participants’ income.</td>
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<td><em>Income Growth for Leavers</em>&lt;br&gt;• 91-100 % → 8 pts&lt;br&gt;• 81-90 % → 5 pts&lt;br&gt;• 71-80 % → 3 pt</td>
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<td></td>
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**What is the percentage of adults who increased total income (earned and non-employment) over the quarter?**

2.5 **Bed Utilization Rate**<br>Bed utilization is important to ensure we are fully utilizing our inventory. The CoC and individual projects are scored by HUD on this measure in the NOFA, with CoCs that have less than 85% bed utilization not receiving any points.<br><br>**What is the project’s average bed utilization rate for the reporting period?**

Bed utilization rate =

1. [Average persons served per night] / 2. [the "total beds" reported in the Housing Inventory Count]

To calculate 1:
ServicePoint > Reports (not ART) > CoC APR > 7b - Point in Time Count of Persons on the Last Wednesday > Average the four point in times together to calculate the average number served > (January + April + July + October) / 4 = Average Served

2. "Total Beds" is the number of beds in the project’s most recent Project Renewal Application to HUD. ECHO can provide you with this number if you need it.

Bed Utilization Rate
• 96-100 % → 8 pts<br>• 91-95 % → 5 pts<br>• 85-90 % → 3 pts

8
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- 90-100% → 12 pts  
- ≤89% → 0 pts | 12 |              |
| 2.7 | **Low-barrier admission policies**  
Low barrier admission policies are important to prevent screening out people for assistance because of perceived barriers to housing or services. Housing First practices are a requirement of all HUD CoC-funding recipients. The four components are:  
*Income:* Are participants screened out based on having too little or no income?  
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*Criminal Record:* Are participants screened out based on having a criminal record - with exceptions for HUD-mandated restrictions?  
*Domestic Violence:* Are participants screened out based on history of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)? | Refer to your housing program eligibility criteria-policies and procedures & answer accordingly. Please attach a copy of the program policy to this scorecard, indicating page where criteria is outlined. | Low-barrier admission policies  
- Program does not screen out on any of the criteria → 8 pts  
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<td>Total for Section 2</td>
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Ending Community Homelessness Coalition (ECHO)
Transitional Housing (TH) Continuum of Care Project
Quarterly Self-Scorecard (Rev. 07/11/2018)

AGENCY NAME:

PROJECT NAME:

REPORTING PERIOD: 10/01/2016 - 9/30/2017

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</tr>
<tr>
<td>2. Project Performance</td>
<td>68</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td><strong>100</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

The purpose of these Scorecards is for Austin/Travis County CoC-funded projects monitor compliance and performance on a quarterly basis. Scores are generated from reports using ServicePoint, the local HMIS database. Data collected from reports is then entered into the Quarterly Scorecard. Save this as a PDF to submit with your Scorecard. Agencies using a comparable database must provide the CoC HMIS Lead documentation on how all data generated follows and matches the same reporting logic.

1. Overview of HMIS Data Quality Questions
   - HMIS participation and data quality are priorities for both ECHO and the U.S. Department of Housing and Urban Development (HUD). Accurate, complete and timely data is crucial to determine whether projects are contributing to ending homelessness.

2: Overview of Project Performance Questions
   - Achieving program outcomes is crucial to ensure programs are ending homelessness for their clients.
   - Assessing and monitoring project outcomes is also necessary to understand a program's rate of success and their contribution to meeting performance goals at the CoC level.
### 1: HMIS Data Quality

<table>
<thead>
<tr>
<th>#</th>
<th>Overview</th>
<th>Where to find information?</th>
<th>PROJECT ANSWER</th>
<th>Scoring Mechanism</th>
<th>Maximum Possible Pts</th>
<th>PROJECT SCORE</th>
</tr>
</thead>
</table>
| 1.1 | Data Completeness | The CoC is monitored by HUD for HMIS data quality including completeness. **What is the projects' percentage of completed values on all HUD required data elements for the last quarter?** | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "ECHO HMIS Data Completeness Report Card (CM)" > Tab A - Overall Percentage | **Percentage of Completed Values**  
• > 99% → 8 pts  
• > 97% → 6 pts  
• > 95% → 3 pts | 8 |

| 1.2 | Timely Submission of Data Completeness Reports | A Data Completeness report is due to ECHO on the 10th of each month. **Out of the three Data Completeness reports due this quarter, what were the number of timely reports submitted to ECHO?** | Refer to emails sent to ECHO HMIS Director for submission dates. Compare submission dates to due dates. | **Number of Timely Data Completeness Reports**  
• 3 out of 3 → 6 pts  
• 2 out of 3 → 4 pts  
• 1 out of 3 → 2 pts | 6 |

**2: Scorecard Comments**

- Use this space after completing scorecard to write any comments on your score.
<table>
<thead>
<tr>
<th>#</th>
<th>Overview</th>
<th>Where to find information?</th>
<th>Scoring Mechanism</th>
<th>Maximum Possible Pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3</td>
<td><strong>Timely APR Submission</strong></td>
<td>To calculate, subtract the Submission Date minus the End of the Operating Year</td>
<td><em>Timely APR Submission</em></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Requires the CoC to submit APRs on time to minimize the risk of funding</td>
<td>Attach to the scorecard, a screenshot of the Sage APR submission timestamp for the</td>
<td>• APR submitted on time → 6 pts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>delays</td>
<td>last submitted APR.</td>
<td>• APR not submitted on time → 0 pts</td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td><strong>Timeliness of Data Entry</strong></td>
<td>To calculate Rate of Timely Data Entry:</td>
<td><em>Rate of Timely Data Entry:</em></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Requires the CoC and its submitters to enter data in a timely</td>
<td>1. [\left(\text{# of Start Records in 6 days or less}\right) + \left(\text{# of Exit Records in 6 days or less}\right)] / \left(\text{Total # Start Records}\right) + \left(\text{Total # Exit Records}\right)</td>
<td>• 75% - 100% → 6 pts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>manner to ensure data is of high quality</td>
<td></td>
<td>• 74% - 0% → 0 pts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Required by HUD for data quality</td>
<td>To calculate 1: ServicePoint &gt; Reports &gt; CoC APR &gt; 6e Data Quality: Timeliness &gt; Sum all Start and Exit records created in 6 days or less.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To calculate 2: ServicePoint &gt; Reports &gt; CoC APR &gt; 6e Data Quality: Timeliness &gt; Sum all Start and Exit Records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td><strong>Timeliness of Data Entry: Annual Assessments</strong></td>
<td>ServicePoint &gt; ART &gt; Public Folder &gt; CoC Project Performance Scorecards &gt; &quot;ECHO HMIS - Annual Assessments Calculator - 2018&quot; &gt; Calculate the percent of completed annual assessments</td>
<td><em>Percent of Annual Assessments Completed on Time</em></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>HUD requires CoC-funded projects to do an Annual Assessment no more</td>
<td></td>
<td>• 100% → 6 pts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>than 30 days before or after the anniversary of the client’s Project</td>
<td></td>
<td>• 95-99% → 4 pts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Start Date.</td>
<td></td>
<td>• 85-94% → 2 pts</td>
<td></td>
</tr>
</tbody>
</table>

**Total HMIS Data Quality** 32 0
<table>
<thead>
<tr>
<th>#</th>
<th>Overview</th>
<th>Where to find information</th>
<th>Scoring Mechanism</th>
<th>Maximum Possible Pts</th>
<th>PROJECT SCORE</th>
</tr>
</thead>
</table>
| 2.1| **Successful Housing Placement from Project**                            | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0706 - Permanent Housing Placement-Retention Metric 7 - v1" > Tab A - Summary > Metric 7b.1 - Current Year Counts | Successful Housing Placement from TH  
- 97-100 % → 12 pts  
- 94-96 % → 8 pts  
- 90-93 % → 4 pt | 12       |               |
|    | **What is the percentage of successful exits from the project?**          |                                                                                          |                                                                                   |                      |               |
| 2.2| **Returns to Homelessness**                                              | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0701 - Exits to Permanent Housing with Return to Homelessness" > Tab A - Summary > Percentage of Returns in 2 Years | Returns to Homelessness  
- 0-4 % → 12 pts  
- 5-9 % → 8 pts  
- 10-15 % → 4 pts | 12       |               |
|    | **What is the percentage of persons returning to homelessness within 24 months of exiting to permanent housing?** |                                                                                          |                                                                                   |                      |               |
| 2.3| **Income Growth for Stayers**                                            | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0703 - Employment and Income Growth for CoC Funded Projects Metric 4" > Tab A - Summary > Metric 4.3 - Percentage of adults who increased total income | Income Growth for Stayers  
- 81-100 % → 8 pts  
- 61-80 % → 5 pts  
- 40-60 % → 3 pt | 8        |               |
<p>|    | <strong>What is the percentage of adults who increased total income (earned and non-employment) over the reporting period?</strong> |                                                                                          |                                                                                   |                      |               |</p>
<table>
<thead>
<tr>
<th>#</th>
<th>Overview</th>
<th>Where to find information?</th>
<th>PROJECT ANSWER</th>
<th>Scoring Mechanism</th>
<th>Maximum Possible Pts</th>
<th>PROJECT SCORE</th>
</tr>
</thead>
</table>
| 2.4 | **Income Growth for Leavers**  
Improving someone’s access to financial resources is crucial to reducing the person’s vulnerability to homelessness. HUD is encouraging CoCs, through the NOFA and System Performance Measures, to increase program participants’ income.  
*What is the percentage of adults who increased total income (earned and non-employment) over the quarter?* | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0703 - Employment and Income Growth for CoC Funded Projects Metric 4" > Tab A - Summary > Metric 4.6 - Percentage of adults who increased total income | **Income Growth for Leavers**  
- 91-100 % → 8 pts  
- 81-90 % → 5 pts  
- 71-80 % → 3 pt | 8 |
| 2.5 | **Bed Utilization Rate**  
Bed utilization is important to ensure we are fully utilizing our inventory. The CoC and individual projects are scored by HUD on this measure in the NOFA, with CoCs that have less than 85% bed utilization not receiving any points.  
*What is the project’s average bed utilization rate for the reporting period?* | Bed utilization rate =  
1. \[\text{Average persons served per night}\] /  
2. \[\text{the "total beds" reported in the Project Application}\]  
To calculate 1:  
ServicePoint > Reports (not ART) > CoC APR > 7b - Point in Time Count of Persons on the Last Wednesday > Average the four point in times together to calculate the average number served > (January + April + July + October) / 4 = Average Served  
2. "Total Beds" is the number of beds in the project’s most recent Project Renewal Application to HUD. ECHO can provide you with this number if you need it. | **Bed Utilization Rate**  
- 96-100 % → 8 pts  
- 91-95 % → 5 pts  
- 85-90 % → 3 pts | 8 |
<table>
<thead>
<tr>
<th>#</th>
<th>Overview</th>
<th>Where to find information?</th>
<th>PROJECT ANSWER</th>
<th>Scoring Mechanism</th>
<th>Maximum Possible Pts</th>
<th>PROJECT SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6</td>
<td>Coordinated Assessment (CA) Clients: Per 24 CFR 578.(a)(8), CoCs must establish and operate either a coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The purpose is to allocate assistance as effective as possible, prioritizing services to those that need it the most. <strong>What was the percentage of new clients that were accepted into the project that had completed Coordinated Assessment?</strong></td>
<td>ServicePoint &gt; ART &gt; Public Folder &gt; CoC Project Performance Scorecards &gt; &quot;ECHO HMIS New Clients CA Complete&quot;</td>
<td>X / X = X%</td>
<td>Percentage of CA Clients: • 90-100% → 12 pts • ≤89% → 0 pts</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Low-barrier admission policies Low barrier admission policies are important to prevent screening out people for assistance because of perceived barriers to housing or services. Housing First practices are a requirement of all HUD CoC-funding recipients. The four components are: <strong>Income:</strong> Are participants screened out based on having too little or no income? <strong>Substance Use:</strong> Are participants screened out based on an active or history of substance use? <strong>Criminal Record:</strong> Are participants screened out based on having a criminal record - with exceptions for HUD-mandated restrictions? <strong>Domestic Violence:</strong> Are participants screened out based on history of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)?</td>
<td>Refer to your housing program eligibility criteria-policies and procedures &amp; answer accordingly. Please attach a copy of the program policy to this scorecard, indicating page where criteria is outlined.</td>
<td></td>
<td>Low-barrier admission policies • Program does not screen out on any of the criteria → 8 pts • Program screens out on any combination of the criteria → 0 pts</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>
# Overview Where to find information? TSA Response SAFE Response

## Project Scoring Mechanism

<table>
<thead>
<tr>
<th>Rating Category</th>
<th>Maximum Points</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HMIS Data Quality</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>2. Project Performance</td>
<td>68</td>
<td>60</td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td><strong>100</strong></td>
<td><strong>92</strong></td>
</tr>
</tbody>
</table>

### 1. Overview of HMIS Data Quality Questions
- HMIS participation and data quality are priorities for both ECHO and the U.S. Department of Housing and Urban Development (HUD). Accurate, complete and timely data is crucial to determine whether projects are contributing to ending homelessness.

### 2. Overview of Project Performance Questions
- Achieving program outcomes is crucial to ensure programs are ending homelessness for their clients.
- Assessing and monitoring project outcomes is also necessary to understand a program’s rate of success and their contribution to meeting performance goals at the CoC level.

### 3. Scorecard Comments
- Use this space after completing scorecard to write any comments on your score.

---

### #1: HMIS Data Quality

- **ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > “ECHO HMIS Data Completeness Report Card (CM)” > Tab A - Overall Percentage**

<table>
<thead>
<tr>
<th>Unduplicated Client Count</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>100%</td>
</tr>
</tbody>
</table>

- **Data Completeness**
  - What is the projects’ percentage of completed values on all HUD required data elements for the last quarter?

<table>
<thead>
<tr>
<th>#</th>
<th>Overview</th>
<th>Where to find information?</th>
<th>TSA Response</th>
<th>SAFE Response</th>
<th>Project Answer</th>
<th>Scoring Mechanism</th>
<th>Maximum Possible Pts</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Data Completeness</td>
<td>What is the projects’ percentage of completed values on all HUD required data elements for the last quarter?</td>
<td>ServicePoint &gt; ART &gt; Public Folder &gt; CoC Project Performance Scorecards &gt; “ECHO HMIS Data Completeness Report Card (CM)” &gt; Tab A - Overall Percentage</td>
<td>Unduplicated Client Count</td>
<td>25</td>
<td>55</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

- **Scorecard Comments**
  - Use this space after completing scorecard to write any comments on your score.

---

# Ending Community Homelessness Coalition (ECHO)
Rapid Rehousing (RRH) Continuum of Care Project
Quarterly Self-Scorecard (Rev. 11/06/2017)

---

Agency Name: The Salvation Army and SAFE Alliance
Project Name: Passages II Rapid Rehousing Collaboration
Reporting Period: 4/1/2017-3/31/2018

---

End of document.
<table>
<thead>
<tr>
<th>#</th>
<th>Overview</th>
<th>Where to find information?</th>
<th>TSA Response</th>
<th>SAFE Response</th>
<th>Project Answer</th>
<th>Scoring Mechanism</th>
<th>Maximum Possible Pts</th>
<th>Project Score</th>
</tr>
</thead>
</table>
| 1.2| Timely Submission of Data Completeness Reports                          | Out of the three Data Completeness reports due this quarter, what were the number of timely reports submitted to ECHO? | 3            | N/A           | 3/3            | • 3 out of 3 → 6 pts  
• 2 out of 3 → 4 pts  
• 1 out of 3 → 2 pts                                                                 | 6                    | 6             |
| 1.3| Timely APR Submission                                                    | Did your project submit the last applicable APR within 90 days of the end of your agency's operating year? | Yes          | N/A           | Yes            | • APR submitted on time → 6 pts  
• APR not submitted on time → 0 pts                                                                                              | 6                    | 6             |
| 1.4| Timeliness of Data Entry                                                 | What is the average lag time for entering entry / exit data into ServicePoint for the last quarter? | Unduplicated Client Count | Average Lag Time (days) | 4.00 | • 0-5 days → 6 pts  
• 6+ days → 0 pts                                                                                                                  | 6                    | 6             |
| 1.5| Timeliness of Data Entry: Annual Assessments                             | What is the average lag time for completing Annual Assessments in the reporting period?    | Clients with Annual Assessments | Average Lag Time (days) | 22.44 | • ≤ 30 days → 6 pts  
• 31+ days → 0 pts                                                                                                                 | 6                    | 6             |

**Total HMIS Data Quality**: 32

### 2: Project Performance

#### 2.1 Successful Housing Placement from RRH

What is the percentage of persons that exited to a permanent housing destination?

- Total Clients who exited: 100%
- Clients who exited to Permanent Destinations: 5

#### 2.2 Returns to Homelessness

What is the percentage of persons returning to homelessness within 24 months of exiting to permanent housing?

- Total Clients who exited to Permanent Destinations: 10.00%
- Percentage of returns in 2 years: 5.00% - 20.00%

#### 2.3 Income Growth for Stayers

What is the percentage of adults who increased total income (earnings and non-employment) over the reporting period?

- Number of Adults (System Stayers): 93%
  - Number of Adults with Increased Total Income: 8
  - Percentage of increase: 81-100% → 8 pts  
  - 61-80% → 5 pts  
  - 40-60% → 3 pts
<table>
<thead>
<tr>
<th>#</th>
<th>Overview</th>
<th>Where to find information?</th>
<th>TSA Response</th>
<th>SAFE Response</th>
<th>Project Answer</th>
<th>Scoring Mechanism</th>
<th>Maximum Possible Pts</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4</td>
<td>Income Growth for Leavers</td>
<td>ServicePoint &gt; ART &gt; CoC Project Performance Scorecards &gt; &quot;0703 - Employment and Income Growth for CoC Funded Projects Metric 4&quot; &gt; Tab A - Summary &gt; Metric 4.4, Current Year Counts</td>
<td>Number of Adults (System Leavers)</td>
<td>Number of Adults with Increased Total Income</td>
<td>20</td>
<td>93% • 91-100% → 8 pts • 81-90% → 5 pts • 71-80% → 3 pts</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>2.5</td>
<td>Bed Utilization Rate</td>
<td>ServicePoint &gt; ART &gt; Reports (not ART) &gt; CoC APR &gt; 7b - Point in Time Count of Persons on the Last Wednesday &gt; (January + April + July+ October) / 4</td>
<td>Average Persons Served Per Night</td>
<td>Average Persons Served Per Night</td>
<td>25</td>
<td>107% • 96-100% → 8 pts • 91-95% → 5 pts • 85-90% → 3 pts</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>2.6</td>
<td>Coordinated Assessment (CA) Clients:</td>
<td>ServicePoint &gt; ART &gt; Public Folder &gt; ART ECHO Data Quality (Report Cards) &gt; &quot;ECHO HMIS New Clients CA Complete&quot;</td>
<td>Total New</td>
<td>Total New CA</td>
<td>25</td>
<td>99% • 90-100% → 12 pts • ≤89% → 0 pts</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>2.7</td>
<td>Low-barrier admission policies</td>
<td>Refer to your housing program eligibility criteria-policies and procedures &amp; answer accordingly. Please attach a copy of the program policy to this scorecard, indicating page where criteria is outlined.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>• Program does not screen out on any of the criteria → 8 pts • Program screens out on any combination of the criteria → 0 pts</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

|                      | Total for Project Performance                     | 68                                              | 60                                    |
Agency Name: ECHO  
Project Name: HMIS  
Reporting Period:  

Scorecard Summary

<table>
<thead>
<tr>
<th>Rating Category</th>
<th>Maximum Points</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Planning and Sustainability</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2. HMIS Functionality</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>3. Governance, Management, and Operations</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>4. Policies and Procedures</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>5. Training and Support</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>6. Reporting</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

Scorecard Comments:

➢ Use this space after completing scorecard to write any comments on your score.
1. Planning and Sustainability: 10 Points

1. Did the HMIS Lead Agency submit the HMIS APR within 90 days of the end of the operating year?
   a. Yes (2.5 points)
   b. No (0 points)

   Instructions: Attach screenshot of e-snaps submission date. Attached this quarter (submitted 06/19/2017 - late)

2. Did the HMIS Lead Agency have any unresolved HUD monitoring findings concerning any previous grant term related to the most recent renewal project request?
   a. No (2.5 points)
   b. Yes (0 points)

   Instructions: If yes, please explain.

3. Has the HMIS Lead Agency maintained consistent Quarterly Drawdowns for the most recent grant term?
   a. Yes (2.5 points)
   b. No (0 points)

   Instructions: If no, please explain.

4. Have any funds been recaptured by HUD for the most recently expired grant term?
   a. No (2.5 points)
   b. Yes (0 points)

   Instructions: If yes, please explain.

<table>
<thead>
<tr>
<th>Rating Category</th>
<th>Maximum Points</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning and Sustainability</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>
## 2. HMIS Functionality: 10 Points

<table>
<thead>
<tr>
<th>HMIS Function</th>
<th>Does HMIS support this functionality?</th>
<th>Do you use this functionality?</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client intake</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Case management</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Service tracking</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Outreach contacts</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Resource directory</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Online referral</td>
<td>Yes</td>
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<tr>
<td>Project eligibility and screening</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Daily bed register</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Bed utilization report</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Interagency data sharing</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Custom reporting</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>HMIS Functionality (2.5 pts)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUD’s APR</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>ESG CAPER</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>AHAR</td>
<td>Yes</td>
<td>Yes</td>
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</tr>
<tr>
<td>HIC</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Reporting (2.5 pts)</strong></td>
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<tr>
<td>Unduplication management</td>
<td>Yes</td>
<td>Yes</td>
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</tr>
<tr>
<td>Missing values report</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Unduplication quality report</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Data timeliness report</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Data Quality (2.5 pts)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encrypted data transmissions</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Encrypted data storage</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Password rotation</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Password format enforcement</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Lock after inactivity</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Simultaneous access prevention</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Multi-mode or workstation authentication</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Failed login lockout</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Automated disabling of user ids</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Audit logs</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Security (2.5 pts)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Exchange (not req.)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUD HMIS XML Export</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A – Not required</td>
</tr>
<tr>
<td>HUD HMIS CSV Export</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>HMIS XML Import</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>HMIS CSV Import</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Scoring:**
- To receive credit, the HMIS must support each functionality. Divide total points by number supported.
- 11/11 = 2.5 points

**Rating Category**

<table>
<thead>
<tr>
<th>Maximum Points</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
3. Governance, Management, and Operations: 15 Points

**Acronyms**
MOU: Memorandum of Understanding  
CHO: Contributory HMIS Organization

1. What percentage of CHOs have a MOU with the HMIS Lead Agency?
   - a. 100% (3 points)
   - b. 90-99% (2 points)
   - c. 80-89% (1 point)
   - d. <80% (0 points)
   Instructions: If less than 100%, please explain.

2. Does the HMIS Lead Agency maintain an accurate and updated contact list of CHO HMIS Administrators and end users?
   - a. Yes (2.5 points)
   - b. Partial (0 points)
   - c. No (0 points)
   Instructions: If partial or no, please explain.

3. Does the HMIS Lead Agency have an established HMIS Subcommittee?
   - a. Yes (2.5 points)
   - b. Under development (1 point)
   - c. No (0 points)
   Instructions: If yes, how frequently does it meet and who are the members? If no or under development, please explain.

4. Does the HMIS Lead Agency have a process in place to remove HMIS end users who no longer need access to HMIS (e.g. leave their job, fired, etc.)?
   - a. Yes (2.5 points)
   - b. Partial (0 points)
   - c. No (0 points)
   Instructions: If yes, please describe this process. If partial or no, please explain.

5. How long does it take to remove access rights to former HMIS end users?
   - a. Under 24 hours (2.5 points)
   - b. 24-48 hours (2 points)
   - c. 48-72 hours (1 point)
   - d. >72 hours (0 points)

6. Does the HMIS Lead Agency have a defined and transparent process through which amendments and revisions to the HMIS policies and MOU are made?
   - a. Yes (2 points)
   - b. No (0 points)
   Instructions: If yes, please describe this process. If no, please explain.

<table>
<thead>
<tr>
<th>Rating Category</th>
<th>Maximum Points</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance, Management, and Operations</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Policies and Procedures: 15 Points</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Does the HMIS Lead Agency have written policies and procedures, including a Data Quality Assurance Plan, Privacy and Security Plan, that have been approved by the CoC?
   a. Yes (4 points)
   b. Partial (0 points)
   c. No (0 points)

Instructions: If partial or no, please explain.

2. Does the HMIS Lead Agency ensure CHOs are compliant with established HMIS policies and procedures?
   a. Yes (4 points)
   b. Partial (2 points)
   c. No (0 points)

Instructions: If yes, please describe how. If partial or no, please explain.

3. Does the HMIS Lead Agency ensure CHOs are compliant with the HUD HMIS Data and Technical Standards?
   a. Yes (3.5 points)
   b. Partial (1 point)
   c. No (0 points)

Instructions: If yes, please describe how. If partial or no, please explain.

4. Does the HMIS Lead Agency have a formal, written End User Agreement with every end user who has access to the HMIS?
   a. Yes (3.5 points)
   b. Partial (0 points)
   c. No (0 points)

Instructions: If partial or no, please explain.

<table>
<thead>
<tr>
<th>Rating Category</th>
<th>Maximum Points</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies and Procedures</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>
5. Training and Support: 20 Points

1. Does the HMIS Lead Agency provide technical assistance and support to end users?
   a. Yes (3 points)
   b. Partial (1 point)
   c. No (0 points)

   Instructions: If yes, please describe how. If partial or no, please explain.

2. Does the HMIS Lead Agency track and ensure that all HMIS end users receive adequate and complete HMIS training prior to being granted an end user license?
   a. Yes (4 points)
   b. Partial (0 points)
   c. No (0 points)

   Instructions: If yes, please describe how. If partial or no, please explain.

3. Does the HMIS Lead Agency ensure that all active HMIS end users complete annual HMIS Ethics training?
   a. Yes (3 points)
   b. Partial (0 points)
   c. No (0 points)

   Instructions: If yes, please describe how. If partial or no, please explain.

4. Does the HMIS Lead Agency ensure that all CHOs can run their required reports in HMIS?
   a. Yes (3 points)
   b. Partial (1 point)
   c. No (0 points)

   Instructions: If yes, please describe how. If partial or no, please explain.

5. Does the HMIS Lead Agency provide training to cover the following criteria?

   Instructions: Each training type must be offered at a minimum of monthly to receive full points in this section.

<table>
<thead>
<tr>
<th>Training Type (7 points total)</th>
<th>Requirements</th>
<th>Frequency Offered</th>
<th># of users trained in reporting period</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard operating procedures (1 point)</td>
<td>All users</td>
<td>At least monthly</td>
<td>169 (NUT)</td>
<td></td>
</tr>
<tr>
<td>Privacy and client consent policies and procedures (1 point)</td>
<td>All users</td>
<td>At least monthly</td>
<td>419 (NUT+ERT)</td>
<td></td>
</tr>
<tr>
<td>Basic HMIS software features (1 point)</td>
<td>All users</td>
<td>At least monthly</td>
<td>169 (NUT)</td>
<td></td>
</tr>
<tr>
<td>Intermediate / advanced HMIS software features (1 point)</td>
<td>All users</td>
<td>At least monthly</td>
<td>35 (AA+ART)</td>
<td></td>
</tr>
<tr>
<td>Report writing / data analysis (1 point)</td>
<td>Some users</td>
<td>At least monthly</td>
<td>35 (AA+ART)</td>
<td></td>
</tr>
<tr>
<td>System administration training for agency IT staff (1 point)</td>
<td>Some users</td>
<td>At least monthly</td>
<td>35 (AA+ART)</td>
<td></td>
</tr>
<tr>
<td>System security (1 point)</td>
<td>All users</td>
<td>At least monthly</td>
<td>419 (NUT+ERT)</td>
<td></td>
</tr>
<tr>
<td>Rating Category</td>
<td>Maximum Points</td>
<td>Project Score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training and Support</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Reporting: 30 Points

Acronyms
AHAR: Annual Homeless Assessment Report
HIC: Housing Inventory Count
PITC: Point in Time Count
ES: Emergency Shelter
SH: Safe Haven
TH: Transitional Housing
RRH: Rapid Rehousing
PSH: Permanent Supportive Housing
OPH: Other Permanent Housing
SSO: Support Services Only

1. Was the last AHAR submitted on time?
   a. Yes (4 points)
   b. No (0 points)

   Last submission deadline:
   Date of last submission in HUD HDX:

2. Which AHAR tables were accepted and used in the last AHAR by HUD?

<table>
<thead>
<tr>
<th>AHAR Tables - Accepted and Used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

   Scoring (3.5 points total / .25 each):

3. Was the last HIC submitted on time?
   a. Yes (4 points)
   b. No (0 points)

   Last submission deadline:
   Date of last submission in HUD HDX:

4. Was the last PITC data submitted on time?
   a. Yes (4 points)
   b. No (0 points)

   Last submission deadline:
   Date of last submission in HUD HDX

5. What is the HMIS bed coverage rate for all project types (except Domestic Violence)?

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2016 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Average HMIS Bed Coverage Rate (3 points)

   Scoring:
Instructions: If 85% is not achieved, please describe efforts to improve coverage in the last year.

6. What percentage of Universal Data Elements (UDEs) are missing for Residential Projects?

<table>
<thead>
<tr>
<th>Universal Data Elements for Residential Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Element</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>SSN</td>
</tr>
<tr>
<td>DOB</td>
</tr>
<tr>
<td>Race</td>
</tr>
<tr>
<td>Ethnicity</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Veteran Status</td>
</tr>
<tr>
<td>Disabling Condition</td>
</tr>
<tr>
<td>Project Entry Date</td>
</tr>
<tr>
<td>Project Exit Date</td>
</tr>
<tr>
<td>Destination</td>
</tr>
<tr>
<td>Personal ID</td>
</tr>
<tr>
<td>Household ID</td>
</tr>
<tr>
<td>Relationship to HoH</td>
</tr>
<tr>
<td>Client Location</td>
</tr>
<tr>
<td><strong>Total Error Rate</strong></td>
</tr>
<tr>
<td><strong>Completeness Average</strong></td>
</tr>
</tbody>
</table>

Scoring:
- >99%: 3 points
- >97%: 2 points
- >95%: 1 point
- <95%: 0 points

7. What percentage of Universal Data Elements (UDEs) are missing for Street Outreach / SSO?

<table>
<thead>
<tr>
<th>Universal Data Elements for Street Outreach / SSO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Element</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>SSN</td>
</tr>
<tr>
<td>DOB</td>
</tr>
<tr>
<td>Race</td>
</tr>
<tr>
<td>Ethnicity</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Veteran Status</td>
</tr>
<tr>
<td>Disabling Condition</td>
</tr>
<tr>
<td>Project Entry Date</td>
</tr>
<tr>
<td>Project Exit Date</td>
</tr>
<tr>
<td>Destination</td>
</tr>
<tr>
<td>Personal ID</td>
</tr>
<tr>
<td>Household ID</td>
</tr>
<tr>
<td><strong>Total Error Rate</strong></td>
</tr>
<tr>
<td>****</td>
</tr>
</tbody>
</table>
8. How frequently does the HMIS Lead Agency review data quality in HMIS?
   a. Twice monthly (2.5 points)
   b. Monthly (2 points)
   c. Quarterly (1 point)
   d. Annually (0 points)
   e. Never (0 points)

Instructions: Please elaborate and describe how data quality is reviewed.

9. What percentage of Project Descriptor Elements are missing?

<table>
<thead>
<tr>
<th>Data Element</th>
<th>% Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Identifiers</td>
<td></td>
</tr>
<tr>
<td>Project Identifiers</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Code</td>
<td></td>
</tr>
<tr>
<td>Project Type</td>
<td></td>
</tr>
<tr>
<td>Method for Tracking ES Utilization</td>
<td></td>
</tr>
<tr>
<td>Federal Partner Funding Sources</td>
<td></td>
</tr>
<tr>
<td>Bed &amp; Unit Inventory Info</td>
<td></td>
</tr>
<tr>
<td>Site Information (Not applicable – Optional)</td>
<td></td>
</tr>
<tr>
<td>Target Population (Not applicable - Optional)</td>
<td></td>
</tr>
<tr>
<td>Completeness Average</td>
<td></td>
</tr>
</tbody>
</table>

Scoring:
>99%: 3 points
>97%: 2 points
>95%: 1 point
<95%: 0 points

<table>
<thead>
<tr>
<th>Rating Category</th>
<th>Maximum Points</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting</td>
<td></td>
<td>30</td>
</tr>
</tbody>
</table>
II. Local Competition – Independent Review Team Project Scorecards
   a. PH and TH Project Component
   b. HMIS Project Component
   c. SSO-CE Project Component
## 2018 COC Renewal Permanent Housing and Transitional Housing Scoring Guide

The project component is worth 35% of the overall score or 60 points out of the possible 200 points

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>IRT Member:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Name:</strong></td>
<td><strong>Project Type:</strong></td>
</tr>
<tr>
<td></td>
<td>☐ Permanent Housing (PSH or RRH)</td>
</tr>
<tr>
<td></td>
<td>☐ Transitional Housing</td>
</tr>
</tbody>
</table>

### PROJECT THRESHOLD

<table>
<thead>
<tr>
<th>Threshold: ECHO has reviewed the applicant eligibility criteria and determined that the project applicant meets all criteria to be considered in the FY18 CoC Competition.</th>
<th>10 points</th>
<th>10</th>
</tr>
</thead>
</table>

#### 2A. Recipient Performance

<table>
<thead>
<tr>
<th>SCORING GUIDE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the grant have any unresolved HUD monitoring and/or OIG audit findings concerning any grant term related to this renewal request?</td>
<td>1 pt if No</td>
</tr>
<tr>
<td>2. Has the recipient maintained consistent Quarterly drawdowns for the most recent grant term related to this renewal project</td>
<td>1 pt if yes</td>
</tr>
<tr>
<td>3. Have any funds been recaptured by HUD for the most recently expired grant term related to this renewal request</td>
<td>3 pts if No 1pt if &lt;10% 0 pts if &gt;10% or &gt;$50,000 (whichever is greater)</td>
</tr>
</tbody>
</table>

### 3. Project Description

1. **Narrative:** *Note this counts for 50% of the project component score.* Does the project clearly and concisely provide a description that addresses the entire scope of the project including:
   a) Community Needs (5 pts)
   b) Target population (5 pts)
   c) Plans for addressing the following
      - Housing and supportive services (1 pts)
      - Transportation access (1 pts)
      - How health needs are met (1 pts)
      - Housing first (1 pts)
      - Access to employment or mainstream benefits (1 pts)
   d) Projected outcomes (5 pts)
   e) Coordination with other sources (5 pts)
   f) The reason CoC Program support is required (5 pts)

Maximum 30 points

<p>| 2. Does the project quickly move participants into permanent housing | 2 pts if yes |
| 3. Do not score | NA |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Do not score</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>5. Does the project follow a Housing First approach? All four boxes in Q3 and Q4 must be checked except for NA</td>
<td></td>
<td>5 pts if yes</td>
</tr>
<tr>
<td>6. Client to case manager ratio</td>
<td></td>
<td>2 pts if = or &lt;12:1 for PSH 2 pts if &lt;= 25:1 for RRH or TH</td>
</tr>
<tr>
<td>6a. Explanation If higher than 12:1 for PSH or 25:1 for RRH or TH</td>
<td></td>
<td>1 pts if have clear expectation as to how the case management needs are met</td>
</tr>
<tr>
<td>4. SUPPORTIVE SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Supportive Services Chart</td>
<td></td>
<td>3 pts if 3 or more “Partners” are used 2 pts if two 1 pts if one (Partner requires MOU or formal agreement)</td>
</tr>
<tr>
<td>2a. Transportation assistance to clients to attend mainstream benefits appointments, employment training, or jobs</td>
<td></td>
<td>1 pt if Yes</td>
</tr>
<tr>
<td>2b. Use a single application for four or more mainstream programs</td>
<td></td>
<td>1 pt if Yes</td>
</tr>
<tr>
<td>2c. Provide at least annual follow ups with participants to ensure mainstream benefits are received and reviewed</td>
<td></td>
<td>1 pt for Yes</td>
</tr>
<tr>
<td>3. Project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency.</td>
<td></td>
<td>1 point for Yes</td>
</tr>
<tr>
<td>3a. The person providing the technical assistance has received SOAR training in the last 24 months</td>
<td></td>
<td>1 point for yes,</td>
</tr>
<tr>
<td>4. What percentage of the program’s recipients are enrolled in health insurance</td>
<td></td>
<td>2 pts if &gt;50%</td>
</tr>
<tr>
<td>4a. List the health organizations with which the project partners</td>
<td></td>
<td>1 pt if one or more listed</td>
</tr>
<tr>
<td>5. What percentage of project participants involuntarily left the program in your last APR</td>
<td></td>
<td>2 pts if &gt;5%</td>
</tr>
<tr>
<td>6. What percentage and total number of project participants come directly from coordinated assessment using CoC prioritization</td>
<td></td>
<td>3 pts if 100%</td>
</tr>
</tbody>
</table>

Project participants, outreach and budget will be reviewed but not scored. Budget should match approved GIW

TOTAL PROJECT APPLICATION SCORE 60 points MAXIMUM

RENEWAL APPLICATION [PH PROJECT COMPONENT] SCORING FORM
### 2018 COC Renewal HMIS Scoring Guide

**The project component is worth 35% of the overall score or 60 points out of the possible 200 points**

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>IRT Member:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Project Type:</td>
</tr>
<tr>
<td></td>
<td>☐ HMIS</td>
</tr>
</tbody>
</table>

#### PROJECT THRESHOLD

**Threshold:** ECHO has reviewed the applicant eligibility criteria and determined that the project applicant meets all criteria to be considered in the FY18 CoC Competition.

<table>
<thead>
<tr>
<th>10 points</th>
<th>10</th>
</tr>
</thead>
</table>

#### 2A. Recipient Performance

<table>
<thead>
<tr>
<th>Score</th>
<th>SCORING GUIDE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the recipient submitted an APR for the most recent grant term</td>
<td>1 pt for Yes</td>
<td></td>
</tr>
<tr>
<td>2. Does the grant have any unresolved HUD monitoring and/or OIG audit findings concerning any grant term related to this renewal request?</td>
<td>2 pts if No</td>
<td></td>
</tr>
<tr>
<td>3. Has the recipient maintained consistent Quarterly drawdowns for the most recent grant term related to this renewal project</td>
<td>2 pt if yes</td>
<td></td>
</tr>
<tr>
<td>4. Have any funds been recaptured by HUD for the most recently expired grant term related to this renewal request</td>
<td>3 pts if No 1pt if &lt;5% of overall award</td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Project Description

**1. Narrative:** Note this counts for 50% of the project component score. Does the project clearly and concisely provide a description that addresses the entire scope of the project including:

   a) **Target population, system used and geographic scope (5 pts)**
   b) **How the following are addressed (10 points)**
      - The process for engaging Community-based organizations with HMIS,
      - The number of organizations and end users. Describe the changes in numbers of organizations or end users in the last two years
      - The staffing structure for HMIS, including whether the staffing structure meets national standards for ratio of staff to end user
      - Number and types of training that were provided in the last grant term
      - Process for receiving and incorporating feedback from end users. Identify any program changes that have been made based on this feedback
   c) **Projected outcomes (10 points)**
   d) **Types of reports (5 points)**

Maximum 30 points
### 4. HMIS STANDARDS

1. **Is the HMIS currently programmed to collect all Universal Data Elements (UDE’s) as set forth in the HMIS Data Standard Notice?** If no, provide an explanation in 500 words or fewer.  
   - 2 points if yes

2. **Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting?** (i.e., Annual Performance Reports, Annual Homeless Assessment table shells, and data for CAPER/ESG reporting, etc) If no, provide an explanation in 500 words or fewer.  
   - 2 points if yes

3. **Can the HMIS currently search client records to determine if a client is actively receiving services in the CoC?**  
   - 2 pts if yes

4. **Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?**  
   - 2 pts if yes

5. **Does the HMIS Lead have a security officer?**  
   - 2 pts if yes

6. **Does your organization conduct a background check on all employees who access HMIS or view HMIS data?**  
   - 2 pts if yes

7. **Does the HMIS Lead conduct Security Training and follow up on security standards on a regular basis?**  
   - 2 pts if yes

8. **Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)**  
   - 2 pts if yes

9. **How long does it take to remove access rights to former HMIS users?**  
   - 2 pts if = or < 24 hours  
     1 pt if = or < 48 hours

10. **Does the HMIS leader have current MOU’s with every CoC provider agency?**  
    - 2 pts if Yes

11. **Does the HMIS lead agency have resources and accommodations that capture data that identifies clients with specialized resource needs such as physical, cognitive, or behavioral disabilities and provide reasonable accommodations for clients with linguistic and/or cultural challenges.**  
    - 2 pts for yes

---

**Project budget will be reviewed but not scored. It should match approved GiW**

**TOTAL PROJECT APPLICATION SCORE 60 points MAXIMUM**

---

RENEWAL APPLICATION [PH PROJECT COMPONENT] SCORING FORM
## 2018 COC New Project Scoring Guide

The project component is worth 100% of the overall score or 200 points out of the possible 200 points. In addition to the scoring, community ranking priorities, cost effectiveness and prior CoC performance, if applicable, will be considered in the final ranking.

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>IRT Member:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Project Type:</td>
</tr>
<tr>
<td>Is application for:</td>
<td></td>
</tr>
<tr>
<td>☐ Reallocation</td>
<td>☐ Bonus Funding</td>
</tr>
</tbody>
</table>

### 2B. EXPERIENCE OF APPLICANT

#### Threshold: ECHO has reviewed the applicant eligibility criteria and determined that the project applicant meets all criteria to be considered in the FY18 CoC Competition.

<table>
<thead>
<tr>
<th>SCORING GUIDE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 points</td>
<td>10</td>
</tr>
</tbody>
</table>

1. **Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.** Must provide concrete examples of:
   - worked with and addressed the target population’s identified housing and supportive service needs;
   - developed and implemented relevant program systems, services, and/or residential property construction and rehabilitation;
   - identifying and securing matching funds from a variety of sources; and
   - managing basic organization operations including financial accounting systems.

   **Max 20 points**

2. **Describe the experience of the applicant and potential sub-recipients (if any) in leveraging other Federal, State, local, and private sector funds.**

   **Max 10 points**

3. **Describe the basic organization and management structure of the applicant and sub-recipients (if any).** Include evidence of internal and external coordination and an adequate financial accounting system.

   **Max 10 points**
3. **Project Description**

1. **Narrative:** Note this counts for 50% of the project component score. Does the project clearly and concisely provide a description that addresses the entire scope of the project including:
   a) Coordinated Entry Needs (25 pts)
   b) Projected outcomes (25 points)
   c) Coordination with other sources or partners (25 points)
   d) Reason CoC support is required (25 pts)

   Maximum 100 points

2. **Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.** (Demonstrate how full capacity will be achieved over the term requested in this application. Must be able to begin assistance within 12 months of conditional award)

   5 pts if will operate in 12 months of award

3. **Identify the specific sub-population?**

   5 points if sub-populations selected

4. a. Does the project cover the CoC’s entire geographic area?

   5 pts if yes

   b. Housing First: Will the project be easily accessible to both individuals and families with the highest barriers and include affirmative fair housing strategies?

   5 pts if yes

   c. Will the project have an advertising strategy to reach those with the highest barriers?

   Max 15 pts

   d. Will the project use a comprehensive, standardized assessment process?

   5 pts if yes

   e. Will the project have a process that ensures that participants are directed to appropriate housing and/or services?

   Max 15 pts

   f. Will the CE process include differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons at Risk of Homelessness?

   5 If yes

3C, 6F, 6I, 6J need to be completed but will not be scored
Project participants, outreach and budget will be reviewed for reasonableness but not scored. Budget costs should be in line with other similar projects. Must meet 25% match requirement for all line items except leasing.

TOTAL PROJECT APPLICATION SCORE 200 points MAXIMUM
III. Victim Service Providers – Additional Review
   a. Comparable Database
   b. Exit Survey – Safety Component
Comparable Database for VSPs

Ending Community Homelessness Coalition (ECHO)
Transitional Housing (TH) Continuum of Care Project
Quarterly Self-Scorecard (Rev. 07/11/2018)

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT NAME</td>
<td></td>
</tr>
<tr>
<td>REPORTING PERIOD</td>
<td>10/01/2016 - 9/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating Category</th>
<th>Maximum Points</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HMIS Data Quality</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>2. Project Performance</td>
<td>68</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td><strong>100</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

The purpose of these Scorecards is for Austin-Travis County CoC funded projects monitor compliance and performance on a quarterly basis. Scores are generated from reports using ServicePoint, the local HMIS database. Data collected from reports is then entered into the Quarterly Scorecard. Save this as a PDF to submit with your Scorecard. Agencies using a comparable database must provide the CoC HMIS Lead documentation on how all data generated follows and matches the same reporting logic.

1. Overview of HMIS Data Quality Questions
   - HMIS participation and data quality are priorities for both ECHO and the U.S. Department of Housing and Urban Development (HUD). Accurate, complete and timely data is crucial to determine whether projects are contributing to ending homelessness.

2. Overview of Project Performance Questions
   - Achieving program outcomes is crucial to ensure programs are ending homelessness for their clients.
   - Assessing and monitoring project outcomes is also necessary to understand a program's rate of success and their contribution to meeting performance goals at the CoC level.
## Overview of Project Performance Questions

Achieving program outcomes is crucial to ensure programs are ending homelessness for their clients. Assessing and monitoring project outcomes is also necessary to understand a program’s rate of success and their contribution to meeting performance goals at the CoC level.

## Scorecard Comments

Use this space after completing scorecard to write any comments on your score. Passages II Rapid Rehousing Collaboration services are provided by two services providers (The Salvation Army and SAFE Alliance). SAFE Alliance is a Victim Service Provider (VSP) covered by the Violence Against Women Act (VAWA) and provides data for this report utilizing an HMIS comparable database (Apricot) already approved by the CoC. The data in this report is a combination of data from the local chosen HMIS database Service Point (Mediware) and local VSP comparable database (Apricot). Agencies utilizing a comparable database must provide the CoC HMIS Lead documentation on how all data generated follows and matches the same reporting logic.

### #1: HMIS Data Quality

What is the projects’ percentage of completed values on all HUD required data elements for the last quarter?

- **ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "ECHO HMIS Data Completeness Report Card (CM)" > Tab A - Overall Percentage**

<table>
<thead>
<tr>
<th>Unduplicated Client Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>100%</td>
</tr>
<tr>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

- **Project Answer**

- 100% > 99% → 8 pts
- 97% > 97% → 6 pts
- 95% > 95% → 3 pts

- **Maximum Possible Pts**

- **Project Score**

- 8
<table>
<thead>
<tr>
<th>#</th>
<th>Overview</th>
<th>Where to find information?</th>
<th>TSA Response</th>
<th>SAFE Response</th>
<th>Project Answer</th>
<th>Scoring Mechanism</th>
<th>Maximum Possible Pts</th>
<th>Project Score</th>
</tr>
</thead>
</table>
| 1.2 | Timely Submission of Data Completeness Reports | Out of the three Data Completeness reports due this quarter, what were the number of timely reports submitted to ECHO? | Refer to emails sent to ECHO HMIS Director for submission dates. Compare submission dates to due dates. | 3 | N/A | 3/3 | • 3 out of 3 → 6 pts  
   • 2 out of 3 → 4 pts  
   • 1 out of 3 → 2 pts | 6 | 6 |
| 1.3 | Timely APR Submission | Did your project submit the last applicable APR within 90 days of the end of your agency’s operating year? | Attach to the scorecard, a screenshot of the Sage APR submission timestamp for the last submitted APR. | Yes | N/A | Yes | • APR submitted on time → 6 pts  
   • APR not submitted on time → 0 pts | 6 | 6 |
| 1.4 | Timeliness of Data Entry | What is the average lag time for entering entry/exit data into ServicePoint for the last quarter? | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "ECHO HMIS - Data Entry Lag Time Report" > Tab: EE Lag Time > Calculate Average of Entry and Exit Lag Times | 4 | 4.00 | 4.00 | • 0-5 days → 6 pts  
   • 6+ days → 0 pts | 6 | 6 |
| 1.5 | Timeliness of Data Entry: Annual Assessments | What is the average lag time for completing Annual Assessments in the reporting period? | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "ECHO HMIS - Annual Assessments Calculator" > Calculate the average time lag for all Annual Assessments | 5 | 4 | 22.44 | • < 30 days → 6 pts  
   • 31+ days → 0 pts | 6 | 6 |

Total HMIS Data Quality 32 32

2: Project Performance

<table>
<thead>
<tr>
<th>#</th>
<th>Overview</th>
<th>Where to find information?</th>
<th>TSA Response</th>
<th>SAFE Response</th>
<th>Project Answer</th>
<th>Scoring Mechanism</th>
<th>Maximum Possible Pts</th>
<th>Project Score</th>
</tr>
</thead>
</table>
| 2.1 | Successful Housing Placement from RRH | What is the percentage of persons that that exited to a permanent housing destination? | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0706 - Permanent Housing Placement-Retention Metric 7 - v1" > Tab A - Summary > Metric 7b.1, Current Year Counts | 5 | 4 | 100% | • 94-100% → 12 pts  
   • 87-93% → 8 pts  
   • 80-86% → 4 pt | 12 | 12 |
| 2.2 | Returns to Homelessness | What is the percentage of persons returning to homelessness within 24 months of exiting to permanent housing? | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0701 - Exits to Permanent Housing with Return to Homelessness" > Tab A | 20 | 10 | 10.00% | • 0-4% → 12 pts  
   • 5-9% → 8 pts  
   • 10-15% → 4 pts | 12 | 4 |
| 2.3 | Income Growth for Stayers | What is the percentage of adults who increased total income (earned and non-employment) over the reporting period? | ServicePoint > ART > Public Folder > CoC Project Performance Scorecards > "0703 - Employment and Income Growth for CoC Funded Projects Metric 4" > Tab A - Summary > Metric 4.3, Current Year Counts | 20 | 10 | 93% | • 81-100% → 8 pts  
   • 61-80% → 5 pts  
   • 40-60% → 3 pt | 8 | 8 |
<table>
<thead>
<tr>
<th>#</th>
<th>Overview</th>
<th>Where to find information?</th>
<th>TSA Response</th>
<th>SAFE Response</th>
<th>Project Answer</th>
<th>Scoring Mechanism</th>
<th>Maximum Possible Pts</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4</td>
<td>Income Growth for Leavers</td>
<td>ServicePoint &gt; ART &gt; Public Folder &gt; CoC Project Performance Scorecards &gt; 0703 - Employment and Income Growth for CoC Funded Projects Metric 4* &gt; Tab A - Summary &gt; Metric 4.4, Current Year Counts</td>
<td>Number of Adults (System Leavers)</td>
<td>Number of Adults with Increased Total Income</td>
<td>Yes</td>
<td>91-100% → 8 pts; 81-90% → 5 pts; 71-80% → 3 pt</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>2.5</td>
<td>Bed Utilization Rate</td>
<td>Average Persons Served Per Night: ServicePoint &gt; Reports (not ART) &gt; CoC APR &gt; 7b - Point in Time Count of Persons on the Last Wednesday &gt; (January + April + July + October) / 4</td>
<td>Average Persons Served Per Night</td>
<td>Total Beds</td>
<td>107%</td>
<td>96-100% → 8 pts; 91-95% → 5 pts; 85-90% → 3 pts</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>2.6</td>
<td>Coordinated Assessment (CA) Clients</td>
<td>ServicePoint &gt; ART &gt; Public Folder &gt; ART ECHO Data Quality (Report Cards) &gt; &quot;ECHO HMIS New Clients CA Complete&quot;</td>
<td>Total New</td>
<td>Total New CA</td>
<td>99%</td>
<td>90-100% → 12 pts; ≤89% → 0 pts</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>2.7</td>
<td>Low-barrier admission policies</td>
<td>Refer to your housing program eligibility criteria-policies and procedures &amp; answer accordingly. Please attach a copy of the program policy to this scorecard, indicating page where criteria is outlined.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Program does not screen out on any of the criteria → 8 pts; Program screens out on any combination of the criteria → 0 pts</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Total for Project Performance: 68/60
Exit Survey Questions (client completes)

Please complete and put in the Survey Box by the front entry of the shelter.

1. Are you staying in Austin?
   Yes    No

2. Are you returning to live with the person who was previously abusive?
   Yes    No

3. Did you apply for any benefits while in shelter (TANF, SSI, CHIP, Medicaid, etc.)?
   Yes    No

4. Did you receive those benefits while in shelter?
   Yes    No

5. Do you feel you have new ideas or strategies for staying safe?
   Yes    No

6. Did your sense of safety increase due to the services provided by staff?
   Yes    No

7. Did your children’s sense of safety increase due to the services provided by staff?
   Yes    No    N/A

8. Did your sense of isolation decrease due to the services provided by the staff?
   Yes    No

9. Do you know more about what is available in the community to help you?
   Yes    No
IV. Independent Review Team & Rating and Ranking
   a. IRT Application
   b. IRT Description
   c. IRT Agreement
   d. FY18 Rank and Review Policies and Procedures
   e. FY18 Appeals Process
Austin/Travis County TX-503 Continuum of Care (CoC) Independent Review Team (IRT)

Purpose: To provide objective review of all local HUD Continuum of Care grant applications and provide preliminary ranking recommendations to the TX-503 ECHO Membership Council for voting approval.

Composition:

<table>
<thead>
<tr>
<th>11 Members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appointed Members (3)</strong></td>
</tr>
<tr>
<td>➢ City of Austin</td>
</tr>
<tr>
<td>➢ Travis County</td>
</tr>
<tr>
<td>➢ United Way for Greater Austin</td>
</tr>
<tr>
<td><strong>Community Members (8)</strong></td>
</tr>
<tr>
<td>Representatives including but not limited to the following categories:</td>
</tr>
<tr>
<td>➢ Criminal Justice</td>
</tr>
<tr>
<td>➢ Faith Community</td>
</tr>
<tr>
<td>➢ Veterans</td>
</tr>
<tr>
<td>➢ Healthcare</td>
</tr>
<tr>
<td>➢ Survivors of Domestic Violence</td>
</tr>
<tr>
<td>➢ Business Community</td>
</tr>
<tr>
<td>➢ Housing Developers</td>
</tr>
<tr>
<td>➢ Youth and Young Adult</td>
</tr>
<tr>
<td>➢ LGBTQ</td>
</tr>
</tbody>
</table>

- Recommend that at least two IRT members have a finance/budgeting background

Community Members & Chair
- Applications for vacant community member slots are accepted once per year and/or as needed and approved by the ECHO Membership Council.
- The IRT Chair will be appointed by the Membership Council to serve one-year terms

Qualifications for Members
- A commitment to the fair and sufficient distribution of HUD CoC funding to local homeless-serving agencies.
- Time to participate in the review of applications and site visits (when they occur).
- Ability to participate in a fair and equitable process without agency or programmatic preferences.
- Ability to participate in a respectful, consensus-driven and problem-solving process.
- Significant knowledge of issues and services related to solutions to homelessness.

TX-503 Austin/Travis County Continuum of Care Independent Review Team Description Rev. May 9, 2018
Individuals who are employees, contractors, or board members of service providers that receive HUD CoC funding are not eligible to serve on the IRT.

Confidentiality: Members will be required to sign the Conflict of Interest and Confidentiality policies annually to help ensure the integrity of the IRT review process.

Tenure: Appointed members are designated by the sponsoring organization with a recommendation that they rotate every three years. Representatives of special populations and community members serve three-year terms, with an annual review of their commitment, and the option to serve two consecutive terms.

Components of IRT for Reviewing and Ranking HUD CoC Applications

- Review Performance Report Card
- Review applications
- Assess project and cost-effectiveness
- Rank based on the above results and Community funding priorities
- Evaluate project readiness (new)

2018 Anticipated Timeline for IRT

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 7</td>
<td>Identification of 2018 IRT Members and Select IRT Chair</td>
</tr>
<tr>
<td>June 5</td>
<td>Orientation of IRT members (9-11AM)</td>
</tr>
<tr>
<td>June 12</td>
<td>One-day application review and preliminary scoring session (9-5PM)</td>
</tr>
<tr>
<td>June 19</td>
<td>IRT Q&amp;A with applicants (9-5PM)</td>
</tr>
<tr>
<td>June 26</td>
<td>IRT Project Ranking (9-12PM)</td>
</tr>
<tr>
<td>July 2</td>
<td>Report renewal ranking to ECHO Membership Council-Chair</td>
</tr>
</tbody>
</table>

Application Threshold Review and Standardized Scoring

ECHO Staff will review organizations’ applications for the following items, to determine eligibility and create standardized scores where appropriate:

- Performance Score Card
- Match for project (previous year and proposed year)
- Continuum of Care Participation
- Independent audit (if necessary)
Proposed 2018 IRT Members

Appointed:
Chair- Thomas Visco, Glasshouse Policy
1. City of Austin- Josh Rudow
2. Travis County- Martha Brown
3. United Way for Greater Austin- Sara Reeves

Community Members:
- Criminal Justice- Darla Gay, Travis Co District Attorney’s Office
- Faith Community- Cathy Stone, FUMC
- Veterans- Vacant
- Healthcare- David Houke, Austin Recovery
- Survivors of Domestic Violence- Vacant
- Business Community- Tom Visco, Glasshouse Policy
- Housing Developers- Vacant
- Youth and Young Adult- Bill King, Retired Judge- Juvenile Justice
- LGBTQ- Briona Jenkins, Out Youth
- Community Member- Toni Townsend, Master of Criminal Justice
REVIEWER AGREEMENT

I, ______________________________, agree to serve on the Independent Review Team as a reviewer for HUD and other funding for homeless issues. I hereby declare that I am providing my services to assist in the review of applications for Continuum of Care grant funds with the Independent Review Team.

CONFIDENTIALITY OF DOCUMENTS AND RESTRICTIONS ON CONTACT

I agree that applications are made available to grant application reviewers solely for the purpose of reviewing those applications against the evaluation criteria identified by the Continuum of Care planning group.

I also agree not to discuss the information, concepts, and procedures contained in the applications outside the Independent Review Team during or after the review process, and to discuss them within the Independent Review Team only with the other team members and in the context of and under the review procedures. I agree to follow the written instructions provided by Niki Paul, Chief Program Officer with ECHO for the completion of the review forms. I also agree to return the applications to Niki Paul. I agree not to retain copies of the applications or parts of the applications related to this review. I agree not to contact the originator of the application being reviewed concerning any of its contents.

CONFLICT OF INTEREST

I hereby certify that to the best of my knowledge, I do not have a conflict of interest and that my particular circumstances are not likely to raise the appearance of a conflict of interest or impropriety with respect to any application.

I certify that I am not a participant in any application in this year’s grant competition. I certify that I have not in any way been compensated by anyone for providing assistance in preparing an application for this year’s grant competition. I also agree not to review any proposal from an organization with whom I was employed within the last year.

If I discover that I might have a conflict of interest with any application to the competition, I will inform Niki Paul immediately. For purposes of this agreement, I recognize that I will have a conflict of interest if any of the following has a financial interest in the grant application:
1) I, my spouse, minor child, or partner;
2) A profit or nonprofit organization in which I serve as an officer, director, trustee, partner or employee; or
3) Any person or organization with whom I am negotiating or have an arrangement concerning prospective employment.

I recognize that this certification is a continuing representation. I acknowledge that it is in effect at all times, until I have completed all the work to be performed by me under this agreement.

**AGREEMENT ON SCOPE OF WORK**

Before reviewing and scoring any application, I will carefully read all instructions, evaluation criteria, and evaluation/score sheets, all of which will be made available to me by Niki Paul.

I will carefully review and score all project applications provided to me.

I will score each project’s application solely on its content and the degree to which the application meets the evaluation criteria.

I will provide written comments and an individual score for each project’s application.

I will participate in the team review meeting, providing my scores and discussing applications, as necessary, in order to produce a ranking of projects to be forwarded to the U.S. Department of Housing and Urban Development.

____________________________________
Signature of Reviewer

___________________________________
Date

____________________________________________
Printed Name of Reviewer
FY2018 TX-503 Continuum of Care:
Review, Rating and Ranking Policy and Procedure

Background:
Annually, the U.S. Department of Housing and Urban Development (HUD) holds a national competition for Continuum of Care (CoC) Program Funds. This competition brings funds into the Austin/Travis County to provide housing and services to individuals and families who are experiencing homelessness. HUD released the Notice of Funding Availability for the 2018 CoC Program competition on 05/20/2018. The Ending Community Homelessness Coalition (ECHO), the Collaborative Applicant for the Austin/Travis County Continuum of Care, is the lead agency responsible for completing and submitting the Consolidated Application for funding on behalf the CoC. The Consolidated Application consists of CoC Application, Priority Listing, and Project Applications.

For the FY18 competition, new projects may be created through reallocation and/or bonus projects; CoCs may apply for bonus projects up to 6 percent of the CoCs FPRN, or $367,535. New projects may also be created through the new DV Bonus funding up to 10 percent of the CoC’s FPRN, or $612,558.

Through reallocation or bonus funding, CoCs may create the new projects as defined by the FY18 NOFA that are aligned with the Community Funding Priorities.

All proposed projects must align with HUD’s Policy Priorities as determined in the HUD Continuum of Care NOFA.

Review, Rating and Ranking Policy:
All HUD CoC Program Renewal and New projects must be reviewed, scored and ranked annually in preparation for the HUD CoC Collaborative Application submission. All projects must be ranked by priority based on performance and within the threshold outlined in the HUD Continuum of Care NOFA. See below for ranking procedure for both renewal and new projects.

1. Renewal Projects:
   a. Each quarter, the Membership Council will review the objective Project Performance Score that measure 12 months of performance. For the annual NOFA process, the Membership Council will set a minimum performance score for project applicants’ performance score for the HUD Continuum of Care NOFA.
   b. If renewal projects meet or exceed the minimum performance score (65%), then the renewal project will be prioritized in project ranking before any additional new projects that submitted and approved.
   c. If a Renewal project falls below the minimum performance threshold, then a new project may be ranked higher than the renewal project based on scoring and ability to serve target populations.
   d. If Renewal project performance is below the set performance minimum or there are other justifications for ranking the project lower based (history of not expending 100% of funding, etc), the renewal project will be ranked accordingly and provided technical assistance from CoC staff to improve lower performance and/or discuss voluntary reallocation of the project funding (or part of

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1 See Appendix B: CoC Performance Scorecards
project funding). See CoC Reallocation policy and procedure for additional information on voluntary vs. involuntary reallocation.

2. New Projects (Bonus and Reallocation)

   a. All New projects will be ranked lower than Renewal projects who meet or exceed threshold performance, unless the IRT determines the project meets both HUD priorities and local needs by improving the CoC’s outcomes and reducing homelessness more effectively than a renewal project(s).

Procedure:

Scoring Instructions and Components:

ECHO developed Scoring Instructions to measure performance and capacity using objective scoring criteria, including the HEARTH Performance Measures. The Independent Review Team (IRT) is designated by the Ending Community Homeless Coalition Membership Council (CoC Board) to review and score all local project applications. Both renewals and new projects are scored according to the following categories:

- Renewal Projects: existing renewing projects that have operated for a full 12-month period
- First Time Renewal Projects: renewing projects that have not yet begun operating or have begun operating, but not yet completed a full 12-month period; and
- New Projects: bonus or projects created through reallocation

In order to be considered, all projects must pass the Threshold Criteria that included: (1) Application materials were received by the deadline, (2) the Project is consistent with the ECHO CoC Funding Priorities, Community Plan to End Homelessness and the Consolidated Plans for the requesting area (City of Austin, Travis County and/or Pflugerville, TX), (3) the agency does not have any outstanding HUD monitoring and/or OIG Audit findings, and (4) the Project complies with the request of the CoC interim rule (24 CFR part 578), including, but not limited to accepting referrals from the Coordinated Entry System (CES), participation in the annual Point in Time Count, Housing Inventory, and HUD CoC & ESG Committee in addition to an active SAMS registration and DUNS number and participation in the CoC HMIS (or equivalent data management system for Domestic Violence Providers Only).

The IRT’s primary responsibility is to (1) objectively review, rate, and rank all new and renewal project applications and agency presentations (2) submit ranking recommendation of project priority for Tier 1 and Tier 2, and (3) IRT Chair must report to ECHO Membership Council for final ranking decision. Each renewal project application includes a Performance Scorecard that is factored into the final overall score of each application and considered for ranking position.

Renewal Project Scoring Components:

- Must meet Threshold Component ensured compliance with HUD organizational recommendations and HMIS implementation
- 65% Performance Scorecard measured system performance measures, alignment with Housing First, and data timeliness and quality.
- 35% Project Narrative Component assessed project’s compliance with best practices to end homelessness such as client choice, housing type and services match client need, transit access,
access to healthcare, availability of services to increase income, timely eLOCCS drawdowns, and
participation in community planning.

First Time Renewal Projects OR New Project Scoring Components:

• Must meet Threshold Component ensured compliance with HUD organizational recommendations
  and HMIS implementation
• 100% Project Narrative Component assessed project’s compliance with best practices to end
  homelessness such as client choice, housing type and services match client need, transit access,
  access to healthcare, availability of services to increase participant income, LOCCS drawdowns,
  and participation in community planning.

Project Ranking and Approval:

The Independent Review Team (IRT) Chair presents ranking recommendations to the ECHO Membership
Council. The Membership Council approves the final project priority ranking recommendation and has the
discretion to amend the recommendation made by the IRT no more than 15 days prior to the application
deadline. If applicable, project applicants may follow the Grievance Procedure outlined in Appendix A.

Project Ranking Appeals Process:

The CoC must notify project applicants, in writing outside of e-snaps, of any rejected FY 2018 project
applications no later than 15 days before the application deadline to allow any eligible project
applicant(s) that attempted to participate in the CoC’s planning process and believe they were denied the
right to participate in the CoC process in a reasonable manner time to appeal the CoC’s decision to HUD
as a Solo Applicant (see Section TBD of the FY 2018 CoC Program Competition NOFA for more
information on Solo Applicants.)
ECHO Continuum of Care Local Competition Deadlines and Appeals Policy and Procedure for HUD CoC Project Rankings

Policy:

Provisions at 24 CFR 578.9 require CoCs to design, operate and follow a collaborative process for the development of an application in response to a NOFA issued by HUD. As part of this collaborative process, CoCs must implement internal competition deadlines to ensure transparency and fairness at the local level. The implementation of deadlines that meet the standards outlined below for FY 2018 Project Applications will be considered as part of scoring criteria in Section X.C of the FY2018 HUD CoC Program NOFA pg 76-81.

1) Project Applications. All project applications are required to be submitted to the CoC no later than 30 days before the application deadline. For the FY2018 NOFA cycle, the local application deadline is July 27th, 2018.

2) CoC Notification to Project Applicants. The CoC will notify all project applicants no later than 15 days before the application deadline of September 18th, 2018 regarding whether their project applications would be included as part of the CoC Consolidated Application submission.

Any project applicant that submits a project that was rejected by the CoC in the local competition must have been notified in writing by the CoC, outside of e-snaps, with an explanation for the decision to reject the project(s). Project applicants whose project was rejected may appeal the local CoC competition decision to HUD if the project applicant believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner by submitting a Solo Application in e-snaps directly to HUD prior to the application deadline. Please refer to Section X.C in the FY18 HUD Continuum of Care NOFA for process.

Procedure:

1. The IRT recommendations will be presented to the Membership Council after the local HUD CoC renewal competition.

2. The Membership Council (CoC Board) will determine the final rankings and notify all project applicants no later than 15 days before the application deadline regarding whether their project applications would be accepted or rejected as part of the CoC Consolidated Application submission and the approved project priority ranking.

3. At the time the Membership Council determines the final project ranking, an Appeals Sub-Committee will be created at random of council members with no conflict of interest.

4. Project applicants who dispute the project rankings may formally appeal to the Membership Council. Applicants have 3 business days from the ranking announcement to notify the Membership Council Chair, in writing, of the appeal. For this purpose, “in writing” may be email communication with written

Approved 10/14/15 by Membership Council. Revised 6/26/18
attachment.

5. The Membership Council Chair would then notify the Membership Council and Appeals Sub-Committee via email of the appeal and the basis of the appeal. A poll will be taken to determine if the appeal has merit that warrant further discussion and if so, a conference call with the Appeals Sub-Committee will be established within 48 hours (or the next business day) to resolve the matter. The Membership Council will determine the final Project Priority Ranking for the HUD Continuum of Care NOFA.

6. Project applicants whose project was rejected may appeal the local CoC competition decision to HUD if the project applicant believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner by submitting a Solo Application in e-snaps directly to HUD prior to the application deadline. Please see Section X.C of the FY18 HUD Continuum of Care NOFA to review the HUD Solo Application appeal procedure.

1E-3 Consolidated Application
(9/11/2018)

Coalition Information
The mission of the Continuum of Care is to lead, develop and implement strategies and resources to end homelessness. The Continuum of Care shall elect a Board of Directors, hereafter called the Membership Council, to be governed by a Governance Charter. The CoC Membership Council is the decision-making body of the CoC. The Governance Charter shall provide procedures for:
- Invitation, selection, term and conduct of Continuum of Care board membership and leadership;
- Establishment of committees and the appointment and duties of members;
- Board meeting frequency, reporting and public participation requirements; and
- Charter review and approval.

FY18 HUD Continuum of Care Competition Information
FY2018 TX-503 Final HUD NOFA Collaborative Application: (FY2018 CoC Collaborative Application)
FY2018 TX-503 Appeals Process: TX-503 Appeals Process
FY2018 Continuum of Care Project Ranking: (FY2018 TX-503 HUD CoC Final Ranking)
FY2018 Intent to Apply Form
July 6, 2018: FY18 HUD CoC Bidders Conference Presentation (PowerPoint)
FY2018 CoC NOFA Bidder’s Conference Announcement
2018 Grant Inventory Worksheet
HUD Continuum of Care Program Interim Rule: https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/
TX-503 Austin/Travis County Continuum of Care Local Application: FY18 Local Application Instructions

3:00 PM 9/11/2018
Good Afternoon,

The FY2018 Continuum of Care Application for Austin/Travis County and the Final Project Ranking is available for public review. Please send any questions regarding this application to caseysoberon@austinecho.org by 3PM on Thursday, September 13th to provide time for consideration prior to the final application submission.

Many Thanks,
Casey

Casey Soberon
Continuum of Care Coordinator
Ending Community Homelessness Coalition (ECHO)
512-763-2917 | Direct
www.austinecho.org
Good Afternoon,

The FY2018 Continuum of Care Application for Austin/Travis County and the Final Project Ranking is available for public review. Please send any questions regarding this application to caseysoberon@austinecho.org by 3PM on Thursday, September 13th to provide time for consideration prior to the final application submission.

Many Thanks,
Casey

Casey Soberon
Continuum of Care Coordinator
Ending Community Homelessness Coalition (ECHO)
512-763-2917 | Direct
www.austinecho.org
The FY2019 Continuum of Care Application for Austin/Travis County and the Final Project Ranking is available for public review. Please send any questions regarding this application to casey@eco.austinecho.org by 3PM on Thursday, September 13th to provide time for consideration prior to the final application submission. http://www.austinecho.org/coalition-information/
1E-3 Public Posting of Local Competition Rate, Rank, Review, and Selection Criteria
(7/17/2018)

FY18 HUD Continuum of Care Competition Information
FY2018 TX-503 Final HUD NOFA Collaborative Application: (Not yet available)
FY2018 Continuum of Care Project Ranking: (Not yet available)
FY2018 Intent to Apply Form
July 6, 2018: FY18 HUD CoC Bidders Conference Presentation (PowerPoint)
FY2018 CoC NOFA Bidder's Conference Announcement
2018 Grant Inventory Worksheet
HUD Continuum of Care Program Interim Rule: https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/
TX-503 Austin/Travis County Continuum of Care Local Application: FY18 Local Application Instructions
TX-503 Austin/Travis County FY18 Continuum of Care Local Online Application: https://austinecho.communityforce.com
May 9, 2018: FY18 HUD CoC Bidders Conference Presentation (PowerPoint)
- FY18 CoC NOFA Timeline of Important Dates
- FY18 NOFA Review, Rate and Ranking Policy and Procedures
- CoC NOFA Reallocation Policy and Procedure
Greetings:  

Please join us on Wednesday, May 9th from 9-10AM for the FY2018 Austin/Travis County TX-503 HUD Continuum of Care Bidders Conference. This bidders conference will provide an overview of the FY18 Local HUD Continuum of Care competition process and required application elements. Please print the attached flyer and share with anyone interested stakeholders.

For information on the HUD Continuum of Care Program: https://www.hudexchange.info/programs/occ/

This is a public meeting and all interested project applicants are encouraged to attend.

Many Thanks,

Casey

Casey Soberon
Continuum of Care Coordinator
Ending Community Homelessness Coalition - ECHO
512-753-2517
www.austedoecho.org
Austin/Travis County TX-503 HUD Continuum of Care Bidders Conference

May Bidders Conference Announcement

FY2018 Austin/Travis County
TX-503 HUD Continuum of Care
Bidders Conference

Please join us for the FY2018
Austin/Travis County TX-503 HUD Continuum of Care Bidders Conference.
Wednesday, May 9, 2018 from 9-10am
ECHO Multipurpose Room
300 E. Highland Mall Blvd, Suite 200
Austin, TX 78752

This bidders conference will provide an overview of the FY2018 Local HUD Continuum of Care competition process and required elements.

This is a public meeting and all interested project applicants are encouraged to attend.

Please contact ECHO Co-Coordinator, Casey Sobelron with questions: caseysobelron@austinecho.org
FY2018 Austin/Travis County TX-503 HUD Continuum of Care Bidders Conference

Please join us for the FY2018 Austin/Travis County TX-503 HUD Continuum of Care Bidders Conference.

Friday, July 6th, 2018 from 9-10:30am
ECHO Multipurpose Room
300 E. Highland Mall Blvd, Suite 200
Austin, TX 78752

This bidders conference will provide an overview of the FY2018 Local HUD Continuum of Care competition process and required elements.
This is a public meeting and all interested project applicants are encouraged to attend.
Invitation to apply for FY2018 HUD CoC Program funds

This email is to serve as an invitation for interested parties to apply for Continuum of Care (CoC) Program funds. Annually, the U.S. Department of Housing and Urban Development (HUD) holds a national competition for CoC Program Funds to provide housing and services to individuals and families experiencing homelessness.

HUD released the Notice of Funding Availability (NOFA) for the 2018 CoC Program competition on June 20th, 2018. The Ending Community Homelessness Coalition (ECHO), the Collaborative Applicant for the Austin/Travis County Continuum of Care, is the lead agency responsible for completing and submitting the Consolidated Application for funding on behalf of the CoC. The Consolidated Application consists of a CoC Collaborative Application, Priority Listing, and Project Applications.

The local competition is open to eligible applicants interested in applying for new project funding. Please see the below resources for required documents and local competition deadlines.

Resources and Information

- **Intent to Apply Form** - Applicants interested in applying for new project funding are required to submit an Intent to Apply Form to caseysoberon@austinecho.org by July 11th, 2018.
- **Local Competition Resources**
- **HUD CoC NOFA Resources**

Questions regarding this funding opportunity may be directed to Casey Soberon, Continuum of Care Coordinator, at caseysoberon@austinecho.org.
Description:
FY18 Austin/Travis County TX-503 HUD CoC Application Instructions and Guidelines:

For the FY18 HUD Continuum of Care Collaborative Application competition cycle, the TX-503 lead Collaborative Applicant-the Ending Community Homelessness Coalition, Inc (ECHO) is accepting applications from all eligible applicants.

To be considered for inclusion in the FY18 Austin/Travis County TX-503 Collaborative Application and Project Priority Ranking, all eligible projects (new and renewal) must apply through this local competitive process.

If a project applicant is unable to access or complete the FY18 TX-503 HUD CoC Application through the online system, they may request an alternative Word doc version. Please contact Casey Soberon at caseysoberon@austinecho.org for an alternative application. Please note all applicants are strongly encouraged to submit through this system, if able.

Application Steps

Step 1: All applicants are required to complete the Community Force application and submit the following per project by Wednesday, June 6th, 2018 at 6:00PM EST (5PM CST). Any projects submitted past that due date will not be eligible for consideration in the FY18 competition cycle.

Access the application here: https://austinecho.communityforce.com

- **Community Force** Online Renewal Application Components:
  - Applicant Information
  - HUD Threshold* (*applicant must pass threshold to view remaining elements of application)
  - Project Type
  - Recipient Performance
  - Project Description
  - Supportive Services
  - Project Participants
  - Outreach for Participants
  - Budget Information
  - Required Attachments
    - Most recent agency audit
    - Screenshot of active agency SAM.gov registration
    - Project Discharge Policies
    - Code of Conduct
    - Last 4 Quarterly Draws from ELOCCS
    - Any HUD Findings, if applicable
Step 2: Performance Scorecard

- All Renewal Project Applicants will receive a Performance Scorecard based on the past 12 months of project performance
- Any Renewal Project newly funded in FY17 will be exempt from this step

Step 3: All project applicants are required to participate in a Question & Answer session with the FY18 Independent Review Team (IRT) on Tuesday, June 19, 2018. Applicants will be expected to respond to specific questions related to the grant application request.

Step 4: All project applicants will be notified of project approval or rejection for eligibility to be included in the FY18 Collaborative Application and informed of the project submission process in ESNAPS.

*Applicants who do not meet the application threshold criteria will not be able to move forward with the application process.

Important Application Reference Documents:

- 2018 Final Grant Inventory Worksheet—All renewal applicants must use the budget within the approved GIW for the application. Any project budgets that do not align with the approved GIW will be returned to the applicant to amend.
- 2018 NOFA Policy Requirements and General Section—*(Not yet available)*
- TX-503 CoC Application Appeals Procedures: will be posted on [www.austinecho.org](http://www.austinecho.org)
- HUD Continuum of Care Interim Rule: [https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/](https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/)

Contact Information:
For questions about this application, please contact Casey Soberon at [caseysoberon@austinecho.org](mailto:caseysoberon@austinecho.org).
Save your work as you go!!

You have the option to save your work and submit the application at a later time. Although each section has Auto Save, please be sure to click the “Save” button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle for 10 minutes, it will not save your work, and will require you to log back in.

Please complete the required fields. Please ensure that your contact information is correct. We will use this information to contact you, if needed. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field

Applicant Information

*Project Name:

*HUD Expiring Project Grant Number:

*Grant Start Date:

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

*Grant End Date:

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

Primary Contact Information:

*Contact Name:

*Title:
Save your work as you go!!

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*Indicates required field

### HUD Threshold

**Important:** If the answer to any of the following threshold criteria is a 'No' (except for the questions pertaining to 'Unresolved Fair Housing or Civil Rights matters' and the 'Debarment or suspension from doing business with the Federal Government'), then please do not continue the application until you contact Casey Soberon at caseysoberon@austinecho.org

*Does the agency provide for the participation of at least one homeless or formerly homeless individual on the board of directors or other equivalent policymaking entity?*  
- Yes - Board  
- Yes - Other  
- No

*If “Yes - Other,” please describe the entity, its nature, and how the person participates:

*Does the agency have an unqualified, independent financial audit completed within 6 months of the end of the fiscal year?*  
- Yes  
- No

*Does your agency have a SAM.gov registration?*  
- Yes  
- No

*Does your agency have a DUNS number?*  
- Yes  
- No

*Does the agency have any delinquent federal debt?*  
- Yes  
- No

*Are Housing Quality Standards/Health and Safety Inspections conducted per HUD requirements?*  
- Yes  
- No  
- N/A

*Does the agency provides clients with specialized resources to meet the unique needs of clients with physical, cognitive, or behavioral disabilities and provides reasonable
accommodations for clients with linguistic and/or cultural challenges. (*i.e. ramps, Spanish language forms, etc.*)

* Does the agency provide avenues for direct client input to the Board of Directors for the agency?  
  ☐ Yes ☐ No

* Does the agency provide due process to clients who are asked to leave the program?  
  ☐ Yes ☐ No

* Does the agency comply with Public Law 90-284 referring to the Fair Housing Act (*42 USC 3601-20*), as amended:  
  ☐ Yes ☐ No

* Does your agency have any unresolved Fair Housing or Civil Rights matters?  
  ☐ Yes ☐ No

  * If yes, explain:

  ____________________________

  ____________________________

  ____________________________

  ____________________________

  ____________________________

  ____________________________

* Has your agency updated its Code of Conduct so that it is compliant with *2 CFR Part 200* and submitted to HUD?  
  ☐ Yes ☐ No

* Is your agency under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list?  
  ☐ Yes ☐ No

* Is your organization in compliance with the prohibition against lobbying Section 1352, Title 31, U.S. Code?  
  ☐ Yes ☐ No

* Does your organization comply with HUD directives regarding Equal access to housing Docket Number: HUD-2015-0104; Docket Name: FR-5863-P-01:  
  ☐ Yes ☐ No

---

**Community Participation**

* Did your agency staff participate in the 2017 HUD Point in Time Count?  
  ☐ Yes ☐ No

* Does someone from your agency (*staff or board members*) participate as an active member of any of the following ECHO committees/commissions?  
  Select

---

**HMIS Participation**

HMIS implementation, participation and data quality are priorities for both ECHO and HUD. By implementing a system-wide HMIS, the Austin/Travis County homeless system will be able to provide continuous and accurate information on persons served by homeless assistance projects. Accurate and timely data assists with determining whether the current approaches to ending homelessness are appropriately designed. HMIS also provides system-wide data that will assist ECHO in measuring our success implementing the HEARTH Act.

* Does the agency currently have a policy or procedure in place  
  ☐ Yes ☐ No
We are sorry but currently your application does not meet the eligibility requirements for this grant.

In order to be considered for renewal funding, the above threshold questions must be answered affirmatively, except for the questions pertaining to ‘Unresolved Fair Housing or Civil Rights matters’ and the ‘Debarment or suspension from doing business with the Federal Government’. If the question is applicable, and if an agency cannot answer affirmatively an explanatory letter must be submitted for review by the IRT.

Please contact Casey Soberon at caseysoberon@austinecho.org.

Project Type

Save your work as you go!!

You have the option to save your work and submit the application at a later time. Although each section has Auto Save, please be sure to click the “Save” button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle for 10 minutes, it will not save your work, and will require you to log back in.

Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field

Project Type

*Project Type: Select

*Permanent Housing: PSH ⚫ Rapid Rehousing
Select Save your work as you go!!

You have the option to save your work and submit the application at a later time. Although each section has Auto Save, please be sure to click the “Save” button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle for 10 minutes, it will not save your work, and will require you to log back in.

Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.
Recipient Performance

*Indicates required field

**Does the recipient have any unresolved HUD monitoring or OIG Audit findings concerning any previous grant term related to this renewal request?**

- [ ] Yes
- [ ] No

*If yes, explain the items that are unresolved and the plan to resolve them (300 words max.):


**Has the recipient maintained consistent quarterly drawdowns for the most recent grant term related to this renewal request.**

- [ ] Yes
- [ ] No

*Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?*

- [ ] Yes
- [ ] No

**Amount of overall project budget:**


**Percentage of overall project budget:**


**Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.**


Project Description

**Save your work as you go!!**

You have the option to save your work and submit the application at a later time. Although each section has Auto Save, please be sure to click the “Save” button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle for 10 minutes, it will not save your work, and will require you to log back in.

Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field

Project Description
Provide a project description that addresses the entire scope of the proposed project. The description must include: (1000 words max.)

a.) Community Needs
b.) Target Population(s) to be served
c.) Project Plan for addressing the identified housing and supportive service needs
d.) Projected projects outcomes
e.) Coordination with other sources/partners
f.) The reason CoC Program support is needed.

The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application. For example, if the project is housing first, then you should identify that in project description, you should be clear about how you use coordinated entry, provide access to employment and mainstream benefits, etc.

Note: This project description will account for a substantial part of your Project Component score and so ensure that it is clear, concise, and comprehensive.

* Explain your Project Description (1000 words max.):

* Does the project quickly move participants into permanent housing?  
  Yes  No

Note: Check yes if program will quickly move program participants into permanent housing without additional steps, ie, required to stay in transitional housing first. If DV program check yes, if you will quickly move into program participants into permanent housing after immediate safety needs are addressed.

* Does the project ensure that participants are not screened out based on the following items? Select all that apply.
* Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.
  * Does the project follow a “Housing First” approach?  Yes  No

* Is the client to case manager ratio higher than 12:1 for PSH or 25:1 for RRH or TH?  Yes  No

* If Yes, what is the client to case manager ratio for this project?

* Explain how client case management needs are met. (300 words max.)
Supportive Services

For all supportive services that are available to the participants, please indicate who will provide them, how they will be accessed, and how often they will be provided.

- **Applicant** - means the applicant will directly provide the service
- **Sub-recipient** means the grant sub-recipient will directly provide the service
- **Partner** - means someone with whom the applicant has a formal MOU will provide the service
- **Non-partner** is an organization who will provide the direct service, but with whom the applicant does not have a direct relationship

### Supportive Services for Participants

**Assessment of Service Needs:**

- **Provider:**
  - Applicant
  - Sub-recipient
  - Partner
  - Non-Partner

- **Frequency:**
  - Weekly
  - Monthly
  - As Needed
  - N/A

**Assistance with Moving Costs:**

- **Provider:**
  - Applicant
  - Sub-recipient
  - Partner
  - Non-Partner

- **Frequency:**
  - Weekly
  - Monthly
  - As Needed
  - N/A

**Case Management:**

- **Provider:**
  - Applicant
  - Sub-recipient
  - Partner
  - Non-Partner

- **Frequency:**
  - Weekly
  - Monthly
  - As Needed
  - N/A

**Child Care:**

- **Provider:**
  - Applicant
  - Sub-recipient
  - Partner

Ending Community Homelessness Coalition

- **Education Services:**
  - Provider: Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner
  - Frequency: Weekly ☐ Monthly ☐ As Needed ☐ N/A

- **Employment Assistance and Job Training:**
  - Provider: Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner
  - Frequency: Weekly ☐ Monthly ☐ As Needed ☐ N/A

- **Food:**
  - Provider: Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner
  - Frequency: Weekly ☐ Monthly ☐ As Needed ☐ N/A

- **Housing Search and Counseling Services:**
  - Provider: Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner
  - Frequency: Weekly ☐ Monthly ☐ As Needed ☐ N/A

- **Legal Services:**
  - Provider: Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner
  - Frequency: Weekly ☐ Monthly ☐ As Needed ☐ N/A

- **Life Skills Training:**

https://austinecho.communityforce.com/Admin/ApplicationSectionReview.aspx?4C4B6355732B356C686F48346278663444670474273504D33447...
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<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>Weekly, Monthly, As Needed</td>
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<td>Sub-recipient</td>
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<td>Partner</td>
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<td>Non-Partner</td>
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<td>Outpatient Health Services</td>
<td>Applicant</td>
<td>Weekly, Monthly, As Needed</td>
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<td>Non-Partner</td>
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<td>Substance Abuse Treatment Services</td>
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<tr>
<td></td>
<td>Non-Partner</td>
<td></td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>Weekly, Monthly, As Needed</td>
</tr>
<tr>
<td></td>
<td>Sub-recipient</td>
<td></td>
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<tr>
<td></td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Partner</td>
<td></td>
</tr>
</tbody>
</table>
Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
  - Yes  
  - No

- Use of a single application form for four or more mainstream programs?  
  - Yes  
  - No

- At least annual follow ups with participants to ensure mainstream benefits are received and renewed?  
  - Yes  
  - No

- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency?  
  - Yes  
  - No

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months?  
  - Yes  
  - No

- What percentage of program participants are enrolled in health insurance?  

- List the health organizations with which this project partners to provide health services and health insurance. (300 words max.)

- What percentage of project participants involuntarily left the program in your last APR?  

- What percentage of project participants were referred directly from coordinated assessment using CoC prioritization?  
  - Less than 100%  
  - 100%

  * Please specify the percentage:

  * If it is less than 100%, explain why?

Project Participants

Save your work as you go!!

You have the option to save your work and submit the application at a later time. Although each section has Auto Save, please be sure to click the “Save” button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle for 10 minutes, it will not save your work, and will require you to log back in.

Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field
# Project Participants

*In each field below, list the number of households or persons served at maximum program capacity. The numbers are intended to serve as a single point in time.*

*Note: In case of Values which are N/A, please use a Zero(0).*

## Total Number of Households:

- Households with at least one adult and one child:
  - Adult households without children: 
  - Households with only children: 
- Total of Households: 0

## Characteristics

### Adults over age 24:

- Persons in Households with at least one adult and one child: 
- Adult persons in households without children: 
- Persons in households with only children: 
- Total of Adults over the age 24: 0

### Adults ages 18-24:

- Persons in Households with at least one adult and one child: 
- Adult persons in households without children: 
- Persons in households with only children: 
- Total of Adults ages 18-24: 0

### Accompanied children under age 18:

---

*Persons in Households with at least one adult and one child:

* Adult persons in households without children:

* Persons in households with only children:

*Total of Accompanied children under age 18: 0

*Total of Unaccompanied children under age 18: 0

**Unaccompanied children under age 18:**

*Persons in Households with at least one adult and one child:

* Adult persons in households without children:

* Persons in households with only children:

* Total of Unaccompanied children under age 18: 0

**Sub-Populations**

*Note*: Enter the number of persons served at maximum program capacity.

**Persons in Households with at least one adult and one child:**

**Adults over age 24:**

* Chronically homeless non-veterans:

* Chronically homeless veterans:

* Non-chronically homeless veterans:

* Chronic substance abuse:

* Persons with HIV/AIDS:

* Severely mentally ill:

* Victims of domestic violence:

* Developmental Disability:

* Person not represented by subpopulation:
Total of Adults over the age 24: 0

**Aduls ages 18-24:**

* Chronically homeless non-veterans: 
* Chronically homeless veterans: 
* Non-chronically homeless veterans: 
  * Chronic substance abuse: 
  * Persons with HIV/AIDS: 
  * Severely mentally ill: 
  * Victims of domestic violence: 
  * Developmental Disability: 
* Person not represented by subpopulation: 

Total of Adults Age 18-24: 0

**Children under age 18:**

* Chronically homeless non-veterans: 
* Chronically homeless veterans: 
* Non-chronically homeless veterans: 
  * Chronic substance abuse: 
  * Persons with HIV/AIDS: 
  * Severely mentally ill: 
  * Victims of domestic violence: 
  * Developmental Disability:
Persons in Households Without Children:

**Adults over age 24:**

- Chronically homeless non-veterans:

- Chronically homeless veterans:

- Non-chronically homeless veterans:

  - Chronic substance abuse:

  - Persons with HIV/AIDS:

  - Severely mentally ill:

  - Victims of domestic violence:

  - Developmental Disability:

  - Person not represented by subpopulation:

- Total of Adults over the age 24: 0

**Adults ages 18-24:**

- Chronically homeless non-veterans:

- Chronically homeless veterans:

- Non-chronically homeless veterans:

  - Chronic substance abuse:

  - Persons with HIV/AIDS:

  - Severely mentally ill:

  - Victims of domestic violence:
Children under age 18:

- Chronically homeless non-veterans:
- Chronically homeless veterans:
- Non-chronically homeless veterans:
- Chronic substance abuse:
- Persons with HIV/AIDS:
- Severely mentally ill:
- Victims of domestic violence:
- Developmental Disability:
- Person not represented by subpopulation:

Total of Children Under the age of 18: 0

Persons in Households with Only Children:

Adults over age 24:

- Chronically homeless non-veterans:
- Chronically homeless veterans:
- Non-chronically homeless veterans:
- Chronic substance abuse:
- Persons with HIV/AIDS:
- Severely mentally ill:
*Victims of domestic violence: 

* Developmental Disability: 

* Person not represented by subpopulation: 

* Total of Adults over the age 24: 0

**Adults ages 18 to 24:**

* Chronically homeless non-veterans: 

* Chronically homeless veterans: 

* Non-chronically homeless veterans: 

* Chronic substance abuse: 

* Persons with HIV/AIDS: 

* Severely mentally ill: 

* Victims of domestic violence: 

* Developmental Disability: 

* Person not represented by subpopulation: 

* Total of Adults Age 18 - 24: 0

**Children under age 18:**

* Chronically homeless non-veterans: 

* Chronically homeless veterans: 

* Non-chronically homeless veterans: 

* Chronic substance abuse: 

* Persons with HIV/AIDS: 

* Severely mentally ill:
Outreach for Participants

Save your work as you go!!

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Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field

Outreach for Participants

Enter the percentage of project participants that will be from each of the following locations:

* Percentage of Directly from the streets or other locations not meant for human habitation:

* Percentage of Directly from emergency shelters:

* Percentage of Directly from safe havens:

* Percentage from transitional housing & previously resided in a place not meant for human habitation or emergency shelters:

* Percentage of Persons fleeing domestic violence:

* Total of percentages (must be 100%): 0

Calculate

Budget Information

Save your work as you go!!

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save your work. There is a time-out feature for security purposes. If the page remains idle for 10 minutes, it will not save your work, and will require you to log back in.

Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field

---

**Budget Information**

*Note:* All budget line items must be the same as what was affirmed in the 2017 GIW. Match is 25% of all line items, except leasing.

Please download the Budget Form and upload it back once filled.

[Budget Form.xlsx](Budget Form.xlsx)

*Please upload the completely filled Budget form: [Browse...]

---

**Attachments**

This section of the application is for you to upload any required documentation that is needed to fully submit your application.

- Acceptable formats are: doc, docx, pdf, pages, xls, xlsx.
- The file size for each upload should not exceed 10mb.
- If a document consists of multiple pages, it needs to be uploaded as one file.
- Do not upload one page at a time.

*Indicates required field

---

**Attachments**

Please upload your documents below

**All Projects:**

- *Most recent agency audit: [Browse...]
- *Screenshot of agency SAM registration form: [Browse...]
- *Copy of agency/project discharge policies: [Browse...]
- *Code of Conduct submitted to HUD that meets all requirements in 2 CFR Part 200: [Browse...]

**Renewal Projects:**

- *Last four quarterly drawdowns from eloccs: [Browse...]
- HUD findings and responses, if applicable: [Browse...]
Save your work as you go!!

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*Indicates required field

Summary for Match

Match is expected to be 25% for all budget line items except for leasing. Information regarding the expected resource or cash match to be provided by this agency should be provided below and to HUD based on the instructions in the NOFA.

MATCH - 25%:

*Name of organization providing contribution: 

*Type of Contribution:  

Cash  In-kind

*If in-kind, then describe the type of in-kind contribution (300 words max.):

*Total Value of the Contribution:

Date the contribution will be available. For renewals, this date must coincide with your 2019-2020 operating year.

*Start Date: 

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

*End Date: 

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

*Name of person authorized to commit these resources:
8/7/2018

Ending Community Homelessness Coalition

*Title of person authorized to commit these resources:*

* Add another Match: Yes No

*Name of organization providing contribution:*

*Type of Contribution: Cash In-kind

*If in-kind, then describe the type of in-kind contribution. (300 words max.)*

*Total Value of the Contribution:*

*Date the contribution will be available. For renewals, this date must coincide with your 2019-2020 operating year.*

*Start Date:*

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

*End Date:*

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

*Name of person authorized to commit these resources:*

*Title of person authorized to commit these resources:*

*Add another Match: Yes No

*Name of organization providing contribution:*

*Type of Contribution: Cash In-kind

*If in-kind, then describe the type of in-kind contribution: (300 words max.)*

*Total Value of the Contribution:*

Date the contribution will be available. For renewals, this date must coincide with your 2018-2019 operating year.

*Start Date: [Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).]

*End Date: [Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).]

*Name of person authorized to commit these resources:

*Title of person authorized to commit these resources:

*Total Value of Cash Commitments:

*Total Value of In-Kind Commitments:

*Total Value of All Commitments:

Certification

Save your work as you go!!

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*Indicates required field

Certification

*By entering the Authorized Representative’s name in the space below, I certify that the information throughout the application is true, complete, and accurate to the best of my knowledge.

Authorized Representative:

*Name:

*Title:
Electronic Signature

Enter your name as "Casey Soberon" to Confirm your Electronic Signature.
Save your work as you go!!

You have the option to save your work and submit the application at a later time. Although each section has Auto Save, please be sure to click the “Save” button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle for 10 minutes, it will not save your work, and will require you to log back in.

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*Indicates required field

Applicant Information

*Project Name:

*Expiring HUD Project Grant Number (list all grant numbers):

*Grant Start Date:
Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

*Grant End Date:
Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

Primary Contact Information:

*Contact Name:

*Title:

*Email Address:
Ending Community Homelessness Coalition

Phone Number: 

* Project Type: □ HMIS

Renewal Project Name: 

How many organizations are you proposing to serve in the project for which you are applying?

How many organizations did you serve in your most recent projects? Explain the increase or decrease. (300 words max.)

Has the applicant been designated by the CoC to serve as the HMIS lead?

Yes ☐ No ☐

Save your work as you go!!

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*Indicates required field

HUD Threshold

Important: If the answer to any of the following threshold criteria is a 'No' (except for the questions pertaining to 'Unresolved Fair Housing or Civil Rights matters' and the 'Debarment or suspension from doing business with the Federal Government'), then please do not continue the application until you contact Niki Paul at nikipaul@austinecho.org

Does the agency provide for the participation of at least one homeless or formerly homeless individual on the board of directors or other equivalent policymaking entity?

Yes ☐ Board ☐ Yes - Other ☐ No

If “Yes - Other,” please describe the entity, its nature, and how the person participates:
8/7/2018

Ending Community Homelessness Coalition

* Does the agency have an unqualified, independent financial audit completed within 6 months of the end of the fiscal year?  Yes  No

* Does your agency have a SAM.gov registration?  Yes  No

* Does your agency have a DUNS number?  Yes  No

* Does the agency have any delinquent federal debt?  Yes  No

* Are Housing Quality Standards/Health and Safety Inspections conducted per HUD requirements?  Yes  No  N/A

* Does the agency provide clients with specialized resources to meet the unique needs of clients with physical, cognitive, or behavioral disabilities and provides reasonable accommodations for clients with linguistic and/or cultural challenges. (i.e. ramps, Spanish language forms, etc.)  Yes  No

* Does the agency provide avenues for direct client input to the Board of Directors for the agency?  Yes  No

* Does the agency provide due process to clients who are asked to leave the program?  Yes  No

* Does the agency comply with Public Law 90-284 referring to the Fair Housing Act (42 USC 3601-20), as amended:  Yes  No

* Does the agency provide due process to clients who are asked to leave the program?  Yes  No

* Does your agency have any unresolved Fair Housing or Civil Rights matters?  Yes  No

* If yes, explain:

* Has your agency updated its Code of Conduct so that it is compliant with 2 CFR Part 200 and submitted to HUD?  Yes  No

* Is your agency under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list?  Yes  No

* Is your organization in compliance with the prohibition against lobbying Section 1352, Title 31, U.S. Code?  Yes  No

* Does your organization comply with HUD directives regarding Equal access to housing Docket Number: HUD-2015-0104; Docket Name: FR-5863-P-01:  Yes  No

### Community Participation

* Did your agency staff participate in the 2017 HUD Point in Time Count?  Yes  No

* Does someone from your agency (staff or board
Ending Community Homelessness Coalition

**HMIS Participation**

HMIS implementation, participation and data quality are priorities for both ECHO and HUD. By implementing a system-wide HMIS, the Austin/Travis County homeless system will be able to provide continuous and accurate information on persons served by homeless assistance projects. Accurate and timely data assists with determining whether the current approaches to ending homelessness are appropriately designed. HMIS also provides system-wide data that will assist ECHO in measuring our success implementing the HEARTH Act.

* Does the agency currently have a policy or procedure in place to check HMIS (or for DV providers, comparable database) data quality on at least a monthly basis? Yes No

* Does the agency have a current and fully executed MOU established with ECHO HMIS? Yes No

* Has the HMIS Code of Ethics been signed by all HMIS users at the agency? Yes No

  *DV providers, do you have a code of ethics signed by all comparable database users?*

* Does your agency have any other non CoC funded homeless projects? Yes No N/A

  *DV providers - do you enter information from non-CoC funded projects into your comparable database?*

* If yes, is the data from the non CoC funded homeless projects entered into HMIS? Yes No N/A

  *DV providers - do you enter information from non-CoC funded projects into your comparable database?*

* Coordinated Entry: Does your agency prioritize participants through the coordinated assessment process? Yes No

**We are sorry but currently your application does not meet the eligibility requirements for this grant.**

In order to be considered for renewal funding, the above threshold questions must be answered affirmatively, except for the questions pertaining to 'Unresolved Fair Housing or Civil Rights matters' and the 'Debarment or suspension from doing business with the Federal Government'. If the question is applicable, and if an agency cannot answer affirmatively an explanatory letter must be submitted for review by the IRT.

Please contact Niki Paul nikipaul@austinecho.org

Recipient Performance

*Save your work as you go!!*

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*Indicates required field

### Recipient Performance

- Has the recipient successfully submitted an APR, on time for the most recently expired grant term? [ ] Yes [ ] No
- Does the recipient have any unresolved HUD monitoring or OIG Audit findings concerning any previous grant term related to this renewal request? [ ] Yes [ ] No
- Please upload your explanation of findings and how they have been resolved: [Browse...]
- Has the recipient maintained consistent quarterly drawdowns for the most recent grant term related to this renewal request? [ ] Yes [ ] No
- Please upload your drawdowns for the last four quarters: [Browse...]
- Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? [ ] Yes [ ] No
- Amount of overall project budget: $
- Percentage of overall project budget:
- Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

### Narrative

Save your work as you go!!

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*Indicates required field
**Project Description**

Provide a project description that addresses the entire scope of the proposed project. The description must include: (1000 words max.)

- The target audience for HMIS
- The system used by HMIS
- Geographic scope of HMIS
- The process for engaging Community-based organizations with HMIS,
- The number of organizations and end users. Describe the changes in numbers of organizations or end users in the last two years
- The staffing structure for HMIS, including whether the staffing structure meets national standards for ratio of staff to end user
- Number and types of training that were provided in the last grant term
- Process for receiving and incorporating feedback from end users. Identify any program changes that have been made based on this feedback
- The types of HMIS reports made public and frequency of their production
- Projected outcomes

*The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.*

**Note:** This project description will account for a substantial part of your Project Component score and so ensure that it is clear, concise, and comprehensive.

**Explain your Project Description (1000 words max.):**

**HMIS Standards**

**Save your work as you go!!**

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* Indicates required field

**HMIS Standards**

* Is the HMIS currently programmed to collect all Universal Data Elements (UDE’s) as set forth in the HMIS Data Standard Notice?  
  - Yes  
  - No
* If no, provide an explanation (500 words max.):

* Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells, and data for CAPER/ESG reporting, etc).

* If no, provide an explanation (500 words max.):

* Can the HMIS currently search client records to determine if a client is actively receiving services in the CoC?

* Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?

* Does the HMIS Lead have a security officer?

* Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?

* Does your organization conduct a background check on all employees who access HMIS or view HMIS data?

* Does the HMIS Lead conduct Security Training and follow up on security standards on a regular basis?

* Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)?

* How long does it take to remove access rights to former HMIS users?

* Does the HMIS lead have current MOU's with every CoC provider agency?

* Does the HMIS lead agency have resources and accommodations that capture data that identifies clients with specialized resource needs such as physical, cognitive, or behavioral disabilities and provide reasonable accommodations for clients with linguistic and/or cultural challenges.

Financial Information

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Ending Community Homelessness Coalition

Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field

Financial Information

* What is the total cost per end user (HUD funding)? $  
* What is the total cost per end user (total project funding)? $  
* What other resources are included in the total project funding?

Note: All budget line items must be the same as what was affirmed in the 2017 GIW.

CoC Summary Budget

CoC Budget Line Items:

* HMIS:  
* Administrative Costs (up to 10%):  
* Cash Match (25%) Pledged:  
* Total HUD Request: 0  

Attachments

This section of the application is for you to upload any required documentation that is needed to fully submit your application.

- Acceptable formats are: doc, docx, pdf, pages, xls, xlsx.
- The file size for each upload should not exceed 10mb.
- If a document consists of multiple pages, it needs to be uploaded as one file.
- Do not upload one page at a time.

*Indicates required field

Attachments

Please upload your documents below
All Projects:

- Most recent agency audit: [Browse...]
- Screenshot of agency SAM registration form: [Browse...]
- Copy of agency/project discharge policies: [Browse...]
- Code of Conduct submitted to HUD that meets all requirements in 2 CFR Part 200: [Browse...]

Renewal Projects:

- Last four quarterly drawdowns from eloccs: [Browse...]
- HUD findings and responses, if applicable: [Browse...]

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Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field

Documentation of Expected Match

Match is expected to be 25% for all budget line items except for leasing. Information regarding the expected resource or cash match to be provided by this agency should be provided below and to HUD based on the instructions in the NOFA.

MATCH - 25%:

- Name of organization providing contribution:

  * Type of Contribution: [Cash] [In-kind]

  * If in-kind, then describe the type of in-kind contribution (300 words max.):
Date the contribution will be available. For renewals, this date must coincide with your 2019-2020 operating year.

*Start Date:

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

*End Date:

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

*Name of person authorized to commit these resources:

*Title of person authorized to commit these resources:

*Add another Match:  

Yes  No

*Name of organization providing contribution:

*Type of Contribution:  

Cash  In-kind

*If in-kind, then describe the type of in-kind contribution. (300 words max.)

*Total Value of the Contribution:

Date the contribution will be available. For renewals, this date must coincide with your 2018-2019 operating year.

*Start Date:

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

*End Date:

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

*Name of person authorized to commit these resources:

*Title of person authorized to commit these resources:
Date the contribution will be available. For renewals, this date must coincide with your 2018-2019 operating year.

Start Date:  
Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

End Date:  
Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 08/07/2018 format).

Name of person authorized to commit these resources:  

Title of person authorized to commit these resources:  

Certification

Save your work as you go!!

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Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field
*By entering the Authorized Representative’s name in the **Yes** space below, I certify that the information throughout the application is true, complete, and accurate to the best of my knowledge.

**Authorized Representative:**

*Name:

*Title:

Electronic Signature **Signature:**

Enter your name as "Casey Soberon" to Confirm your Electronic Signature.


Austin/Travis County Continuum of Care
Reallocation Policy and Procedure

Background
The U.S. Department of Housing and Urban Development (HUD) requires that CoCs carefully evaluate and review all renewal projects and to develop a reallocation process for projects funded with CoC funds. Reallocating funds is an important tool used by CoCs to make strategic improvements to their homelessness system. Through reallocation, the CoC can create new projects that are aligned with HUD’s goals, by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are not available.

This Reallocation Policy and Procedure incorporates the following general objectives to ensure alignment with HUD and community priority funding:

• To ensure the CoC’s responsibility in submitting to HUD an application that is consistent with HUD guidelines and the HEARTH ACT;
• To ensure the amount to be reallocated is sufficient to fund effective PH program(s); and,
• To best position the existing transitional housing (TH) and Supportive Services Only (SSO) programs for continued HUD funding in an environment of changing strategies.

Reallocation Policy
All renewal projects are reviewed annually by an Independent Review Team (IRT) to determine how the project performed and determine if a project should be considered for reallocation. In addition, the ECHO Membership Council and staff monitor all projects through a quarterly review of project performance, annual reports and comprehensive assessment of agency capacity and ability to implement performance measure goals and objectives.

In addition, based on recommendations made by the IRT, the ECHO Membership Council may recommend reallocation based on the following criteria:

• Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
• Audit finding(s) for which a response is overdue or unsatisfactory;
• History of inadequate financial management accounting practices;
• Evidence of untimely expenditures on prior award;
• Evidence of noncompliance with HUD and/or CoC policies, including coordinated entry and written standards for assistance;
• History of other major capacity issues that have significantly impacted the operation of the project and its performance;
• Timeliness in reimbursing sub recipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per month;
• History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes;

Reallocation Policy and Procedure-V 3. Revised 3/27/2018
- Failing to consistently meet the CoC performance measures, e.g. low score in the quarterly performance scorecard;
- Failing to provide documentation required by the CoC for a project application in the time allotted; or
- Applicant choice to voluntarily reallocate all or a part of its award

**Involuntary Reallocation**

CoC Membership Council will consider involuntary reallocation as appropriate and as necessary per the CoC Performance Improvement Plan Policy. CoC projects that do not meet performance or administrative standards will be required to participate in the Performance Improvement Plan (PIP) process. Performance information reviewed by the Membership Council will be evaluated and used to determine project eligibility for renewal or if the project funds will be considered for reallocation.

- During the first 12 months of the PIP process, projects are eligible to apply for renewal funding in the local HUD CoC Competition
- Any agency on an active PIP will not be eligible to apply for New or Bonus Project funding, unless approved by Membership Council
- Projects that have an active PIP for period of 2 consecutive years will be reviewed for involuntary reallocation of funds
- If the project has not made significant progress by the 2nd Quarter presentation to the Membership Council (6 months into the 2nd PIP), the Membership Council may recommend the project voluntarily reallocate the project in the next CoC Competition or the project may be involuntary reallocated in the next competition cycle.

**Voluntary Reallocation**

Renewal project applicants may choose to voluntarily reallocate project funds in order to create a new project that is better aligned with HUD funding priorities and effectiveness. Projects that proactively reallocate may submit a new project proposal during the local competition based on the total amount reallocated. Please note, new project proposals will be required to pass threshold review during the local competition and are not guaranteed for submission with the CoC Collaborative Application.

Projects interested in voluntarily reallocating should notify CoC Membership Council in writing of their intent by the due date of HUD’s Grant Inventory Worksheet (GIW). The GIW will serve as CoC Membership’s tool to identify Project Applicants’ intent to reapply for CoC funding.

---

1 Performance Improvement Plan Policy
Reallocation Policy and Procedure-V 3. Revised 3/27/2018
1E-5 Projects Accepted Notification

(8/28/2018)

Good Afternoon,

Please see the attached notice(s) of approval/denial for your project application(s) for the Austin/Travis County FY2018 Continuum of Care Program Competition.

For more information regarding the review and ranking process, please visit: http://www.austinecho.org/coalition-information/

Sincerely,

Casey Soberon
Continuum of Care Coordinator
Ending Community Homelessness Coalition (ECHO)
512-763-2917 | Direct
www.austinecho.org

---

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Markus Triankos,
Casey

Casey Soberan
Continuum of Care Coordinator
Ending Community Homelessness Coalition (ECHO)
512-763-2937 | Direct
[www.austinecho.org](http://www.austinecho.org)

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and the community to end homelessness

*******************************************************************************

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Mike Y. Trinkle,
Casey

Casey Soberman
Continuum of Care Coordinator
Ending Community Homelessness Coalition (ECHC)
512-763-2957 | Direct
www.austinecho.org

---

This email is sent to you by Casey Soberman endingcommunityhomelessness coalition (ECHC) to inform you of program applications that were selected for funding, and for additional information about the process. If you have questions about this email or the status of your application, please contact Casey Soberman at 512-763-2957. You may unsubscribe from this list at any time by replying to unsubscribe@endingcommunityhomelessness.com.
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Many Thanks,

Casey

Casey Soberan
Continuum of Care Coordinator
Ending Community Homelessness Coalition (ECCHO)
512-763-2957 | Direct
[www.austinecho.org](http://www.austinecho.org)
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Mindy Timek
Casey

Casey Soberan
Continuum of Care Coordinator
Ending Community Homelessness Coalition (ECHO)
512-763-2957 | Direct
www.austinecho.org

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Many Thanks,

Casey Soberon
Continuum of Care Coordinator
Ending Community Homelessness Coalition (ECCHO)
512-763-2957 | Direct
www.austinecho.org

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Many Thanks,
Casey
Casey Soberon
Continuing Care Coordinator
Ending Community Homelessness Coalition (ECHO)
512-763-2157 | Direct
[www.austinecho.org](http://www.austinecho.org)

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Many Thanks,

Casey Sobenon
Continuum of Care Coordinator
Ending Community Homelessness Coalition (ECHO)
512-763-2957 | Direct
www.austinecho.org

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Casey Soberon
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Many Thanks,

Casey Soberon
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Casey

Casey Soberan
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Ending Community Homelessness Coalition (ECHO)
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<table>
<thead>
<tr>
<th>Project Description</th>
<th>Address</th>
<th>Total Rent</th>
<th>Current Rent</th>
<th>Grant Term</th>
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<td>Housing Assistance Program (HAP)</td>
<td>120 West Broadway Ave</td>
<td>$190,200</td>
<td>$150,200</td>
<td>1 Year</td>
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<td>Low Income Housing Officers (LIHO)</td>
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<td>Supportive Housing Program (SHP)</td>
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<td>Community Development Block Grant (CDBG)</td>
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1E-5 Projects Accepted Notification

(8/28/2018)
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<tr>
<th>Ranking</th>
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<th>Organization</th>
<th>Address</th>
<th>Federal Funding</th>
<th>City Funding</th>
<th>Status</th>
<th>Grant Term</th>
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<td>13</td>
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<td>Central</td>
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</tbody>
</table>

**TOTAL** | **$817,000** |
August 28th, 2018

To: Christine Laguna, Integral Care  
Re: FY2018 Continuum of Care Program Competition Denial Letter

Thank you for your recent submission. This letter serves to notify you that your project application, Healthy Homes, has not been accepted as part of the Austin/Travis County FY2018 Continuum of Care Program Competition to be submitted to the U.S Department of Housing and Urban Development. The Independent Review Team scored all project applications according to the COC policies, which can be found on the ECHO website. While your project application did not achieve the score necessary to be included, the COC is submitting a strong rapid rehousing proposal that we believe will be competitive.

The full list of projects prioritized can be seen on the ECHO website http://www.austinecho.org/coalition-information/

Sincerely,

Ann G. Howard  
Executive Director  
annhoward@austinecho.org

Ann G. Howard  
Executive Director  
annhoward@austinecho.org  
(512) 963-7630
1E-5 Local Competition Deadline Public Postings

(6/26/2018)

TX-503 Austin/Travis County Continuum of Care
FY18 NOFA Timeline

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Project Ranking Deadline</th>
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<tbody>
<tr>
<td>May 4th</td>
<td>Local competition Bullets Conference and CoC overview</td>
</tr>
<tr>
<td>June 4th</td>
<td>Local Review applications due at Community Forum</td>
</tr>
<tr>
<td>June 20th</td>
<td>NOFA release</td>
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<tr>
<td>July 6th</td>
<td>Bullets Conference for new projects</td>
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<tr>
<td>July 11th</td>
<td>Intent to Apply Forms for new projects due to ECHO</td>
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<tr>
<td>July 23rd</td>
<td>New Project Applications due to SERD</td>
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<tr>
<td>July 25th</td>
<td>New and Revised Project applications completed (not submitted) in e-notes</td>
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<tr>
<td>August 15th</td>
<td>Membership Council/CoC final Project Prioritize Listing</td>
</tr>
<tr>
<td>August 17th</td>
<td>IHU Deadline - All Projects must be submitted to CoC in e-notes</td>
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<tr>
<td>August 20th</td>
<td>IHU Review - all applications reviewed in e-notes with revisions</td>
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<tr>
<td>August 31st</td>
<td>ECHO notifies all applicants in writing of acceptance/rejection and ranking</td>
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<tr>
<td>September 2nd</td>
<td>IHU Deadline - CoC to notify Project Applicants of inclusion in Collaborative Application</td>
</tr>
<tr>
<td>September 3rd</td>
<td>Applicant appeal deadline (local)</td>
</tr>
<tr>
<td>September 10th</td>
<td>Applicant appeal deadline (local)</td>
</tr>
<tr>
<td>September 10th</td>
<td>Review and post Priority Listing</td>
</tr>
<tr>
<td>September 11th</td>
<td>Post CoC Application and Priority Listing on website for public review</td>
</tr>
</tbody>
</table>

(7/6/2018)

Invitation to apply for FY2018 HUD CoC Program funds

This email is to serve as an invitation for interested parties to apply for Continuum of Care (CoC) Program funds. Annually, the U.S. Department of Housing and Urban Development (HUD) holds a national competition for CoC Program Funds to provide housing and services to individuals and families experiencing homelessness.

HUD released the Notice of Funding Availability (NOFA) for the 2018 CoC Program competition on June 20th, 2018. The Ending Community Homelessness Coalition (ECHO), the Collaborative Applicant for the Austin/Travis County Continuum of Care, is the lead agency responsible for completing and submitting the Consolidated Application for funding on behalf of the CoC. The Consolidated Application consists of a CoC Collaborative Application, Priority Listing, and Project Applications.

The local competition is open to eligible applicants interested in applying for new project funding. Please see the resources below for required documents and local competition deadlines.

Resources and Information

- [Intant to Apply Form](#) - Applicants interested in applying for new project funding are required to submit an Intent to Apply Form to caseysoberon@austinecho.org by July 12th, 2018.
- Local Competition Resources
- HUD CoC NOFA Resources

Questions regarding this funding opportunity may be directed to Casey Soberon, Continuum of Care Coordinator, at caseysoberon@austinecho.org.
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I. **CoC Governance**  
Approved by the Membership Council on: May 11, 2016.  
Effective Date: May 11, 2016  

A. **Regulatory Citation**  
24 CFR Part 578  

B. **HUD Guidance Documents and Resources**  
• CoC Duties: Establishing and Operating a Continuum of Care  
  hudexchange.info/resources/documents/EstablishingandOperatingaCoC_CoCProgram.pdf  

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

D. **Purpose**  
A CoC board shall develop policies and procedures conforming to the U.S. Department of Housing and Urban Development (HUD) requirements detailed in 24 CFR part 578.1 to:  
  a. Designate a CoC Lead Agency to serve as the Collaborative Applicant to operate the Continuum of Care;  
  b. Designate an Administrator of the Homeless Management Information System; and  
  c. Conduct year-round Continuum of Care planning of homeless and homeless prevention housing and services.  

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

F. **Continuum of Care Governance Charter**  
The Continuum of Care shall elect a Board of Directors, hereafter called the Membership Council, to be governed by a Governance Charter. The CoC Membership Council is the decision-making body of the CoC. The Governance Charter shall provide procedures for:  
  • Invitation, selection, term and conduct of Continuum of Care board membership and leadership;  
  • Establishment of committees and the appointment and duties of members;  
  • Board meeting frequency, reporting and public participation requirements; and  
  • Charter review and approval.  
  
▶ As required by 24 CFR 578.7(a)(5) the Continuum of Care Governance Charter will be reviewed, updated and approved by the CoC Membership Council annually in consultation with the Collaborative Applicant and the Homeless Management Information System (HMIS) Lead. Refer to the **Appendix section** for a copy of the **CoC Governance Charter**.
G. Membership Council: Composition, Selection, Terms, and Leadership

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

a. Homeless or formerly homeless individual(s), and
b. Representatives of the relevant organizations and projects serving the homeless population such as:
   i. Business
   ii. Behavioral Health
   iii. Primary Health
   iv. Criminal Justice/law enforcement
   v. City HHS
   vi. City NHCD
   vii. County HHS
   viii. Employment
   ix. Private Funder
   x. Youth
   xi. Public ISD
   xii. Veterans - non HUD funded provider
   xiii. DV – non HUD funded provider
   xiv. Representative from ECHO Board of Directors
   xv. HUD Funded Provider 1 – Permanent Housing
   xvi. HUD Funded Provider 2 – Interim Housing
   xvii. HUD Funded Provider 3 – City PHA
   xviii. HUD Funded Provider 4 – County PHA
   xix. Chairs of any established Membership Council Work-Groups

c. Governmental and quasi-governmental entities may request of the CoC Membership Council the right to appoint a member.

d. Advisory Seats: In addition to the above roles, council members may designate non-voting representatives to attend and participate in meetings to provide advice and expertise on particular issues.

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

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

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

d) **Terms**

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

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

**H. Membership Council: Meetings and Committees**

a) **Meetings**

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

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

b) **Committees**

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

**I. Selection and Evaluation of the Collaborative Applicant**

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

**J. Selection and Evaluation of the HMIS Administrator**

The Membership Council will select a single eligible organization to serve as the HMIS Administrator responsible for administering the HMIS in compliance with requirements prescribed by HUD.
Currently the selected organization is the Ending Community Homelessness Coalition (ECHO). ECHO was elected as the HMIS Lead back in 08/09/2012 and has kept its designation since 2012.

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

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

- Provide feedback on the current written standards;
- Program participant feedback on the Coordinated Entry Process;
- The effectiveness and appropriateness of housing and services for current program participants;
- The CoC’s success at meeting the performance standards in Section 427 of the McKinney-Vento Act;
- Changes in the characteristics of the homeless population within the CoC; and
- Changes in the housing and service resources available.
II. **CoC Program Grant**  
Approved by the Membership Council on: May 11, 2016.  
Effective Date: May 11, 2016

A. **Regulatory Citation**  
24 CFR 578.7

B. **HUD Guidance Documents and Resources**  
Overview of CoC Program Components and Eligible Costs  

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

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

E. **Project Evaluation, Monitoring and Performance Reporting**  
The Collaborative Applicant will utilize the Continuum of Care Planning Grant to provide program monitoring, evaluation and reporting of programs funded under the CoC Program Grant.

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

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

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

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

a) Quarterly CoC Project Performance Scorecards

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

Project performance will be monitored on a quarterly basis via the HMIS generated APR and CoC Performance Scorecards. The Performance Scorecards measure performance on several benchmark criteria and are selected based on HUD recommended performance measures. Scorecard calculations will be generated by project staff running reports from HMIS, completing the fields in the Quarterly Performance Scorecard form, and submitting documents to ECHO for final review. Quarterly reports are due approximately 10 days after the end of each quarter. The quarters are as follows:

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Dates</th>
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<tbody>
<tr>
<td>1st Reporting Period</td>
<td>April 1 – March 31</td>
</tr>
<tr>
<td>2nd Reporting Period</td>
<td>July 1 – June 30</td>
</tr>
<tr>
<td>3rd Reporting Period</td>
<td>October 1 – September 30</td>
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<tr>
<td>4th Reporting Period</td>
<td>January 1 – December 31</td>
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CoC funded projects are monitored by ECHO through data collected from HMIS or comparable database (for Victim Service Providers). Quarterly Performance Scorecards measure performance on 12-items in which points are awarded for meeting benchmark standards. The awarded points from all 12-items are calculated so that the total number of points a project can receive is 100 points (32 for HMIS standards and 68 for Project Performance standards).

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

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

c) Actions against Poor Performance

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

F. Application for CoC Program Grant Funds

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

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

G. CoC Project Ranking and Funding Decision Process

The Membership Council will appoint an Independent Review Team (IRT) whose primary purpose will be to carry out the project ranking and funding decisions for the Continuum of Care Program local competition. The IRT may also serve in other prioritization and funding allocation capacities as determined by the CoC Membership Council.
The CoC Membership Council will appoint the Chair of the IRT and make an annual call for nominations for members. The CoC Membership Council will elect from the slate of nominees up to 9 IRT Members.

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

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

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

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

- **FY18 NOFA Review, Rate and Ranking Policy and Procedures**
III. CoC Planning

A. Regulatory Citations
   24 CFR 578.7(c)

B. HUD Guidance Documents and Resources
   • Notice CPD-13-011: 2014 HIC and PIT of Homeless Persons Data Collection Guidance
   • System Performance Measures Introductory Guide

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

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

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

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

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

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

A. **System Wide Performance Measurements**

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

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

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

A. Regulatory Citations
   24 CFR 578.7(a)(9)(iii)-(iv)
   24 CFR 578.37(a)(1)(ii)

B. HUD Guidance Documents and Resources
   • Rapid Re-Housing Brief
   • Rapid Re-Housing Performance Benchmarks and Program Standards
     www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards
   • Rapid Re-Housing: ESG vs. CoC
     www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_CoC.pdf
   • SNAPS in Focus: Rapid Re-Housing as a Model and Best Practice

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

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

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

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

   Rapid re-housing is a Housing First intervention meaning that the primary focus is moving households into housing quickly without preconditions. In other words, programs should not be screening out households based on criteria that are assumed to predict successful outcomes, such as income, employment, criminal history, mental health history, medical history, or evidence of “motivation.” Additionally, housing first programs do not require sobriety or medication/treatment compliance as a condition of housing condition or detainment.
c) Determining Amount and Duration of Rental Assistance.
Per 24 CFR part 578.37(a)(1)(ii)), CoCs must establish standards for determining 1) what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance, 2) the maximum amount or percentage of rental assistance that a program participant may receive; 3) the maximum number of months that a program participant may receive rental assistance; and 4) the maximum number of times that a program participant may receive rental assistance.

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

- **Housing Stability Plan with Exit Strategy:** Program staff should develop with each client a housing plan with the amount and duration or standards for determining the amount or duration of rental assistance each client will receive and a program exit strategy with plans to reduce the client’s financial assistance over time. To do so, program staff should consider the participant’s current or expected income and expenses; other public or private assistance for which the program participant will be eligible and likely to receive; and the relative affordability of available housing in the area.

- **Progressive Engagement:** Program staff should adopt a ‘progressive engagement’ approach, wherein households experiencing homelessness are given a basic level of financial and services supports and ongoing monitoring and periodic reassessment help program staff determine if and when the basic level of assistance should be increased, decreased or discontinued once households enter permanent housing. This crisis-related, lighter-touch (typically six months or less) approach allows financial and staff resources to be directed to as many individuals/households experiencing a housing crisis as possible. At the same time, depending upon funder flexibility, programs should be designed to allow households to return for more assistance if needed.

- Other than the ESG rule stating that the participation period shall not exceed 24 months within three years, local providers have the discretion to determine the maximum number of times assistance may be provided.

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

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

Additional desired outcomes for Rapid-Rehousing programs include increasing income during program enrollment, obtaining mainstream benefits.
V. CoC Transitional Housing Assistance

A. Regulatory Citations
24 CFR 578.7(a)(9)(ii)
24 CFR 578.37(a)(ii)

B. HUD Guidance Documents and Resources
- SNAPS in Focus: What About Transitional Housing?
- Recovery Housing Policy Brief
- Retooling Transitional Housing
  http://www.endhomelessness.org/pages/retooling-transitional-housing
- The Role of Long-Term, Congregate Transitional Housing in Ending Homelessness

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

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

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

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

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

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

A. Regulatory Citations
24 CFR 578.7(a)(9)(v)
24 CFR 578.37(a)(1)(i)

B. HUD Guidance Documents and Resources

- SNAPS In Focus: Prioritizing Persons with the Highest Level of Need in Permanent Supportive Housing

- Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status:

- Notice CPD-16-011: Prioritizing Persons Experiencing Chronic Homelessness in PSH and Recordkeeping Requirements

- Housing First in Permanent Supportive Housing
  [https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf](https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf)

- Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status

C. Policies and Procedures

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

Permanent Supportive Housing provides participants with an ongoing rental subsidy and with intensive supportive services. PSH programs are prioritized for households who are chronically homeless and who are the most vulnerable. PSH programs serve households with high needs (determined by VI-SPDAT score) and multiple barriers to housing. Programs can operate on a
project-based or scattered-site model. Essential program components include case management, rental subsidy, health care access, harm reduction and Housing First. Services in supportive housing are flexible and participation in case management is not a requirement for program eligibility or for ongoing program enrollment. They focus on ensuring housing stability as a foundation for addressing needs related to mental health, substance use, health, and employment.

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

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

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

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

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

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

b) Standards and Benchmarks
Local PSH programs must actively work towards and measure their progress in achieving the goals of:
1) Reducing the length of time program participants spend homeless;
2) Exiting households to permanent housing, and
3) Limiting returns to homelessness within 2 years of program exit.
4) Increasing household’s income and
5) Increasing households who obtain mainstream benefits.
VII. Coordinated Entry  
Approved by the Membership Council on: January 8, 2018  
Effective Date: January 23, 2018

Coordinated Assessment Written Standards

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I. Background, Goals, and System Expectations

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

B. Guidance Documents and Resources
   • Coordinated Entry Policy Brief
   • Coordinated Entry Self-Assessment
     https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/
   • National Alliance to End Homelessness
     https://endhomelessness.org/resource/coordinated-entry-toolkit-core-elements/
   • Coordinated Entry and Victim Service Providers FAQs
     https://www.hudexchange.info/resource/4831/coordinated-entry-and-victim-service-providers-faqs/

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

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

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

D. Background
   Provisions in the CoC Program Interim Rule at 24 CFR 578.7(a)(8) require that Continuums of Care (CoC) and recipients of HUD CoC Program and HUD Emergency Solutions Grants (ESG) Program funding establish a centralized or coordinated assessment system. Per the requirements established in this Notice, the CoC’s coordinated entry process must:
1. Cover the entire geographic area claimed by the CoC;
2. Be easily accessed by individuals and families seeking housing or services;
3. Be well-advertised;
4. Include a comprehensive and standardized assessment tool;
5. Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
6. Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

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

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

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

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

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

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

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

F. Expectations of Coordinated Entry Process (CEP) Participation
a) As the Lead Agency in the Austin/Travis County Continuum of Care, ECHO will:
   • Create, support, and monitor standardized access points and assessment processes which are low barrier and cover the full geographic range of the CoC
   • Monitor use of the standardized prioritization criteria as part of a uniform and coordinated referral process for all beds, units, and services available at participating projects.
   • Affirmatively market the CEP to ensure fair and equal access, especially for people in the CoC least likely to access homeless assistance.
   • Create and maintain CoC policies and procedures that meet all HUD standards and requirements for all project types participating in the CEP.
   • Convene regular opportunities for ongoing planning and stakeholder consultation.
• Administer initial and ongoing trainings for CoC staff who are approved by the CoC to administer assessments.
• Securely maintain the Homeless Management Information System (HMIS), in accordance with CoC HMIS policies and procedures.
• Coordinate, integrate, and leverage mainstream community resources to maximize impact of services for individuals who are experiencing homelessness.

b) **As Active Participants in the Austin/Travis County CoC Coordinated Entry Process, Covered Programs and Projects will:**
• Agree to follow all applicable coordinated entry written standards as adopted by the CoC.
• Agree to follow all universally applicable CoC written standards as adopted by the CoC (including, but not limited to, Client Confidentiality, Equal Opportunity, and Non-Discrimination policies).
• Agree to follow all applicable project-type-specific written standards as adopted by the CoC (including, but not limited to, Permanent Supportive Housing, Rapid Re-housing, Transitional Housing, Emergency Shelter, Housing Navigation, Street Outreach, Homelessness Prevention, and Landlord Outreach).
• Agree to assign all beds, units, and services available at participating projects solely through the CEP uniform referral process.
• Provide timely updates to the CoC related to referrals assigned through the CEP.
• Actively participate in ongoing planning and stakeholder consultation opportunities.

**II. Systems Eligibility, Access, and Evaluation**

**A. Target Population and Eligibility**
The Coordinated Entry Process is open to all individuals and families in Austin/Travis County experiencing Category One (Literal Homelessness) or Category Four (actively fleeing domestic violence) homelessness, both as defined by HUD, regardless of any potential barriers such as lack of income, criminal history, substance use, or prior program experiences.
Due to partnership with local SSVF programs, CEP is also available to Active Duty U.S. Military Veterans in Williamson County and Bastrop County who otherwise meet CEP eligibility criteria.
CEP participants may not be screened out of the process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, active or a history of domestic violence, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, criminal record, or active of a history of victimization.
CEP programs must ensure equal access to CEP regardless of the person’s sexual orientation, or marital status, and in accordance to the person’s gender identity and/or expression.

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

1) No program participating in the CEP may deny services to a household based on past or current experiences as a victim of Domestic Violence, Sexual Assault, or other traumatic victimization.

2) In addition to the CEP integrated into the CoC’s shared HMIS system, the CoC also supports a Violence Against Women Act (VAWA)-compliant Victim Service Provider (VSP) CEP specifically dedicated to victims of Domestic Violence and the programs dedicated to serving them. This internal system is maintained by SafePlace on behalf of SAFE Alliance, and housing programs dedicated to victims of DV who are required to use the CoC CEP must use this internal VSP-dedicated system, in full compliance with applicable CEP Written Standards, including the referral prioritization steps.

3) Any client may choose to request assistance from either or both of the CoC CEP databases. There must be fully informed consent around this choice whereby clients are informed of all potential safety concerns of choosing the CoC’s shared HMIS CA system instead of or in addition to the limited visibility VSP system.

4) Clients may choose to be partly or wholly anonymous in either system, as described in the HMIS Policies and Procedures. ECHO and SafePlace will coordinate service and assessment data regularly to minimize risk of duplication of services or unintended service gaps.

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

B. **System Access Options**

The CEP can be accessed through the following options:

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

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

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

a) **Affirmative Marketing**

CoC and ESG funded programs must develop in writing, implement and document procedures used to market services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability who are least likely to apply in the absence of special outreach. See the CoC’s Affirmative Marketing Written Standards for a full description of current affirmative education and messaging efforts.
b: Prevention Services
The CoC does not currently provide any prevention services through CoC or ESG programs, so there are no Prevention-specific access points.

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

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

C. Assessor Training
ECHO is responsible for providing training opportunities to interested, qualified organizations and/or staff persons at organizations that wish to serve as access points or administer assessments. The purpose of the training is to provide all staff administering assessments access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC’s coordinated entry written policies and procedures.
ECHO will provide these training opportunities at least once quarterly, and ECHO will revise these training materials at least once annually. At a minimum, these training opportunities will include:
- Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization; and
- Criteria for uniform decision-making and referrals

Potential assessors may be trained in some or all of the CEP phases, and ECHO is responsible for certifying which phases an assessor has been trained to complete. Trained Assessors are responsible for attending refresher trainings as developed and required by ECHO to maintain their certification.
For a copy of the most current detailed training materials, see the attached Assessor Training Manual in the Appendix.

D. Data Management
HMIS is used by the CoC’s coordinated entry process for collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process.
For the complete description of CoC Written Standards pertaining to HMIS, data management, and privacy protections, see the HMIS Written Standards.

a: Privacy Rights
Participants must be informed that they are freely allowed to decide what information they provide at every step of the assessment process, including refusing to answer questions entirely. Participants may also refuse specific services, housing options, and personal information sharing options without any retribution or limiting their access to any form of assistance that does not explicitly require that specific information to establish or document program eligibility. This right to refusal fully covers any specific medical diagnosis or disability information.
b: By-Name List Case Staffing
The CoC utilizes closed, individualized case staffing sessions to coordinate housing and support services across multiple potential community service providers.

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

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

Staff from programs covered by the CoC ROI are allowed to attend these meetings for the sole purpose of identifying and coordinating housing and support services. Staff must sign in and identify their agency and service role before these meetings begin, and any agency or role not covered by the ROI is asked to leave before the closed staffing session starts. Any client who has not provided active consent to have personal or service information shared at these meetings cannot be discussed during the meeting.

E. Evaluation and Grievances
The CoC uses the following monitoring tools to ensure transparency and community input:

1. Regular Staff Meetings: The CE Program Manager will meet a minimum of once a week with ECHO’s Coordinated Assessment Implementation Specialists. The Program Director will meet a minimum of once a month with ECHO’s Coordinated Assessment Implementation Specialists and trained assessment staff from all participant agencies. The groups will discuss a variety of topics that are relevant to ensuring the smooth operation of the program and to promote continuous learning. Topics may include team building activities, consumer case reviews, challenges and opportunities for systems improvement, and ongoing trainings.

2. Monthly Updates: ECHO’s Housing Work Group meetings will take place on a bimonthly basis with time allowed for Coordinated Entry updates and community discussion. Meetings occur the third Wednesday of every month from 9am to 11am.

3. Online Surveys: Easy-to-use online surveys will be distributed electronically to homeless services providers at least once every six months during the contract year. Responses will be analyzed and used to assist Coordinated Entry staff make improvements in the assessment process.

4. Troubleshooting: The program director and manager will be available for troubleshooting outside of meeting times during normal business hours.

5. Monitoring a Feedback Email Address: The Program Director’s email address will be publicized for use by all stakeholders as a means of providing ongoing feedback about program operations.

6. Ongoing Focus Groups with Service Providers: Focus groups will be conducted with service provider staff and/or stakeholders for the purpose to engaging in thoughtful and constructive dialogue around Coordinated Entry improvement. These groups will generally attempt to bring multiple providers together who provide similar or complementary intervention services, such as Permanent Supportive Housing, Rapid Re-Housing, Transitional Housing, or Veterans’ Services. At least 3 focus groups will be conducted during the year.
All of these tools are intended to identify areas of potential growth or systems improvements through a diverse variety of feedback opportunities from multiple community sources.

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

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

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

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

### III. Coordinated Entry Process Detailed Steps

#### A. Coordinated Entry Process Introduction

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

CEP participants are freely allowed to decide what information they provide during every step of the
assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to any form of assistance that does not require that specific information to establish or document program eligibility. This right to sharing and refusal explicitly covers Private Health Information such as mental health diagnosis or other specific disability diagnoses. All data collected through the CEP is fully covered by the CoC Privacy Protections, as laid out in the HMIS Policies and Procedures.

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

B. Coordinated Entry Process Summary

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

- **Phase One: Initial Triage** – Identifying whether the CoC crisis response system is the appropriate system to address the potential participant’s needs, or whether another system can resolve the crisis
  - Purpose:
    - To ensure potential CEP participants are accessing the appropriate service system to meet their needs
    - To determine potential CEP eligibility
    - To affirmatively educate and inform participants by providing simple and clear expectations of CEP services and process
    - To ensure CEP participants are aware of their rights

- **Phase Two: Diversion and/or Prevention Screening** – Examining whether existing CoC and participant resources and options could be used to avoid entering the homeless system of care
  - Purpose:
    - To determine whether a household that is immediately entering or has already entered literal homelessness can be reunited with friends, family, or another immediate permanent housing opportunity (Diversion)

- **Phase Three: Crisis Services Intake** – Determining whether a participant can be immediately enrolled in a crisis response project such as emergency shelter, crisis hotline, or short-term crisis residential facility
  - Purpose:
    - To provide Victim Service Provider information to any CEP participant experiencing or at potential risk of experiencing Domestic Violence
    - To provide emergency shelter information to CEP participants experiencing or at risk of experiencing unsheltered homelessness

- **Phase Four: Initial Assessment** – Identifying a participant’s housing needs and potential services with the intent to resolve the participant’s immediate housing crisis
  - Purpose:
    - Re-explaining and re-affirming participant rights
    - Determining potential service needs
    - Determining potential program eligibility
    - Screening for vulnerability and program prioritization
    - Explaining potential housing interventions and support services
    - Obtaining informed consent to share participant information
    - Entering basic client information into HMIS
- Documenting any observed potential inaccuracies in the assessment process to this point

- **Phase Five: Comprehensive Assessment** – Refining, clarifying, and verifying a participant’s housing and homeless history, barriers, goals, preferences, vulnerability, and prioritization for assistance.
  - **Purpose:**
    - Verifying and documenting eligibility for specific programs or program types
    - Identifying additional programs that are potentially available through further screening or assessment
    - Identifying individualized participant housing goals and preferences
    - Reviewing and discussing previous system experiences and past housing crises
    - Affirmatively engaging and re-engaging CEP participants
    - Further assessing cases with reported potential inaccuracies
    - Proactively offering supportive services in anticipation of potential housing intervention program openings

- **Phase Six: Next Step/Move-On Assessment** – Revising referral strategies and service recommendations based upon information revealed or known after an Initial Assessment is conducted, as well as re-evaluating service strategies for participants who are already connected to existing services and may be ready for less intensive housing and service strategies.
  - **Purpose:**
    - Evaluating whether participants currently enrolled in Progressive Engagement RRH model project who qualified for PSH at upon enrollment into RRH may need to be referred/transferred to a PSH program (currently under development in this CoC)
    - Evaluating whether a PSH participant may be ready to leave the program for other permanent housing with less intensive services (currently under development in this CoC)

### C. Coordinated Entry Process Detailed Step Descriptions

#### a: Phase One Description: Initial Triage

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

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

**Initial Triage Steps:**
- Introduction and description of CEP
- Verification of presumptive eligibility
  - Description of services requested by potential participant
  - Housing Status Verification
  - Location verification
o Checking for previous assessment information
  • Grievance procedure/non-discrimination complaint offer
  • Referral to potential outside resources

As with all other phases, a more detailed description of steps and potential scripts is included within the Assessor Training Manual. However, all assessment interactions must adhere to the following standards:

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

Participants must be informed of their right to file a grievance or complaint for any reason, through any of the following avenues:
  • Completing an Assessment Review Request with any trained assessor
  • Emailing the CEP Program Director directly at coordinatedassessment@austinecho.org
  • Following the Integral Care Consumer Grievance and Appeals procedure, as currently described at www.integralcare.org/content/grievance-and-appeals
  • Following the internal grievance process for any member of the CoC

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

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

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

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

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

Diversion and/or Prevention Screening Steps:
  • Diversion Screening
  • Diversion Assistance

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

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

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

c: Phase Three Description: Crisis Services Intake

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

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

**Crisis Services Intake Steps:**
- Victim Services/Domestic Violence Screening
- Shelter Screening

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

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

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

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

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

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

d: Phase Four Description: Initial Assessment

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

**Purpose:**
- Re-explaining and re-affirming participant rights
- Determining potential service needs
• Determining potential program eligibility
• Screening for vulnerability and program prioritization
• Explaining potential housing interventions and support services
• Obtaining informed consent to share participant information
• Entering basic client information into HMIS
• Documenting any observed potential inaccuracies in the assessment process to this point

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

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

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

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

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

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

If a family with minor children is currently separated, but attempting to reunite, the assessor should complete the Family VI-SPDAT if the head of household retains custody per client self-report (including shared custody) and intends to reunite immediately after move-in. For all other situations, the participant should complete the individual VI-SPDAT vulnerability assessment, then indicate possible
future changes to their household composition during the eligibility and housing plan steps. Households may complete an additional vulnerability assessment whenever at least one of the following circumstances are met:

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

**Participant Autonomy**
Participants must be given active choice and autonomy in selecting among all potential services and providers that can potentially meet their stated needs. Participants who are being offered a type of service based upon their vulnerability and eligibility screening questions should be informed of why these referrals are being offered, as well as the steps that can be taken to request different services. Participants choosing a housing intervention/program that provides a lower level of services rather than the housing intervention recommended through their initial assessment responses should be clearly informed of the services they are declining, as well as how this decision could potentially affect their future eligibility for these programs.

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

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

**e: Phase Five Description: Comprehensive Assessment**
**Definition:** Refining, clarifying, and verifying a participant’s housing and homeless history, barriers, goals, preferences, vulnerability, and prioritization for assistance.

**Purpose:**
- Verifying and documenting eligibility for specific programs or program types
- Identifying additional programs that are potentially available through further screening or assessment
- Identifying participant’s individualized housing goals and preferences
- Reviewing and discussing previous system experiences and past housing crises
- Affirmatively engaging and re-engaging CEP participants
• Further assessing cases with reported potential inaccuracies
• Proactively offering supportive services in anticipation of potential housing intervention program openings

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

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

For Details about Navigation and Outreach, see Section Four.

Initial Income and Housing Plan

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

At a minimum, the Initial Income and Housing Plan must offer the participant the chance to answer three general questions:
  • Housing Goals: Where all is the participant interested in living?
  • Income Plan: How does the participant plan on financially maintaining those goals?
  • Temporary Shelter: Is there somewhere safe and appropriate they can stay while their permanent housing goals are achieved?

Veteran Status Verification

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

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

Definition: Revising referral strategies and service recommendations based upon information revealed or known after an Initial Assessment is conducted, as well as re-evaluating service strategies for participants
who have already started receiving services and may be ready for less intensive housing and service strategies.

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

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

## IV. Prioritization, Navigation, Outreach, and Referrals

### A. Prioritization

The CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. Program eligibility verification is a separate process described in the Referral section. Program eligibility and program prioritization are separate criteria. Eligibility refers to limitations on who can be accepted to a program based on the program’s funding sources and other mandated or adopted qualifying criteria. Prioritization refers to the order in which those eligible participants will be referred to that program based on common community-wide standards of relative need. Prioritization criteria must be applied equally and fairly across all eligible potential program participants, as maintained by the CoC. Refusing or declining a specific service or program does not in any way affect a household’s prioritization for comparable services. If a participant believes they have been refused services unfairly for any reason, the participant should be informed of the steps to file a grievance as described in the Grievance procedure/non-discrimination complaint offer section.

The following service interventions are prioritized by vulnerability and severity of service need, as described below:
- Permanent Supportive Housing
- Rapid Re-housing
- Transitional Housing
- Housing Navigation Case Management

To allow for immediate crisis responses, entry to the following service interventions is not prioritized:
- Emergency shelter
- Short term crisis residential facilities
- Domestic violence and emergency service hotline
- Drop-in services
- Street Outreach

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

**a: Permanent Supportive Housing Prioritization**

In this housing intervention, the household is expected to need intensive, long-term housing case management services, including long-term rent subsidy, to regain stable housing and retain it permanently. The household’s supportive service needs are usually intense, multifactorial, and expected to be of long duration. Households are prioritized for this intervention according to the following criteria:
• Priority One:
  o Households that meet the definition of **chronically homeless**, as defined by HUD (as of the time of these standards, HUD Prioritization Notice CPD-16-11)
• Priority Two:
  o Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.
• Priority Three:
  o Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.
• Priority Four:
  o Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
    ▪ Total number of nights spent literally homeless in the prior year
    ▪ Total number of nights spent continuously literally homeless
• Priority Five:
  o If all of the above criteria is identical, then whichever household first completed the vulnerability assessment will be prioritized (as having first presented for assistance).

**b: Rapid Re-Housing Prioritization**

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

• Priority One:
  o Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.
• Priority Two:
  o Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.
• Priority Three:
  o Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
    ▪ Total number of nights spent literally homeless in the prior year
    ▪ Total number of nights spent continuously literally homeless
• Priority Four:
c: Transitional Housing Prioritization
In this housing intervention, the household is expected to need formal programmatic assistance to get back into permanent stable housing. The household is expected to only need short-term intensive housing services to end their homelessness, but may still need some specialized long-term supportive services from community service providers to maintain stability permanently. Please note that Transitional Housing as a housing intervention differs from a short term crisis residential facilities by being a distinct, independent pathway to housing, not a crisis services intervention.

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

- **Priority One:**
  - Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.

- **Priority Two:**
  - Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.

- **Priority Three:**
  - Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
    - Total number of nights spent literally homeless in the prior year
    - Total number of nights spent continuously literally homeless

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

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

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

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

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

B. Participant Autonomy
Participants must be given active choice and autonomy in selecting among all potential services and providers that can potentially meet their stated needs. Participants who are being offered a type of service based upon their vulnerability and eligibility screening questions should be informed of why these referrals are being offered, as well as the steps that can be taken to request different services. Participants choosing a housing intervention/program that provides a lower level of services rather than the housing intervention recommended through their initial assessment responses should be clearly informed of the services they are declining, as well as how this decision could potentially affect their future eligibility for these programs.

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

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

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

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

a: Referral Steps
A. Program Opening Notification
   a. Once a project knows that a unit or service will become available, the program is responsible for informing ECHO of the upcoming availability as early as feasible.

B. Referral Identification
   a. Once ECHO has been informed that a unit or service will become available, ECHO is responsible for identifying the highest priority participant who is presumed eligible and interested in that opening from their assessment information.

   b. ECHO is then responsible for sharing this household’s information with the program. At a minimum, this information must include:
      i. A summary of the household’s presumptive eligibility
      ii. A reasonable method (or methods) of contacting the household
      iii. Documentation that the household has consented to the sharing of this information
c. If a referral cannot be made due to a lack of required initial documentation (such as chronic homelessness documentation for CoC PSH), then the participant and any case manager navigating the case should be informed that this has occurred.

C. Referral Notification
   a. Once a participant’s presumptive eligibility information has been shared with a project, the project is responsible for contacting the participant to inform them of their potential services and to set an enrollment date to confirm their eligibility.
   b. Programs are expected to contact participants to set an intake date within ten business days of receiving the household’s information. If a participant cannot be contacted, see the Outreach section.
   c. This notification should include clear information about the project they are being invited to, what they can expect from the project, and what the project expects of participants.

D. Engagement and Enrollment
   a. Programs are responsible for verifying any required intervention or program-specific eligibility requirements before providing services.
   b. This enrollment process should include clear, detailed information about the project they are being invited to, what they can expect from the project, and what the project expects of participants, as well as how enrolling in these services may affect eligibility for other housing interventions.
   c. For the standardized criteria and steps to be followed in rare instances of referral rejection (including when a potential participant cannot be verified as eligible), see the Rejecting, Exiting, and Inactivating Referrals section.

E. Exiting
   a. Participants who are enrolled in a housing intervention are expected to remain enrolled until permanently housed.
   b. Programs wishing to exit a client to destinations other than permanent housing are expected to follow the same workflow as for declining or refusal an initial referral, as described in the Rejecting, Exiting, and Inactivating Referrals section.

b: Rejecting, Exiting, and Inactivating Referrals

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

- **Participant is not confirmed eligible for services at time of program enrollment**
  - Program-specific eligibility: If a household is ineligible for a specific program, they should be informed of the specific reason for the ineligibility, then returned to the Prioritization lists to wait for comparable services.
  - General housing intervention eligibility: If a household is ineligible for the housing intervention they initially screened for, they should be informed they are ineligible for this type of service, then removed from the prioritization list for these services.

- **Household presents at enrollment with a new, ineligible member**
  - The household should be informed of the specific reason for ineligibility, then follow the steps for general participant ineligibility.

- **Participant cannot be contacted**
  - See the BOLO section of the Outreach policy for detailed steps.

- **Participant refuses or declines services**
Active or indirect refusal: See the Intensive Outreach section of the Outreach policy for detailed steps.

Assessment Review Request: See the Assessment Review Request policy for detailed steps.

- Participant has permanently left the area
  - “Permanent” is defined here as a departure expected to last at least 30 days. Participants who are declined for this reason should be informed of their option to notify the CoC and restart the housing process when and if they return to the service area.

- Participant has been institutionalized long-term
  - “Long-term” is defined here as an institutionalization expected to last more than 90 days, OR an institutionalization that has lasted at least 30 days, with no projected discharge date. Participants who are declined for this reason should be informed of their option to notify the CoC and restart the housing process when and if they return to the service area.

- Participant passes away

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

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

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

D. Navigation

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

a: Permanent Supportive Housing Navigation

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

At a minimum, PSH Navigation Services must include:

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

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

b: Other Permanent Housing Navigation
Detailed OPH Navigation steps, questions, scripts, and workflow are available in the Assessor Training Manual.
OPH Navigation Services must include:
1) Discussing a participant’s housing preferences and future goals, and assisting the participant in pursuing those goals
2) Discussing a participant’s current income situation and future goals, and assisting the participant in pursuing those goals
3) Gathering Identification Documents required for housing
4) Reviewing and documenting the participant’s current housing status
5) Staying in contact with the participant, and keeping their location and contact information updated
6) Actively assisting the participant in the final warm hand-off to a permanent housing program

When possible, OPH Navigation Services should also include:

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

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

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

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

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

c: Intensive Outreach for Indirect Refusal
1) If a participant does not actively refuse or decline a housing intervention, but a program reports the client otherwise not accepting services or enrollment, the case should be staffed at both the following Outreach & Navigation Work Group and the relevant Housing Intervention Work Group (PSH, RRH, or General Housing).
   • A referral cannot be marked inactive or refused through this staffing process until every reasonable attempt to engage a client in services has been made over the course of at least 30 days, with at least 4 separate attempts occurring within those 30 days.
• If a client’s case is going to be marked inactive or refused through this staffing process, the client must be explicitly informed that this action is occurring, and what steps they can take to affect the outcome. If the participant re-engages within 7 days of this action occurring, then the housing process should continue from where it was left off.

F. Glossary/General Definitions

• Assessment Review Request: A process by which CEP participants, trained assessors, or participating agencies can request additional information or potential corrections in a participant’s reported eligibility or prioritization information

• Assessor Training Manual: A detailed list of workflows and scripts followed by trained assessors during the assessment process

• BOLO List: “Be On the Look-Out” List; an actively managed list of individuals who have services available and waiting for them, but who are currently out of system contact

• CoC: “Continuum of Care;” a designated geographic area targeted for homelessness funding by the Federal government

• CoC Work Groups: groups of CoC services agencies offering common services that meet on a regular basis to coordinate their work

• CEP: Coordinated Entry Process; also sometimes called “Coordinated Entry” (“CE”) or “Coordinated Assessment” (“CA”)

• Diversion: a housing intervention that attempts to return an individual from homelessness directly back into safe and appropriate housing, ideally at the exact moment that the individual first enters literal homelessness

• ECHO: Ending Community Homelessness Coalition; lead agency of the Austin/Travis County CoC

• Eligibility: Limitations on who can be accepted to a program based on the program’s funding sources and other mandated or adopted qualifying criteria.

• ESG: Emergency Solutions Grant; a Federal funding source targeted to end homelessness

• Fleeing or attempting to flee domestic violence: defined by HUD, also known as “Category Four”; broadly defined literally as anyone who is actively fleeing or attempting to flee relationship-based interpersonal violence, or the threat thereof

• HMIS: Homeless Management Information System; a common database for program services coordination; locally administered by ECHO through a software called ServicePoint

• Housing Navigation: a process to actively engage and verify eligibility for households that are potentially eligible for a program, but who need assistance documenting or verifying that eligibility

• Housing Prioritization List, or “By-Name List”: a community wide list where everyone who is assessed is ranked accordingly to their vulnerability and other prioritization criteria

• HUD: U.S. Department of Housing and Urban Development
• **Literal Homelessness**: defined by HUD, also known as “Category One”; broadly defined as any household living outside, in a car, in an emergency shelter, in a transitional housing program, or in any other place not meant for human habitation, OR a household that was living in one of these situations before entering a short-term institutional stay.

• **LOS**: Landlord Outreach Specialist; a staff member whose primary role is identifying and creating new housing partnerships and opportunities for program participants.

• **Prioritization**: Common, community-wide standards that determine who programs serve next from among multiple potential referrals with different vulnerabilities and needs.

• **ROI**: Release of Information; documented informed consent to use a participant’s personal information in specific ways.

• **SOAR**: SSI/SSDI Outreach, Access, and Recovery; a streamlined Social Security disability application process designed to significantly reduce disability benefit application decision times and to increase application approval rates.

• **Trained Assessor**: a person whose has been trained to conduct the coordinated assessment process.

• **Veteran**: defined by HUD; broadly defined as any individual who served at least one day of active duty in the U.S. Military.

• **Victim Service Providers**: any organization barred by the Violence Against Women Act from participating in the community-wide HMIS system; broadly defined as programs assisting survivors of traumatic relationship-based interpersonal violence, including but not limited to domestic violence, sexual assault, and human trafficking.

• **Vulnerability**: a combination of variables that indicate an individual or family is at a higher risk of death or harm due to continued homelessness.
  
  o **VI-SPDAT**: a standardized, shared housing assessment called the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) designed to identify a household’s service needs as well as potential program eligibility.

  o **Family VI-SPDAT**: a version of the VI-SPDAT specialized for families with minor children.

  o **TAY VI-SPDAT**: “Transition Aged Youth Vulnerability Index & Service Prioritization Decision Assistance Tool” a version of the VI-SPDAT specialized for unaccompanied youth.

  o **Full SPDAT**: A longer, more detailed, and more in-depth version of the VI-SPDAT; designed to capture vulnerability nuances and severities that may or may not be fully captured by the VI-SPDAT.
VIII. Anti-Discrimination Policy: Ensuring LGBT Equal Access
Approved by the Membership Council on: August 7, 2017.
Effective Date: August 7, 2017.

A. Regulatory Citations
- Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity

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

C. Definitions

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

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

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

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

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

Gender Non-Conforming refers to someone who does not conform to traditional gender roles or stereotypes. Traditional roles and stereotypes vary based on different cultural and societal ideals.
Individuals may be perceived as having a different gender than their outward appearances (behavior, clothing, hairstyle, body language, voice).

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

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

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

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

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

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**D. Requirements for CoC Funded Programs**

**§5.5.105 Equal Access to HUD-assisted or insured housing**

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

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

a) Applicability. This section applies to assistance provided under Community Planning and Development (CPD) programs, including assistance under the following CPD programs: HOME Investment Partnerships program (24 CFR part 92), Housing Trust Fund program (24 CFR part 93), Community Development Block Grant program (24 CFR part 570), Housing Opportunities for Persons With AIDS program (24 CFR part 574), Emergency Solutions Grants program (24 CFR part 576), Continuum of Care program (24 CFR part 578), or Rural Housing Stability Assistance Program (24 CFR part 579). The requirements of this section apply to recipients and subrecipients, as well as to owners, operators, and managers of shelters and other buildings and facilities and providers of services funded in whole or in part by any CPD program.

b) Equal access in accordance with gender identity. The admissions, occupancy, and operating policies and procedures of recipients, subrecipients, owners, operators, managers, and providers identified in paragraph (a) of this section, including policies and procedures to protect privacy, health, safety, and security, shall be established or amended, as necessary, and administered in a nondiscriminatory manner to ensure that:

1) Equal access to CPD programs, shelters, other buildings and facilities, benefits, services, and accommodations is provided to an individual **in accordance with the individual’s gender**
identity, and in a manner that affords equal access to the individual’s family;
2) An individual is placed, served, and accommodated in accordance with the gender identity of the individual;
3) An individual is not subjected to intrusive questioning or asked to provide anatomical information or documentary, physical, or medical evidence of the individual’s gender identity; and
4) Eligibility determinations are made and assisted housing is made available in CPD programs as required by §5.105(a)(2).

c) Placement and accommodation in temporary, emergency shelters and other buildings and facilities with shared sleeping quarters or shared bathing facilities.
   1) Placement and accommodation. Placement and accommodation of an individual in temporary, emergency shelters and other buildings and facilities with physical limitations or configurations that require or are permitted to have shared sleeping quarters or shared bathing facilities shall be made in accordance with the individual’s gender identity.
   2) Post-admission accommodations. A recipient, subrecipient, owner, operator, manager, or provider must take nondiscriminatory steps that may be necessary and appropriate to address privacy concerns raised by residents or occupants and, as needed, update its admissions, occupancy, and operating policies and procedures in accordance with paragraph (b) of this section.

D. Strategies to implement the Equal Access to Housing Rule

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

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

- **Communicating and Training on Policy:**
  Agencies must make the Equal Access Rule policies and procedures publicly available on the agencies’ website and through other commonly used public notification processes. Agencies must ensure staff, volunteers and contractors are provided a copy of the Agency’s policies and practices regarding Equal Access requirements and are regularly trained to comply with all anti-discrimination policies and procedures.
IX. Fair Housing and Equal Opportunity: Affirmative Marketing and Outreach

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

A. Regulatory Citations

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

B. Background

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

C. Definitions

Affirmatively Furthering Fair Housing

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

Meaningful Actions

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

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

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

E. **Requirements for ESG Funded Programs**

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

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

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

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

G. **Affirmative Outreach and Marketing strategies**

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

- **Partnerships** - creating partnerships or referral relationships with diverse community based agencies or non-profits to ensure all persons including persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability status or limited English proficiency receive information about the offered services.

- **Access to persons with limited English proficiency**. To ensure meaningful access to persons with limited English proficiency programs should 1) translate documents advertising assistance, services, and contact information into other languages common in our community, including notices about participant’s rights, grievance forms and other documents vital for program access and, 2) work with language services or pool of interpreters to assist persons who speak an alternate primary language other than English and need assistance communicating.

- **Inclusive Outreach** - ensuring that current methods of outreach, including street outreach are conducted on a regularly basis, and reach all potentially eligible households in our entire county geography, especially those least likely to apply for assistance and ensure efforts do not intentionally or unintentionally exclude protected groups & classes.

- **Using Data and Self-Assessment** – programs should 1) perform a self-assessment or survey a program’s target population to determine its awareness of the program’s services and assistance, 2) consistently evaluate a program’s service data to ensure the program knows whether certain groups are under-represented, and 3) if data analysis reveals that certain groups are under-represented, determine the reasons causing the under-representation and take actions to address them.

- **Accessible documents** - making documents accessible by online tools used by persons with visual and hearing impairments, such as screen readers.

- **Client’s Rights**: programs should provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws.

- **Documentation**: all programs must 1) maintain records of actions taken to affirmatively market the program including copies of all marketing & outreach materials and written strategies and 2) maintain records to assess the results of those actions.
I. Appendices
1. Governance Charter

AUSTIN/TRAVIS COUNTY CONTINUUM OF CARE
GOVERNANCE CHARTER

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

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

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

CoC Governance Structure

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

The Austin/Travis County CoC consists of:

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Details</th>
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<tbody>
<tr>
<td>CoC Membership Council</td>
<td>The CoC Membership Council is the primary decision-making body for the Austin/Travis County CoC. Board members determine the policy direction of the CoC and ensure the CoC fulfills its responsibilities as assigned by HUD. Additionally, the Membership Council oversees and approves the work of CoC committees and workgroups.</td>
</tr>
<tr>
<td>CoC Standing Committees and Workgroups</td>
<td>While decisions for the Continuum will be made by the Membership Council, the work of the Continuum will generally be carried out by its committees and workgroups. Committees shall not make any policy or funding-related decisions. Committees may make recommendations to the Membership Council, and those recommendations may be placed for voting approval by the CoC Membership Council.</td>
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The Ending Community Homelessness Coalition (ECHO) has been selected by the Austin/Travis County CoC to serve as a CoC Lead Agency. The Lead Agency performs a variety of necessary functions such as performance monitoring, engagement and education of stakeholders, and submission of the annual collaborative CoC Program grant application. ECHO manages all aspects of the CoC, including ensuring all federal HUD CoC Program requirements are met.

ECHO is designated by the Austin/Travis County CoC to apply for grants from HUD and other governmental and philanthropic organizations on behalf of the Austin/Travis County CoC.

ECHO is designated by the Austin/Travis County CoC to operate a Homelessness Management Information System (HMIS) on its behalf. ECHO serves as the HMIS project grantee under the CoC Program and is responsible for managing all aspects of the Austin/Travis County CoC HMIS and ensuring it meets all federal requirements.

The Austin/Travis County CoC has designated Service Point by Mediware as the single HMIS system for meeting HUD client level data collection and reporting.

### CoC Membership Council

#### Purpose

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

#### Regulatory Citation

24 CFR Part 578

#### HUD Guidance Documents and Resources

CoC Duties: Establishing and Operating a Continuum of Care


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

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

#### Responsibilities

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

1. Operate the CoC, which must address:
i. **Regular meetings:** Conduct monthly meetings (twelve during a calendar year) and per 24 CFR 578.7(a), two of those meetings will be public meetings of the full membership with published agendas.
   
i. One of the twelve meetings will also be dedicated to reviewing and updating the CoC’s business, structure, and operations.

ii. **Invitation for new members:** Make an invitation for new members to join publicly available within the geographic area at least annually;

iii. **Additional committees:** Appoint committees or workgroups;

iv. **Governance Charter:** In consultation with the CoC Collaborative Applicant and the HMIS Lead, develop, follow, and update annually this governance charter, which will include all procedures and policies needed to comply with CoC requirements as prescribed by HUD; and a code of conduct and recusal process for the Membership Council, its chair(s), and any person acting on behalf of the board;

v. **Monitoring:** Consult with recipients and sub-recipients of CoC funding to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;

vi. **Evaluation:** Evaluate outcomes of projects funded under the City of Austin/Travis County Emergency Solutions Grants program (hereinafter referred to as “ESG”) and the CoC program, and report to HUD;

vii. **Coordinated Entry:** In consultation with recipients of ESG funds, establish and operate a centralized and Coordinated Entry System that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

viii. **Written Standards:** In consultation with recipients of ESG funds within the geographic area, establish and consistently follow written standards for providing CoC assistance. At a minimum, these written standards must include:
   
   1. Policies and procedures for evaluating individuals’ and families’ eligibility for CoC assistance;
   2. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
   3. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
   4. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
   5. Policies and procedures for determining and prioritizing eligible individuals and families will receive permanent supportive housing assistance; and
   6. When the CoC is designated a high-performing community, policies and procedures for determining and prioritizing which eligible individuals and families will receive Homelessness Prevention Assistance.

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2. Designate and operate a Homeless Management Information System (HMIS):
   
i. Designate a single HMIS for the geographic area;
   
i. Designate an eligible applicant to manage the CoC’s HMIS, which will be known as the HMIS Lead;
   
i. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS;
   
i. Ensure consistent participation of recipients and sub-recipients of CoC and ESG funding in the HMIS;
   
i. Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

3. Lead Continuum of Care Planning:
   
i. Coordinate the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:
   
   1. Outreach, engagement, and assessment;
   2. Shelter, housing, and supportive services;

   ii. Plan for and conduct, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:
1. Count the persons who are living in a place not meant for human habitation, known as “unsheltered homeless persons” or the “unsheltered population”.
2. Count the persons living in emergency shelters and transitional housing projects known as “sheltered homeless persons”, or the “sheltered population”.
3. Approve the methodology to be used to count both the unsheltered and sheltered homeless population.
4. Other requirements established by HUD by notice, which typically specify certain questions to include while conducting the count.

iii. Conduct an annual gaps analysis of the homeless needs and services available within the geographic area;
iv. Provide information required to complete the Consolidated Plan(s) within the CoC’s geographic area;
v. Consult with state and local government ESG program recipients (City of Austin/Travis County) for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and sub-recipients.
vi. Prepare an application for HUD funds that must:
   1. Design, operate, and follow a collaborative process for the development of applications, including determining the eligibility of applicants.
   2. Approve the submission of applications in response to the NOFA
   3. Establish priorities for funding projects.
   4. Determine if one application for funds will be submitted for all projects or if more than one application for projects will be submitted.

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

a. Homeless or formerly homeless individual(s), and

b. Representatives of the relevant organizations and projects serving the homeless population such as:

   i. Business
   ii. Behavioral Health
   iii. Primary Health
   iv. Criminal Justice/law enforcement
   v. City HHS
   vi. City NHCD
   vii. County HHS
   viii. Employment
   ix. Private Funder
   x. Youth
   xi. Public ISD
   xii. Veterans – non-HUD funded provider
   xiii. DV – non-HUD funded provider
   xiv. Representative from ECHO Board of Directors
   xv. Provider 1 – Permanent Housing
   xvi. Provider 2 – Interim Housing
   xvii. Provider 3 – City PHA
   xviii. Provider 4 – County PHA
   xix. Chairs of any established Membership Council Work-Groups

c. Governmental and quasi-governmental entities may request of the CoC Membership Council the right to appoint a member.

d. Advisory Seats: In addition to the above roles, council members may designate non-voting representatives to attend and participate in meetings to provide advice and expertise on particular issues.
Committees and Workgroups: Committees and Workgroups will be established to conduct the functions necessary to support the COC mission and meet funding obligations. Committees and Workgroup Chairs will be appointed by the Chair of the Membership Council.

**Membership Council Rights & Responsibilities**

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

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

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

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

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

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

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

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

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

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

**Voting:** At all meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes shall be by voice or ballot at the will of the majority of those in attendance at a meeting with a quorum represented. Each representative seat shall have one vote. No member may vote on any item that presents a real or perceived conflict-of-interest.
Action Without a Meeting: Any action that may be taken at any meeting of the Membership Council may be taken without a meeting if that action is approved, in writing (e.g. letter, phone email) by a majority of all Membership Council members who would be entitled to vote if a meeting was held for such purpose.

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

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

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

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

Dr. Virginia Brown, Chair
Appendix A: Austin/Travis County Continuum of Care  
HMIS Governance Charter

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

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

Responsibilities of ECHO as the CoC HMIS Lead Agency:

- Execute HMIS Memorandums of Understanding with each participating agency
- Contract with Mediware Information Systems and locally administrate the local HMIS software system
- Oversee all HMIS access, including end user licensing and PKI (Public Key Infrastructure) certificates
- Provide training and technical support to participating agency end users
- Conduct training and HMIS implementation in a way that respects the privacy and dignity of the people whose data is collected
- Oversee safety and privacy of HMIS data
- Monitor data quality and compliance with applicable HMIS standards at least monthly
- Execute End User Agreements with each end user
- Develop and update as needed all HMIS policies and procedures
- Facilitate the HMIS Workgroup
- Review national, state, and local laws that govern privacy or confidentiality protections and make determinations regarding relevancy to existing HMIS policies
- Provide New User Training, Ethics Refresher Training, Agency Admin Training, and Reporting Training on a regular basis
- Oversee and submit to the U.S. Department of Housing and Urban Development all CoC-level HMIS reports including the Point in Time Count report, Housing Inventory Count report, Annual Homeless Assessment Report, and System Performance Measure Reports
- Coordinate software enhancement implementations with the software vendor, Mediware Information Systems
Responsibilities of the COC’s Membership Council:
The Membership Council, acting on behalf of the CoC, is responsible for:
- Reviewing and approving a privacy plan, security plan, and data quality plan that follows HUD HMIS regulations and notices.
- Approving data quality standards, policies and procedures for ensuring adherence to data quality standards for the CoC as stated by HUD.
- Approving, and reviewing the Austin/Travis County HMIS Policies and Procedures Handbook.

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

Responsibilities of Community HMIS Workgroup:
The purpose of the HMIS Workgroup is governance over the HMIS requirements. Each participating agency’s Agency Administrator is a member of this body. The HMIS Workgroup reports to the HUD Continuum of Care (CoC) and Emergency Solutions Grant (ESG) Committee, which reports to the CoC Membership Council.
Discuss emerging issues identified through help-desk requests.
- Informs and reviews changes to all HMIS policies and leads implementation within their agency
- Informs and reviews changes to the HMIS Data Sharing Policy and Release of Information (ROI) for HMIS client data sharing
- Understands and implements changes from the HUD HMIS Data Standards
- Reviews local reports to HUD ensure accuracy, including the Point in Time Count Report, Housing Inventory Count Report, Annual Homeless Assessment Report, and the System Performance Measure Reports
- Provides feedback to ECHO HMIS staff for continuous quality improvement

Contributing HMIS Organizations:
HMIS contributing agencies agree to:
- Execute the HMIS Partnership Agreement/Memorandum of Understanding (MOUs) with ECHO.
- Abide by the HMIS Policies and Procedures Handbook and all other applicable policies.
2. Code of Conduct

Code of Conduct - Ending Community Homelessness Coalition (ECHO)

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

Conflict of Interest

- ECHO prohibits real and apparent conflicts of interest that may arise among officers, employees or agents, or any member of his or her immediate family, his or her partner or an organization which employs or about to employ any of the parties indicated in the selection, award, or administration of a contract supported by a Federal award.

- A conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.

- ECHO officers, employees, and agents must neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. ECHO officers, employees, and agents should ask themselves if the gift would have been offered if they did not have their ECHO position. If the answer is “No” then they should decline accepting the gift.

- Violation of any portion of this Code of Conduct will be subject to disciplinary action, which could include immediate termination or dismissal from a voting position as applicable. The code is distributed to ECHO’s staff, Board of Directors, its Membership Council, and is posted on its website at www.austinecho.org. A link to the code is also distributed to all CoC funded agencies.

- Officers, voting members and employees:
  1. Shall put forth honest effort in the performance of their duties,
  2. Must Disclose waste, fraud, abuse, and corruption to appropriate authorities
  3. Shall not knowingly make unauthorized commitments or promises of any kind purporting to bind ECHO without previous approval from the Executive Director.

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

Membership Council Member
Annual Conflict of Interest Disclosure & Confirmation Form

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

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

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

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DATE
4. **CoC’s Current Workgroup Structure**  
Approved by the Membership Council on: February 5, 2018.

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<th>Membership Council</th>
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<th>Local Policy and Practice Committee</th>
<th>Opening Doors Initiatives</th>
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| **Purpose**        | Align HUD funded grantees to review and evaluate HUD priorities.  
Oversee HUD CoC NOFA competition needs and timeline and review system performance measures. | Members provide feedback on various strategic affordable and supportive housing initiatives and problem solve community-wide challenges.  
Policy recommendations may be made to the Membership Council for approval. | Coordination of all things related to meeting the goals of ending homelessness for the different sub-populations established on **Opening Doors**, the federal strategic plan to end homelessness |
| **Workgroups**     | HMIS Workgroup  
Point in Time Count Workgroup  
CoC NOFA Independent Review Team (IRT)  
Violence Against Women Act (VAWA) and Emergency Transfer Task Group | Homeless Outreach and Shelter Coordination  
Permanent Supportive Housing (PSH) Workgroup  
Rapid Re-Housing Case Management Workgroup  
Rapid Rehousing Policy Workgroup  
Income and Employment Workgroup | Veterans Workgroup  
Youth Homelessness Demonstration Program (YHDP) Leadership Group  
Austin Youth Collective to End Homelessness (AYC)  
Ending Family Homelessness Group |
5. **Core Funding Principles**

Revised May 1, 2017

**TX-503 Austin/Travis County Continuum of Care (CoC)**

**Core Funding Principles to Prevent and End Homelessness**

1. The CoC recognizes the critical need for a continuum of interventions to prevent and end homelessness including prevention, outreach, shelter, recuperative care, transitional housing, supportive services and permanent housing strategies (e.g. Rapid-Rehousing, long-term subsidies and Permanent Supportive Housing)

2. The CoC considers priorities set forth by the most current Community Plan to End Homelessness in Austin/Travis County, Opening Doors: Federal Strategic Plan to End Homelessness and evolving guidance from the U.S. Department of Housing and Urban Development (HUD) and the National Alliance to End Homelessness (NAEH)

3. The CoC supports funding of local programs that meet both program and system level performance benchmarks, are cost-effective, and align with evolving community needs and strategies to end homelessness

4. The CoC promotes maintaining and increasing our COC housing and program inventory to best fit the need of the population as defined through community data analysis and intentionally addressing disparities among the served population through program design

5. The CoC values programs that are driven by collaboration, data, consensus, innovative program models, evidence-based practices and effective leadership

6. The CoC encourages leveraging resources to augment cost-effective funding from public and private partnerships
6. **HMIS Governance Charter**

Approved by the Membership Council on: October 14, 2015.
Effective Date: October 14, 2015
Last Revised: April 20, 2018

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

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**Austin/Travis County Continuum of Care**

**HMIS Governance Charter**

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- Provides feedback to ECHO HMIS staff for continuous quality improvement

Contributing HMIS Organizations:
HMIS contributing agencies agree to:

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

Austin / Travis County Homeless Management Information System

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

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

ECHO and [AGENCY] mutually agree to the following:

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

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

AGENCY:

Signature and Title of Agency Representative Date

Ending Community Homelessness Coalition:

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

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

**Best Practices:**

- Resources and services should always be tailored to the unique needs of the household.
- Services and financial assistance in rapid re-housing should be the shortest term possible that fully meets the needs of the household, typically six months or less.
- Some households receiving rapid re-housing services will have long-term, potentially even permanent needs for other support services such as in-home health care, mental health services, money management, employment training, child-care, community involvement, and re-connecting with their social support network. Rapid-rehousing programs should help clients identify these long term needs, then connect with these longer term wraparound services for continued support after program exit.
- Some households receiving rapid re-housing will also benefit from long-term subsidized housing. Clients should be connected with these services whenever they are available, or placed on waitlists and interest lists for these services when not.
- Rapid re-housing case management should be offered within the home of the client whenever possible, practical, and desired by the client.
- Rapid re-housing programs should have access to a referral system that allows them to refer clients to Permanent Supportive Housing services when rapid re-housing services prove to be insufficient to end a client’s homelessness permanently.
- Rapid re-housing programs should coordinate referrals and service provision with one another through the Coordinated Assessment system.
A. **Regulatory Citations**
   1) 24 CFR 5.2005 (e)(2)
   2) 78 FR 47717

B. **Background**

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

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

C. **VAWA Requirements**

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

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

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

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

Participants may be evicted, and assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, Austin/Travis County CoC or any other PHA or ESG funded housing provider cannot hold tenants
who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking. Participants may be evicted and assistance terminated, if covered HUD funded housing providers can demonstrate that not evicting or terminating the participant’s assistance would present a real physical danger that:

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

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

E. Providing Notice of VAWA Protections

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

1) All CoC-funded programs must provide applicants and participants the following documents:1
   a) HUD Form 5380: Notice of Occupancy Rights under the Violence Against Women Act form that explains the VAWA protections including the right to confidentiality, and any limitations on those protections.
   b) HUD Form 5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, Stalking or Alternate Documentation form to be completed by the participant to document that the applicant or resident is a victim of domestic violence, dating violence, sexual assault, or stalking.

2) HUD forms 5380 and 5382 must be provided to each person seeking or receiving CoC or other HUD funded housing assistance at the following times:2
   a) When an individual or family is denied permanent or transitional housing;
   b) When a program participant is admitted to permanent or transitional housing;
   c) When a program participant receives notification of eviction; and
   d) When a program participant is notified of termination of assistance.

3) HUD forms 5380 and 5382 are available in multiple languages here.

4) If a program participant in a CoC-funded program has not been notified of their rights under VAWA, and none of the above conditions apply, the program must provide HUD forms 5380 and 5382 at re-certification or lease renewal.

5) CoC-funded programs using funds for rental assistance are required to include VAWA notification and confidentiality requirements (specified in 24 CFR 5.2007(c)) in a contract with the owner or manager of the housing unit(s). The program must ensure that the owner or manager of the housing provides HUD forms 5380 and 5382 to the program participant with any notification of eviction.3

F. Contract, Lease, and Occupancy Agreement Provisions

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1 24 CFR 578.99(j)(4)
2 24 CFR 578.99(j)(4)
3 24 CFR 578.99(j)(4)(iii)
CoC-funded programs must include language in agreements with housing owners or landlords detailing VAWA protections, including notification, prohibited bases for eviction, limitations, and other requirements. For specific requirements, see 24 CFR 578.99(j)(5).

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

G. Emergency Transfer

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

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

2) Emergency Transfer Request:
   HUD requires that its approved Emergency Transfer Request form be used to initiate Emergency Transfers. The form details the eligibility criteria for requesting an Emergency Transfer as well as the documentation and information that is necessary for completing the Emergency Transfer Request.
   - **Emergency Transfer Request**
     Providers are responsible for taking actions directed toward immediate client safety and should do this by first connecting the client to a Victim Service Provider for safety planning. By providing a direct referral to a Victim Service Provider, a risk assessment and safety planning will help the survivor navigate appropriate steps toward safety and determine what actions (including an emergency transfer) are in the best interest of their own safety.

3) Emergency Transfer Plan:
   HUD regulations require that its model Emergency Transfer plan be adapted and used to initiate and document Emergency Transfers under VAWA. Austin/Travis County CoC has adopted HUD’s Emergency Transfer Plan. Providers receiving HUD CoC and ESG funds must utilize the guidance provided in the Austin/Travis County CoC Emergency Transfer Plan to initiate Emergency Transfers.
   - **Austin/Travis County Emergency Transfer Plan**
     Requesting an Emergency Transfer does not guarantee a program participant will receive a successful transfer opportunity and/or be located to another HUD-funded housing unit. Please see Austin/Travis County CoC’s Emergency Transfer Plan for more information on Emergency Transfer timing, ability, and use with the Coordinated Entry Process.

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

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

H. Certification Documenting Incident

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

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

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

Acceptable types of documentation provided by HUD are described below.

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

**Conflicting Evidence**

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

I. Lease Bifurcation

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

Covered housing providers are encouraged to undertake whatever actions permissible and feasible under their respective programs to assist individuals residing in their units who are victims of domestic violence, dating violence, sexual assault, or stalking to remain in their units or other units under the covered housing
program or other covered housing providers, and for the covered housing provider to bear the costs of any transfer, where permissible. (24 CFR 5.2009(c)).

J. **Continued Assistance**

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

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

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

K. **Documenting and Reporting Outcomes**

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

L. **Protecting Sensitive Data**

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

- Cloud-based provider that minimizes the inadvertent disclosure of sensitive, identifying and/or confidential information, either internally or externally.
- Keep equipment and software in-house and have policies and infrastructure in place to minimize inadvertent disclosure of sensitive, identifying and/or confidential information.
- Use of cloud-based services for non-survivor data and using in-house systems for sensitive, identifying and/or confidential information.
The Austin/Travis County Homeless Management Information System is managed by Ending Community Homelessness Coalition, Inc. (ECHO)

For further information about HMIS contact:

Katy Manganella
HMIS Director
ECHO
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Austin TX 78752
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katymanganella@austinecho.org
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Introduction

A Homeless Management Information System (HMIS) is a database used to record and track client-level information on the characteristics and service needs of people experiencing homelessness. An HMIS ties together homeless service providers within a community to help create a coordinated and effective housing and service delivery system.

The U.S. Department of Housing and Urban Development (HUD) and other planners and policy-makers at the federal, state, and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, an HMIS can be used to produce an unduplicated count of people experiencing homelessness, understand patterns of needs and service use, and measure the effectiveness of homeless programs and systems.

Austin / Travis County’s HMIS is led by the Ending Community Homelessness Coalition (ECHO). The HMIS staff are responsible for the local administration of the HMIS software and they provide technical assistance to participating agencies and end users.

Agencies that participate in the Austin / Travis County HMIS are referred to as “participating agencies.” Each participating agency needs to follow certain guidelines to help maintain data privacy and accuracy.

History

In 2001, Congress instructed the U.S. Department of Housing and Urban Development (HUD) to take measures to improve available data concerning homelessness in the United States. In response, HUD mandated all Continuum of Care (CoC) regions to implement CoC-wide databases that would allow an unduplicated count of clients served, information about their needs, program participation, and outcomes of services provided. Out of this directive came the Homeless Management Information System (HMIS), an electronic data collection application that facilitates the collection of information on individuals and families experiencing homelessness who access homeless assistance service agencies and stores that data in a centralized database.

Why is this important?

Using a centralized database, HMIS, is advantageous for both service providers and the clients in need of assistance to end their homelessness. The HMIS software used in Austin / Travis County allows client data sharing between organizations, as well as client case coordination and electronic referrals. The information-sharing model can prevent service duplication and enable collaboration between multiple homeless service providers, while limiting access to sensitive data and protecting private client information.

In addition to standard data collection and reporting functionality, the HMIS software includes a comprehensive case management module, bed management, performance...
measurement tools, functionality for customized reporting, and software customization options.

Lastly, HMIS participating agencies are better positioned for future funding opportunities. Many national and local funders require HMIS participation for homeless service programs. Participating agencies and the people they serve benefit from a community-wide response to homelessness in addition to their organizational response.

Roles and Responsibilities

The Ending Community Homelessness Coalition (ECHO) holds a HMIS Memorandum of Understanding (MOU) with each participating agency. The MOU outlines the roles and responsibilities of ECHO, as the HMIS-Lead Agency, and the participating agency.

The responsibilities of each party, described further throughout this Manual, are summarized here for ease of reference:

**Ending Community Homelessness Coalition (ECHO) Responsibilities**

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

- Comply with all applicable agreements, including all appendices in this Manual.
- Comply with the HUD HMIS Data Standards
- Uphold HMIS data quality by accurately entering all required data into the HMIS system, as described in the HMIS Data Quality Assurance Plan
- Identify and appoint a HMIS Agency Administrator as the primary point of contact for all HMIS activities at the agency. Responsibilities of the Agency Administrator are described in the HMIS Agency Administrator Agreement.
- Pay annual HMIS licensing fees to ECHO upon receipt of invoice.
- Oversee all agency staff that generate or have access to client-level data stored in the HMIS and ensure adherence to all applicable privacy policies and regulations.
- Holds final responsibility for the adherence of the agency’s personnel to the Privacy, HIPAA, and all State and Federal laws and regulations, as well as ensures adherence to the HMIS policies and procedures outlined in this document.
- Responsible for all activity associated with staff access and use of the HMIS consistent with this document
- Assume protection of client-level data entered into and accessed in the HMIS system at the agency
- Ensure that data is collected in a way that respects the dignity of participants
- Ensure that all data collected is relevant to the purpose for which it is used
- Ensure that the Privacy Notice is posted in any space where HMIS data is collected and provide a copy of the notice to clients upon request
- Provide prompt and timely communications of data concerns and/or emergencies, changes to end user staffing, user accounts, and software to ECHO HMIS staff.
- Maintain and dispose of on-site computer equipment and data used for participation in HMIS
- Deactivate HMIS end user accounts within 24 hours after the end user no longer needs HMIS access or has left the organization.
- Notify the HMIS Director in writing of any audit notices, legal matters, and research that may require data from HMIS to be released.
- Submit monthly HMIS data quality reports to ECHO on time
- Ensure the Agency Administrator represents the agency at the HMIS Workgroup Meeting
- Work collaboratively with ECHO to ensure accuracy of data and project settings in HMIS for all applicable federal reports on behalf of the Continuum of Care
- Collect and enter HMIS data into the HMIS system for all Agency programs that are active in HMIS.

HMIS Workgroup Member Responsibilities

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

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

Implementation Policies and Procedures

HMIS Memorandum of Understanding (MOU)

The Executive Director, or equivalent, of each participating agency shall follow, comply, and enforce the HMIS Memorandum of Understanding (MOU). The Executive Director / equivalent must sign the HMIS MOU before the agency is granted access to HMIS. Signing the HMIS MOU is a precursor to training and end user access.

1. The signed HMIS MOU must be presented to the ECHO HMIS Director before any end user at the agency is granted access to the HMIS.
2. After the HMIS MOU is signed, ECHO will invoice the participating agency for intended HMIS user licenses.
3. The participating agency is responsible for submitting payment upon receipt of this invoice.
4. Then, the HMIS staff can proceed with training new end users and granting access to the HMIS.

HMIS User Agreement

Each end user of any participating agency shall follow, comply, and enforce the HMIS User Agreement. Before given access to HMIS, the end user must sign a HMIS User Agreement.

1. The HMIS staff will provide the end user a HMIS User Agreement for signature after completing required training.
2. The HMIS staff will collect and maintain HMIS User Agreements for all end users.
3. A copy of the HMIS User Agreement will be given to each end user for their records.

HMIS Agency Administrator Agreement
Each participating agency’s Executive Director, or equivalent, will designate one HMIS user as the Agency Administrator, who holds responsibility for data security at the agency and coordination of the HMIS at the agency.

1. The Agency Administrator will attend Agency Administrator Training.
2. The HMIS staff will provide the Agency Administrator a HMIS Agency Administrator and Data Security Officer Authorization Form for signature after completing training.
3. Both the Agency Administrator and the participating agency’s Executive Director, or equivalent, will sign the Agreement and return it to ECHO HMIS.
4. HMIS staff will set the Agency Administrator’s access level in HMIS.
5. The HMIS staff will maintain record of Agency Administrator Agreements and will grant Agency Administrator access in the HMIS.

Data Collection Requirements

The U.S. Department of Housing and Urban Development (HUD) identifies the core data elements that are required for collection in the HMIS Data Standards Manual. HUD maintains this manual and revises as necessary.

At a minimum, all participating agencies collect and enter the Universal Data Elements and applicable Program-Specific Data Elements. In some cases, HMIS programs collect locally agreed upon data elements in addition to the minimum requirements from HUD. Participating agencies should consult with ECHO HMIS to determine which elements apply to their programs in HMIS.

In some cases, participating agencies have data collection requirements beyond what HUD outlines in the HMIS Data Standards Manual. These requirements usually come from other federal partner and local program funders. In these cases, the participating agency will consult with ECHO HMIS during initial program set up in HMIS, or when changes occur, to ensure all required elements are incorporated.

Participating agencies will collect and enter in HMIS the minimum set of data elements for all clients served by their programs within the timeline outlined in the HMIS Data Quality Assurance Plan.

HMIS Technical Support Protocol

The HMIS staff will provide a reasonable level of support to participating agencies via email, phone, and/or remote.

1. HMIS end users should first seek technical support from their HMIS Agency Administrator.
2. If more support is needed, the Agency Administrator or the end user should submit a HMIS Help Desk Ticket to ECHO.
3. Technical support hours are Monday through Friday (excluding holidays) from 9:00 AM – 5:00 PM.
4. The HMIS staff strive to respond to all HMIS Help Desk Tickets within 2 business days of receipt and typically have same-day response turnaround. ECHO will communicate to the end user when the ticket will require more than 48 business hours to resolve.

The participating agency is responsible for troubleshooting problems with HMIS access due to internet connection at their agency.

**HMIS Licenses and Support Protocol**

The Austin/Travis County CoC purchases HMIS licenses from ECHO. The license fee covers the license charges from the software vendor and a reasonable amount of support from ECHO throughout the 12-month billing cycle. The HMIS billing cycle begins March 1 and ends on February 28/29 the following year (e.g. The 2018-19 billing cycle is March 1, 2018 – February 28, 2019). HMIS access and support are included with each license.

Refer to the HMIS License and Support document for more information regarding licensing fees.

**Process for renewing licenses at beginning of billing cycle:**

1. ECHO will confirm with each participating agency at the end of the billing cycle if they intend to participate in HMIS in the following billing cycle.
2. ECHO will confirm the number of licenses the participating agency is using and intends to use in the next billing cycle.
3. ECHO will send an invoice for the specific number of licenses intended for use in the next billing cycle to the participating agency.
4. The participating agency is responsible for submitting payment upon receipt of this invoice.
5. Once paid for, the licenses remain available to the participating agency through the remainder of the billing cycle.

If the participating agency does not intend to participate in HMIS in the next billing cycle, the licenses used by that agency will expire at the end of the current billing cycle.

**Process for purchasing additional licenses during the billing cycle:**

1. The participating agency will inform the HMIS Director that they want to purchase additional licenses after the current billing cycle has started.
2. The HMIS Director will confirm the number of additional licenses needed and when the additional licenses need to be available for use.
3. The HMIS Director will work with the ECHO Chief Financial Officer to prorate the additional licenses for the remainder of the billing cycle.
4. ECHO will send an invoice for the additional license(s) to the participating agency.
5. The participating agency is responsible for submitting payment upon receipt of invoice.
6. Once paid for, the licenses remain available to the participating agency through the remainder of the billing cycle and are eligible for renewal at the end of the cycle.

Process for returning licenses purchased:

1. There are no returns on HMIS licenses purchased by a participating agency. In other words, if a participating agency decides they do not want a license they purchased for the billing cycle, ECHO is unable to refund the cost of the license to the participating agency.
2. The license will remain available to the participating agency throughout the duration of the billing cycle.
3. The participating agency will have the opportunity not to renew any unused licenses at the end of the current billing cycle.

Process for transferring licenses between participating agency staff:

1. An HMIS license can only be attached to one end user account at a time.
2. As described in this Manual, the participating agency has discretion over which staff require an HMIS license and HMIS access for their role.
3. After receiving the proper HMIS training, an HMIS license can be transferred from one end user to another end user at the same participating agency in HMIS.
4. When a license is transferred, the end user initially holding the license will lose access to HMIS.
5. ECHO will work closely with the participating agency to ensure the timing of the transfer is appropriate.
6. ECHO is responsible for transferring the license between end user accounts to maintain security of the system.

Security Policies and Procedures

Training

HMIS staff facilitate ongoing training for HMIS end users and agency administrators. The training schedule is published on the ECHO website.

<table>
<thead>
<tr>
<th>Training Type</th>
<th>Course Detail</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>New User Training</td>
<td>Users learn the basic skills and concepts needed for HMIS data entry. This includes: Standard operating procedures, privacy and client consent, ethics, software features, system security, and an introduction to the Continuum of Care</td>
<td>Once for all end users</td>
</tr>
<tr>
<td>Ethics Refresher Training</td>
<td>Refreshes the skills of active users and reviews ethics, privacy, and client consent policies and procedures</td>
<td>Annually for all end users</td>
</tr>
</tbody>
</table>
Reporting Training

<table>
<thead>
<tr>
<th></th>
<th>Users with reporting licenses are given an overview of the various reporting options available and how to use them</th>
<th>Encouraged for anyone using reporting functionality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Administrator Training</td>
<td>Agency Administrators are trained on roles and responsibilities, system administration, system security, and providing HMIS support to end users at their agency</td>
<td>All HMIS Agency Administrators</td>
</tr>
</tbody>
</table>

**User Authentication and Access**

Only users with a valid username and password can access HMIS. The Agency Administrator will provide a unique username and initial password for the end user after completion of required training and signing the HMIS User Agreement.

1. The participating agency will determine which of their employees will be HMIS end users. User access will be granted only to those individuals whose job functions require legitimate access to the system.
2. Proposed end user will complete the required training and demonstrate proficiency in use of the system.
3. Proposed end user will sign the HMIS User Agreement stating that they have completed training, will abide by the Policies and Procedures, will uphold privacy and confidentiality of client information accordingly, and will only collect, enter and retrieve data in the system relevant to the delivery of services to people.
4. The HMIS staff will be responsible for the distribution, collection, and storage of the signed HMIS User Agreements.
5. The Agency Administrator will set up the new user in HMIS, including setting the username and initial password.
6. The HMIS staff will then assign a HMIS license to the user’s account and install a PKI certificate on the user’s computer so they are able to access the HMIS site.
7. Sharing of usernames and passwords is a breach of the HMIS User Agreement.
8. When an end user leaves employment or no longer needs access to HMIS, the Agency Administrator will de-activate the end user’s HMIS account and will notify the HMIS staff.
9. HMIS staff will remove the license and remove the user’s account.

After an end user no longer needs HMIS access or has left the organization, their HMIS account must be deactivated and deleted:

1. The Agency Administrator is responsible for deactivating end user accounts in a timely manner, within 24 hours, after the end user no longer needs HMIS access.
2. After deactivating, the Agency Administrator is responsible for informing the ECHO HMIS staff that the end user is no longer active.
3. The HMIS Director, or designee, is responsible for deleting the end user’s account from HMIS. This will make the user license attached previously to that account available for reassignment to a replacement staff.
PKI Security Certificate

All computers and each individual end user account on each computer that accesses HMIS must have a current PKI Security Certificate installed in order to access the HMIS login screen. The HMIS staff will install the appropriate PKI Security Certificate as required and the following conditions are met:

1. The end user has received and completed all required HMIS trainings.
2. The end user has signed the HMIS End User Agreement.
3. The end user has submitted an HMIS Help Desk Ticket requesting the PKI installation on their computer.
4. The PKI Security Certificate can only be installed on computer equipment owned and supplied by the participating agency. Otherwise stated, the PKI Security Certificate cannot be installed on an end user’s personal computer or device.

Participating agencies and users cannot ask for or take possession of the PKI installation software. HMIS staff will not offer or provide the PKI installation software to anyone except for other HMIS staff.

Passwords

Each end user will have access to HMIS via a username and password. Passwords will expire every 45 days and must be updated at that time by the end user. End users will maintain password confidentiality. End users are strictly prohibited from storing or displaying any information pertaining to user access (e.g. username and password).

1. The Agency Administrator will set up the end user in HMIS, including setting the username and initial password.
2. The initial password is a temporary password and will expire the first time the end user logs into their account, requiring that they change their password.
3. The end user will be required to create a permanent password that is 8-50 characters long with at least two numbers or symbols.
4. End users may not use the same password consecutively but may use the same password more than once.
5. Access permission will be removed after the end user unsuccessfully attempts to log in three times. The end user will be unable to gain access until the HMIS staff or their Agency Administrator reset their password.
6. To request that HMIS staff reset their password, the end user should submit a HMIS Help Desk Ticket to ECHO.

Hardware Security Measures

Computer Equipment: The participating agency is responsible for maintenance of each end user’s computer equipment used to access HMIS. All computers and networks used to access HMIS must have virus protection software and firewall installed. Virus definitions and firewall must be regularly updated. Only computer equipment belonging
to and supplied by the participating agency can access HMIS. In other words, end user personal computers are strictly prohibited from accessing HMIS.

The federal regulations state that: Physical access to systems with access to HMIS data computers that are used to collect and store HMIS data will be staffed at all times when in public areas. When workstations are not in use and staff are not present, steps will be taken to ensure that the computers and data are secure and not publicly accessible. These steps must minimally include:

1. Logging out of HMIS.
2. Logging out of the computer with password protection.

Internet Connection: The participating agency is responsible for troubleshooting problems with HMIS access due to internet connection.

Data Retention and Disposal

Paper Records: ECHO does not require the retention of paper copies or hard copies of any HMIS records.

ECHO understands, however, that participating agencies may have requirements for keeping paper records containing HMIS data. Participating agencies agree to follow their existing policies and procedures and applicable local, state, and federal laws and regulations for access to HMIS client records stored on paper. All paper or other hard copy files containing Protected Personal Information (PPI) must be directly supervised when the hard copy is in a public area. If agency staff are not present, the information must be secured in areas that are not publicly accessible.

Electronic Records: If the participating agency needs to download Protected Personal Information (PPI) from HMIS, the participating agency is responsible for ensuring the protection of this confidential information. Once PPI has been downloaded from HMIS to an agency’s computer, the security of this data becomes the responsibility of the agency.

At a minimum, the participating agencies agrees to the following as it pertains to all forms of HMIS data retention and disposal:

1. The participating agency agrees to only keep copies of files containing HMIS PPI for clearly definable reasons, including statutory, regulatory, contractual, or other requirements mandating retention of HMIS records including PPI.
2. All computers that have HMIS PPI saved locally must be password protected to login.
3. The participating agency agrees to dispose of all documents and files containing HMIS PPI in a manner that will protect client confidentiality. Methods include:
   a. Shredding applicable paper records
   b. Deleting any information from computers and destroying the files before disposal
c. Triple formatting hard drives of any machine containing PPI before transfer of property and/or destruction of hard drives of any machine that has contained HMIS PPI before disposal.

4. PPI saved in locations outside of HMIS that is not in current use seven years after the PPI was created or last changed must be deleted unless a statutory, regulatory, contractual, or other requirement mandates longer retention. Care must be taken to assure that the guidelines associated with data disposal are properly followed.

Security Review

HMIS staff will complete an annual review to ensure the implantation of the HMIS Privacy and Security Plan requirements for itself and participating agencies. The security review will include the completion of the HMIS Privacy and Security Assessment Form ensuring that each security standard is implemented.

Security Violations and Sanctions

Any end user found to be in violation of security protocols of their agency’s procedures or HMIS Policies and Procedures will be sanctioned accordingly. All end users must report potential violation of any security protocols to ECHO.

1. End users are obligated to report suspected instances of noncompliance and/or security violations immediately to the ECHO HMIS Director.
2. The participating agency is obligated to help ECHO investigate potential HMIS violations.
3. Any end user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to suspension of system privileges, attending additional training, and revocation of system privileges.
4. In the case of pervasive or severe violations of security protocols by a participating agency, ECHO can revoke or suspend system access and participation to the entire agency.

Client Consent Procedure for HMIS Data Sharing

Client informed consent of data sharing within HMIS must be documented for each participating agency that serves the client. This includes notice that client data will be entered into the HMIS system and a Data Sharing Policy and Release of Information (ROI) for sharing client data must be on file for each client.

Each HMIS participating agency must publish a privacy notice describing its policies and practices for the processing of client data and must provide a copy of its privacy notice and HMIS Privacy Policy Statement to any individual upon request. The HMIS Lead Agency, ECHO, maintains a copy of the HMIS Privacy Notice and the full HMIS Privacy Policy Statement on the ECHO website: www.austinecho.org
The HUD HMIS Data and Technical Standards require that each HMIS participating agency post the Privacy Notice at each intake desk or comparable location where HMIS data is collected. The notice explains generally the reasons for collecting protected personal information (PPI). PPI is defined by HUD as “any information maintained by or for a Covered Homeless Organization about a living homeless client or homeless individual that: 1) Identifies, either directly or indirectly, a specific individual; 2) can be manipulated by a reasonably foreseeable method to identify a specific individual; or 3) can be linked with other available information to identify a specific individual.”

Each HMIS participating agency must specify on its privacy notice the purposes for which it collects client data and must describe all uses and disclosures. A participating agency may use or disclose client data only if the use or disclosure is allowed by this standard and is described in its privacy notice.

Each participating agency must allow clients they serve to have a copy of any data about themselves in HMIS, upon request. The participating agency must offer to explain any information that the client may not understand. Participating agencies must consider any request by a client for correction of inaccurate or incomplete data pertaining to themselves in HMIS. The participating agency is not required to remove any information, but should alternatively choose to update information, mark it as inaccurate, or incomplete, and should supplement it with additional information.

**Inter-Agency Data Sharing Agreement**

The Austin / Travis County HMIS promotes the coordinated assessment, intake and referral process to better serve clients. We accomplish this by sharing authorized client information through an Inter-Agency Sharing Agreement.

1. ECHO HMIS and each participating agency will comply with all applicable federal and state laws regarding the protection of client privacy.
2. The participating agency acknowledges and understands that the Austin / Travis County HMIS shares all authorized client information with every other participating agency within HMIS. The data is identified through the HMIS Data Sharing Policy and Release of Information (ROI).
3. The participating agency, by signing the HMIS Memorandum of Understanding (MOU) which includes this document, hereby enters into an Inter-Agency Data Sharing Agreement.
4. The participating agency acknowledges that in transmitting, receiving, storing, processing or otherwise dealing with any client protected information, they are fully bound by federal and state regulations governing confidentiality of patient records *where applicable*, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients (42 CFR Part 2), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA, 45 CFR Parts 160 & 164), and cannot use or disclose the applicable information except as permitted or required by this agreement or law.
5. The participating agency acknowledges that they are prohibited from making any further disclosure of HMIS information unless that disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted or required by state and federal regulations governing confidentiality of records, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients (42 CFR Part 2), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA, 45 CFR Parts 160 & 164).

6. The participating agency agrees to notify ECHO, within one business day, of any breach, use, or disclosure of information not provided for by this agreement.

7. The participating agency acknowledges that the participating agency, itself, bears primary responsibility for oversight for all sharing of data collected and entered HMIS.

Confidentiality and Informed Consent

Each client must provide informed consent, which includes both an oral explanation and written client consent, for sharing information within HMIS and outside of HMIS.

Oral explanation: The participating agency will provide all clients with an oral explanation of the HMIS and terms of consent, per the HMIS Data Sharing Policy and Release of Information (ROI). The agency is responsible for ensuring that this procedure takes place prior to every intake interview. The oral explanation must contain the following information, as further described in the HMIS Data Sharing Policy and Release of Information (ROI):

1. What the HMIS is:
   a. A computer-based information system that organizations that provide services to end homelessness in Austin / Travis County use to capture information about the people they are providing services to and the outcomes of those services.

2. Why the agency uses it:
   a. To understand and better meet their client’s needs
   b. Help the organization plan for their programs to have appropriate resources for the people they serve
   c. To understand the outcomes of the services the organization provides
   d. To inform public policy to end homelessness

3. Security
   a. Only staff who work directly with clients or who have administrative responsibilities have access to HMIS, including the ability to look at, enter, and edit client records

4. Privacy Protection
   a. Basic information will be shared with all HMIS participating agencies
b. Clients have the right to not answer any question, unless that answer is needed to know if the program is able to work with the client (determine and document eligibility)

c. Clients have the right to know who has added to, deleted, or edited their HMIS client record

d. Information that is transferred over the internet is through a secure connection and/or is de-identified

5. Benefits for clients
   a. Case manager and client can use information to assist clients with obtaining resources that will end their homelessness
   b. Case managers working with the client at different participating agencies can collaborate to better serve the client
   c. Client has a record of the organizations and programs they have worked with and documentation of their homelessness, which can be used for program eligibility documentation

Written client consent: A client must be informed what information is being shared, with whom it is being shared, and the expiration date of the consent. A client must sign a consent form, called the HMIS Data Sharing Policy and Release of Information (ROI), authorizing information sharing outside of HMIS. The Data Sharing Policy and ROI must be uploaded to the client’s HMIS profile as documentation of their consent and sharing choice. Clients can change their consent and sharing choice at any time, per the HMIS Data Sharing Policy and ROI.

Data Policies and Procedures

Data Quality

All data entered into HMIS must meet data quality standards. Participating agencies will be responsible for their users’ quality of data entry. Data quality standards are described in detail in the Data Quality Assurance Plan and summarized here.

Definition:
Data quality refers to the timelessness, completeness, and accuracy of information collected and reported in the HMIS.

Data Timeliness:
End users must enter all HMIS data into HMIS within 5 business days of collecting the HMIS data. This applies to all data collection points, including updates.

Data Completeness:
All data entered into HMIS is complete.

Data Accuracy:
All data entered shall be collected and entered in a common and consistent manner across all programs.

- Participating agencies must sign the HMIS Memorandum of Understanding (MOU) to ensure that all participating programs are aware and have agreed to the data quality standards.
- Upon agreement, participating agencies will collect and enter as much relevant client data as possible for the purposes of providing services to that client.
- All data will be input into the system no more than 5 business days after it is collected.
- All HMIS Agency Administrators will conduct monthly checks for data quality. Data quality reports will be submitted to ECHO monthly, including any patterns of error or missing data.
- End users will be required to correct any identified data errors and will be monitored for compliance by the participating agency and the HMIS staff.
- End users may be required to attend additional training as needed.
- In the case of egregious and repeated data quality errors, ECHO can suspend or revoke HMIS access to the end user.

Data Use and Disclosure

All end users will follow the Data Use and Disclosure Policies and Procedures to guide the data use of client information stored in HMIS.

Client data may be used or disclosed for system administration, technical support, program compliance, analytical use, and other purposes as required by law. Use involve sharing parts of client information with staff within a participating agency. Disclosures involve sharing parts of client information with staff or organizations outside of the participating agency.

Participating agencies may use data contained in the system to support the delivery of services to clients in the continuum. Agencies may use client information internally for administrative functions, technical support, and management purposes. Participating agencies may also use client information for internal program analysis, such as analyzing client outcomes to evaluate program effectiveness.

Data Release

All HMIS participating agencies and stakeholders will follow the data release Policies and Procedures to guide the data release of client information stored in HMIS.

Data release refers to the dissemination of aggregate or anonymous client-level data for the purposes of system administration, technical support, program compliance, and analytical use.
- No identifiable client data will be released to any person, agency, or organization for any purpose without written permission from the client, pursuant to federal and state law.

- Aggregate data may be released without agency permission at the discretion of the Continuum or Lead Agency. It may not release any personal identifiable client data to any group or individual without written permission from the client.

- The participating agency will uphold federal and state confidentiality regulations to protect client records and privacy. In addition, the participating agency will only release client records with written consent by the client, unless provided for in the regulations.

Data Release During an Audit

ECHO must be notified if a participating agency is required to release data from HMIS during an audit.

1. Participating agency receives an audit notice.
2. Participating agency contacts HMIS Director in writing to notify ECHO that HMIS data may be released.
3. ECHO may request a copy of the audit notice from the participating agency and may seek legal counsel.
4. ECHO and participating agency will collaborate to ensure only the data required to be released during the audit is released.

If ECHO is audited, ECHO will notify the relevant participating agencies.

1. ECHO receives an audit notice.
2. ECHO will determine which data is required for release and may seek legal counsel.
3. ECHO must release data in accordance with the audit.
4. ECHO will notify all relevant participating agencies in writing of the audit.

Data Release for Research

Participating Agencies in HMIS collect personal client information only when appropriate to provide services or for other specific purposes of the organization or when required by law. The HMIS Lead Agency will review and respond to requests for the use of HMIS data for research.

Purposes for which agencies collect protected personal information may include the following:
- Provide or coordinate services to clients
- Locate other programs that may be able to assist clients
- Functions related to payment or reimbursement from others for services that we provide
• Operate the agency, including administrative functions such as legal, audits, personnel, oversight, and management functions
• Comply with government reporting obligations
• When required by law
• For research purposes

HMIS Release of Data for Research Conditions:
• No client protected personal information for any reason may be released to unauthorized entities
• Only de-identified aggregate data will be released, unless the client consents to sharing their identifiable information
• Parameters of the aggregate data, that is, where the data comes from and what it includes will be presented with each release
• Research results will be reported to the HMIS Lead Agency prior to publication, for publication approval by the HMIS Lead Agency
• Research will be shared with the participating agencies after publication
• HMIS Lead Agency will be granted the rights to utilize all findings (results).

Inclusion in HMIS Federal Reporting

ECHO, as the HMIS Lead Agency for Austin/Travis County, is required by the U.S. Department of Housing and Urban Development to participate in HMIS federal reporting on behalf of the Austin / Travis County Continuum of Care (CoC) for Austin / Travis County to receive federal funding for ending homelessness.

By participating in HMIS, the participating agency acknowledges and understands that data entered in HMIS for their programs may be included in applicable and required federal reporting.

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Project Types Included</th>
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<tr>
<td>Point in Time Count Sheltered Report</td>
<td>1. Emergency Shelters</td>
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<td>2. Transitional Housing</td>
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<td>3. Safe Havens</td>
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<tr>
<td>Housing Inventory Count Report</td>
<td>1. Emergency Shelters</td>
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<td>2. Transitional Housing</td>
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<td>3. Safe Havens</td>
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<td>4. Rapid Rehousing</td>
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<td>5. Permanent Supportive Housing</td>
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<td>6. Other Permanent Housing</td>
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<tr>
<td>Annual Homeless Assessment Report</td>
<td>1. Emergency Shelters</td>
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<tr>
<td></td>
<td>2. Transitional Housing</td>
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<tr>
<td></td>
<td>3. Permanent Supportive Housing</td>
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<tr>
<td>System Performance Measures</td>
<td>1. Emergency Shelters</td>
</tr>
<tr>
<td></td>
<td>2. Transitional Housing</td>
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</tbody>
</table>
Each participating agency agrees to work collaboratively with ECHO staff to ensure accuracy of data and project settings in HMIS for these reports. Project types included in federal reports on homelessness are subject to change over time in response to HUD requirements.

Questions about HMIS federal reporting should be directed to the HMIS Director.
## Appendices

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<th>Appendix</th>
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<td>10</td>
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</table>
Appendix 1
Austin / Travis County Homeless Management Information System
HMIS Memorandum of Understanding (MOU)

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

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

ECHO and [AGENCY] mutually agree to the following:

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

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

AGENCY:

<table>
<thead>
<tr>
<th>Signature and Title of Agency Representative</th>
<th>Date</th>
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Ending Community Homelessness Coalition:

<table>
<thead>
<tr>
<th>HMIS Director</th>
<th>Date</th>
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<tr>
<td>Ending Community Homelessness Coalition (ECHO)</td>
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Appendix 2
Austin / Travis County Homeless Management Information System
Privacy Notice

This agency collects information about people who ask about our homeless services. When we meet with you, we will ask you for information about you and your family. We will put the information you give us into a computer program called the Austin/Travis County Homeless Management Information System (or “Austin/Travis County HMIS”).

We collect personal information directly from you for reasons that are discussed in our Privacy Policy Statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve the services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate. In order to provide or coordinate services, we share your information with other organizations that use the Austin/Travis County HMIS system. These organizations are required to have privacy policies in place in order to protect your personal information. You can refuse to answer any question at any time. You will never be denied help because you didn’t answer a question, unless we need that answer to know if you are eligible for a service.

The collection and use of all personal information is guided by strict standards of confidentiality as outlined in our Privacy Policy Statement. A copy of our agency’s Privacy Policy Statement is available upon request for your review.
Appendix 3

Austin / Travis County Homeless Management Information System
User Agreement

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<th>User (print name)</th>
<th>Agency (print name)</th>
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**User Policy**

Partner Agencies who use the Austin / Travis County ServicePoint HMIS system, and each User within any Partner Agency, are bound by various restrictions regarding client information and must comply with HMIS policies and procedures. A User employed at Partner Agencies that are covered entities of the Health Insurance Portability and Accountability Act (HIPAA) have more restrictive privacy policies that they must follow and will receive guidance from their agencies. This User Policy only applies to HMIS policies and procedures.

Users will only view, obtain, disclose, and use the HMIS database information when necessary to perform their job, which may include coordinating services for a client.

Users need to complete a client Release of Information (ROI) with each client before entering client information into the Austin / Travis County HMIS system. Users shall ensure that prior to obtaining a client's permission on the ROI, they fully review the ROI with the client in a manner that ensures that the client fully understands the information (e.g. securing a translator, if necessary). All information that a client provides will be entered into the Austin / Travis County HMIS system and shared with any Partner Agencies; however, it is the client's decision about the information they provide. Users will not deny services to a client because they refuse to answer a question, unless that information is necessary for determining their eligibility for services. Users will provide clients with a copy of the ROI upon request.

Users shall only put treatment records about Mental Health, HIV/AIDS, or Drug, Alcohol, or Substance Abuse Treatment into HMIS when the client provides verbal or written permission on the ROI to put treatment records in HMIS.

Users shall only share client information outside of HMIS, including discussing client information outside of HMIS or sharing client information with outside agencies for coordinating services, when the client provides verbal or written permission to do so on the ROI. The client will select the specific outside agencies that they permit data sharing for the purposes of coordinating services. User shall only share client information with agencies outside of HMIS for the purposes of research and reporting after getting approval from ECHO and after ECHO has completed a formal data sharing agreement with the outside agency receiving the data.

The Privacy Notice should be posted wherever staff are working with clients. Users shall make clients aware that the Privacy Notice and Privacy Policy Statement documents are available for their review. These documents outline the Austin / Travis County HMIS privacy policies. Users shall ensure that upon client request they fully review the Privacy Policy Statement with the client in a manner that the client fully understands the information. Users will provide clients with a copy of the Privacy Notice and Privacy Policy Statement upon request.

**Client Confidentiality**
Clients who come to HMIS participating agencies for assistance confide things about themselves or their families, which is often of a very personal and private nature. Participating agencies and Users are obligated to protect client confidentiality by not disclosing information to third parties without a client’s permission. If a client provides verbal or written permission on the ROI that their personal information can be shared outside of the HMIS system, then Users may discuss that information directly with other HMIS Agencies or release that information to the specific Outside Agencies permitted by the client on the ROI, only when that sharing of information is necessary for the User to perform their job.

Release of Information (ROI)

Users are sensitive to the fact that clients lose some of their privacy when they answer HMIS questions such as questions about income, benefits, and experiences with homelessness. Clients must be informed that all information they provide will be shared with other HMIS Agencies and receive a thorough explanation of the reasons why information is shared. Clients should always be made aware that they have the right to refuse to answer any question at any time. Users have the responsibility of explaining the benefits of sharing information for clients to make informed information sharing decisions. Users can use language such as, “The Austin / Travis County Continuum of Care works together to help individuals and their families resolve current or imminent homelessness and are dedicated to assisting people in obtaining and maintain permanent, safe, stable housing. Sharing your information may help you get services more quickly and easily, and it may also help multiple HMIS Agencies better coordinate services to meet your housing goals.”

The Austin / Travis County Continuum of Care adheres to the federal guidelines of the U.S. Department of Housing and Urban Development (HUD) Homeless Management Information Systems (HMIS) data and technical standards, and the Health Insurance Privacy and Portability Act (HIPAA) for any agencies or data to which it applies. All information and services are strictly confidential. This means that:

- Information entered into the HMIS regarding clients, potential clients, or telephone contacts should only be viewed or obtained by users when necessary to perform their job, which may include coordinating services for a client.
- HMIS information cannot be disclosed to any source outside the HMIS system without the client’s permission on the ROI. This includes discussing information from HMIS with other HMIS Agencies or releasing HMIS information to outside agencies, including utility companies, landlords, for making referrals, and emergency contacts.
- Users must take care to explain the details of how HMIS information may be shared, with whom it may be shared, and why it may be shared, both within and outside of the HMIS system.
- Within the User’s agency, specific cases are not discussed with persons other than staff members that need to know the information to perform their job. This includes:
  - Conversation among staff members in the presence of non-agency staff or volunteers.
  - HMIS printed records are never made available to persons other than staff members who need that information to perform their job.
  - Only authorized agency users can view data contained with the HMIS system.

Users may hear the phrase “circle of confidence” in reference to sharing HMIS information. The circle of confidence in which HMIS information about a client may be shared includes supervisors and colleagues employed by the same agency where the client is receiving services but only when discussion of a client’s case is appropriate. Only with a client-signed ROI consenting to sharing their HMIS information outside of HMIS may their information be shared outside of HMIS. Additionally, the client will select the outside agencies that they agree to share their information with.

Users may hear the phrase “circle of confidence” in reference to sharing HMIS information. The circle of confidence in which HMIS information about a client may be shared includes supervisors and colleagues employed by the same agency where the client is receiving services but only when discussion of a client’s case is appropriate. Only with a client-signed ROI consenting to sharing their HMIS information outside of HMIS may their information be shared outside of HMIS. Additionally, the client will select the outside agencies that they agree to share their information with.

If the User’s agency is a HIPAA covered entity, the User will refer to their agency’s policies and procedures regarding confidentiality as other restrictions may apply.

Law Enforcement
If a police officer comes to the User’s agency requesting HMIS information about a client, the User will follow their agency’s policies and procedures, which also include an appropriate response such as, “We cannot tell you whether or not Mr. X is a client here, but if we do have a client by that name, we will encourage him to get in touch with you to discuss the matter.”

If the officer comes back with a warrant, then it would be appropriate to breach confidentiality; in accordance with HMIS guidelines. However, the User will always contact their supervisor who will contact ECHO on issues such as these. Refer to the HMIS Privacy Policy Statement for detailed information on when HMIS information should be disclosed.

**Emergencies**

Confidentiality must be breached in certain emergencies, such as if the client is a danger to themselves or others, or if there is a situation where the User needs to report abuse or neglect of children or of the elderly or individuals with disabilities. Texas law instructs for disclosure to medical or law enforcement personnel where the professional determines that there is probability of imminent physical injury by the client to themselves or others. In any situation where the client makes a threat, ECHO recommends the User seek consultation from their supervisor.

Whenever the requirements of confidentiality are unclear, let the client do the informing. The User should use sound judgement: Agencies are legally responsible for the protection of client confidentiality. If the User has doubt whether to breach confidentiality in a specific circumstance, the User will contact their supervisor or ECHO. See the HMIS Privacy Policy Statement for detailed information regarding client confidentiality.

**Electronic Files**

ECHO requires that all original signed ROIs be uploaded to HMIS. Once uploaded, neither ECHO nor HUD require the agency to maintain the original paper document. In May of 2011, HUD released guidance on the use of HMIS as electronic documentation, which stated, “HUD does not require the maintenance of documentation in both paper and HMIS electronic record. Agencies must maintain all supporting documentation not entered or uploaded into the HMIS database to ensure that HMIS records meet HUD standards for completeness and sufficiency.”

Prior to destroying and disposing the paper ROI document, each HMIS Agency must confirm that their agency and/or funders’ recordkeeping policies do not require the original signed paper ROI document to be maintained.

**Paper Files**

All client information is confidential and must remain on the premises. Per HMIS policy, staff must secure printed copies of HMIS data. File cabinets containing HMIS data must be in a secure location and locked at the end of each day. Users must not keep any client files in unsecured locations, such as on their desks unattended or in unlocked drawers at night.

Paper files may include but are not limited to:
- HMIS Assessment Forms
- Signed client Release of Information
- HMIS reports containing client identifying information

The HMIS Policies and Procedures Manual includes more detailed information regarding storing paper files.

**User Responsibility**
Prior to receiving a HMIS username and password to allow a User to access to the HMIS system, the User must initial each item below to indicate training has been received and that the user understands and accepts the stated security policies, user policies, and code of ethics. Failure to uphold the confidentiality standards set forth is grounds for immediate termination from the HMIS system.

**INITIAL EACH ITEM:**

<p>| My HMIS Username and Password are for my use only and must not be shared with anyone. I will take all reasonable means to keep my Password secure. |
| A computer that has ServicePoint open and running will never be left unattended. If I am logged into ServicePoint and must leave the work area where the computer is located, I will log-off before leaving the work area. |
| I will only view, obtain, disclose, or use the HMIS information that is necessary to perform my job. |
| I understand data should be entered into the HMIS as close to real time as possible, but no more than 5 business days after the data is collected. |
| I will not falsely record any information in HMIS. I will only enter what is accurate to the best of my knowledge and as the client reports. |
| I understand that I have primary responsibility for information entered by me. Information entered must be truthful, accurate and complete to the best of my knowledge. |
| I understand I am responsible for fully reviewing the ROI with the client in a manner that ensures that the client fully understands the information. |
| I understand that the only individuals who can view information in ServicePoint are authorized users who need the information for legitimate business purposes of this Agency and the clients to whom the information pertains. |
| I understand that it is the client’s decision about the information they provide to be entered into HMIS. I will not deny services to a client because they refused to answer a question, unless that information is necessary for determining their eligibility for services. |
| I understand that before any Client information is entered into HMIS, the client must provide verbal or written permission on the ROI; and that separate ROIs must be completed for each adult in a household. (Adults cannot sign to release information for other adults, unless they have documented, legal authorization to do so). |
| I understand that if my agency is held to additional privacy restrictions by state or Federal law (such as HIPAA, VAWA, or Texas Substance Abuse Records regulations), it is my professional responsibility to ensure all appropriate additional consents are in place BEFORE I enter client information into the HMIS system. |
| I understand that I will only put treatment records about Mental Health, HIV/AIDS, or Drug, Alcohol, or Substance Abuse Treatment into HMIS when the client provides verbal or written permission on the ROI to put treatment records into HMIS. |
| I understand that I will only share client information outside of HMIS, including discussing client information outside of HMIS or sharing client information with outside agencies for coordinating services, when the client provides verbal or written permission to do so on the ROI. |
| I understand that I must allow clients to update their information in HMIS or sharing preferences at the client's request. |
| I understand that the original signed copy of a client’s ROI must be uploaded to HMIS and the client’s sharing authorization will last for seven (7) years. Once uploaded, neither ECHO nor HUD require the agency to maintain the original signed paper ROI document, unless my agency or funders’ recordkeeping policies require the original signed paper ROI document to be maintained. |</p>
<table>
<thead>
<tr>
<th>All paper copies of personally identifiable (client-level) information printed from ServicePoint must be kept in a secure file and destroyed when no longer needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will not enter “Client Doesn’t Know” or “Client Refused” when higher quality data are available.</td>
</tr>
<tr>
<td>I understand that each Agency and User participating in the HMIS is fully legally responsible and accountable for the protection of client confidentiality.</td>
</tr>
<tr>
<td>I understand that the HMIS Privacy Notice must be posted at all locations where the information is collected. I understand that I must make clients aware that there is a Privacy Policy Statement that clients can review and that I am responsible for reviewing the Privacy Policy Statement upon client request. I understand that clients must be given a copy of the Privacy Notice, Privacy Policy Statement, or client ROI upon client request.</td>
</tr>
<tr>
<td>I understand that upon client request, I must allow a client to inspect and obtain a copy of the client's own information within the ServicePoint HMIS database.</td>
</tr>
<tr>
<td>I will not use the database for any violation of any law, to defraud any entity or conduct any illegal activity.</td>
</tr>
<tr>
<td>If I notice or suspect a security breach, I must immediately notify the Executive Director of the Agency and the HMIS Director, Katy Manganella at (512) 481-2848 or <a href="mailto:katymanganella@austinecho.org">katymanganella@austinecho.org</a></td>
</tr>
</tbody>
</table>

User Signature

Date

User Work Phone

User E-mail

Trainer’s signature

Date
# Appendix 4

**Austin / Travis County Homeless Management Information System**

**Agency Administrator and Data Security Officer Authorization Form**

<table>
<thead>
<tr>
<th>Agency Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Agency Administrator Name and Title</td>
<td></td>
</tr>
</tbody>
</table>

## Authorization Agreement

I, ______________________________, Executive Director or authorized individual of the above-named agency authorize the above-named employee as the ServicePoint Agency Administrator and HMIS Data Security Officer for this agency.

I understand that the above-named person will have top-level access to this agency's information in HMIS. I understand that HMIS Agency Administrators will have access to the following:

- Access to update client records including saving data, adding, and editing.
- Run agency reports on HMIS data.
- Edit this agency's information and can add, edit, and delete HMIS users for this agency.
- The Agency Administrator may not delete a client from HMIS. The Agency Administrator will contact ECHO HMIS if a client needs to be removed entirely from the database.

This individual will be responsible for:
- Completing HMIS Agency Administrator Training with ECHO HMIS.
- Ensuring all licensed HMIS users at this agency complete training prior to accessing the database and ensuring all HMIS users at this agency complete the annual Ethics Training.
- Maintaining workflow provided by HMIS for upholding the HMIS Data and Technical Standards.
- Attending HMIS Workgroup Meetings on behalf of this agency.
- Acting as the HMIS Data and Security Officer for this agency.

By this agreement, I authorize ECHO HMIS to give this employee the HMIS Access Level of Agency Administrator.

________________________  __________________________  
Signature  Date
Appendix 5

Austin / Travis County Homeless Management Information System
Data Quality Assurance Plan

Purpose: Data quality refers to the timeliness, completeness, and accuracy of information collected and reported in the Homeless Management Information System (HMIS). The U.S. Department of Housing and Urban Development (HUD) set parameters around data quality in the HMIS Requirements Proposed Rule published in December 2011. This Data Quality Assurance Plan will be updated once the HMIS Final Rule is published. The purpose of this Plan is to establish minimum standards for quality assurance and client tracking that uphold the interim standards set by HUD.

The Austin/Travis County HMIS Quality Assurance Plan outlines policies and procedures that all participating agencies must implement to ensure the data integrity of agencies/programs.

Policy: Participating agencies will provide the following levels of data accuracy and timeliness for each program within HMIS:

- All data entered in HMIS will be as accurate and complete as possible.
- All Date of Birth entries will be entered as provided by the client or best estimate of the birth year with the month/day of 01/01 of the approximate year if the client does not provide an exact answer. (See HMIS Data Standards Manual for more information)
- The total number of Blank or Null entries for the Universal Data Elements (UDEs) and their associated “Data Quality” fields will not exceed 3% per month.
  - Null Values are data fields where the answer is missing or not entered.
- The total number of entries that are “Refused”, “Refused (HUD)”, “Don’t Know” and “Don’t Know (HUD)” will not exceed 5% per month.
  - Don’t Know/Don’t Know (HUD)/Don’t Have is used when the client provides that answer for a question.
  - Refused/Refused (HUD) is used when the client provides that answer for a question.
- Data entry must be completed in HMIS by the 5th business day after the date of applicable client interaction or program entry/exit.

Procedure: The participating Agency Administrator will perform regular data integrity checks on the participating agency’s programs within HMIS. Any patterns of error at a participating agency must be corrected. The participating agency will provide a copy of the report(s) to the HMIS Director by the tenth (10th) day of the following month, or the following business day if the 10th falls on a weekend or holiday. The ECHO HMIS personnel will monitor all participating agencies on their data entry techniques and for compliance.

1. Run the custom report “ECHO HMIS Data Completeness Report Card (EE) – v#” for all programs within HMIS for the participating agency.

2. Create QA Findings sheet for non-compliant agencies/programs and submit to ECHO HMIS and timelines for correction.

3. Rerun reports for errant agencies/programs. Follow up with the ECHO HMIS Director or HMIS Administrator if necessary.

4. ECHO HMIS will provide the participating agency Executive Director with an overall report card.
Participating Agency Responsibilities:
Participating agencies agree to:

1. Assure the accuracy of information entered into HMIS regardless of who entered the data that is not or is no longer accurate. Any updates in information, error or inaccuracy that comes to the attention of the participating agency will be corrected by such agency.

2. Perform routine Quality Assurance procedures to monitor data quality and promptly correct inaccuracies.

**Data Tracking of Client Services:**
1. The participating agency must track entries and exits into HMIS programs in HMIS. This includes entry, exit, and update assessment data for clients served and recording exit outcome information in HMIS.

2. The participating agency must implement client record keeping procedure(s).

3. Residential projects will maintain up-to-date information in HMIS about who is residing in the program.

**Reporting Submission Deadlines:**
1. Intake data should be entered into the HMIS within five (5) business days of the completion of the intake process.

2. Shelters only: Clients who stayed in shelter during the previous 24-hour period shall be entered into HMIS daily by 9:00am.

3. Complete and accurate data must be entered into HMIS by the 5th business day following the client interaction or program entry/exit.

**Data Accuracy:**
1. All clients must have unique ID numbers, which are generated by the HMIS upon record creation.

2. Missing/Null data in HMIS must be less than 3% per month in total for required fields.

3. “Refused”, “Refused (HUD)”, “Don’t Know” or “Don’t Know (HUD)” data in HMIS must be less than 5% per month in total for required fields.

4. No data in HMIS can be incompatible with a program. For example, a family cannot be entered at a single men’s shelter.

5. Data in HMIS must accurately reflect client data recorded in the agency’s client file and known information about the client and services provided to the client. For example, ‘Exit Date’ on the paperwork should be the date the client physically exited the program.

6. Annual Assessments in HMIS are required for all clients who are active in a program for a year or more.

**Data Consistency**
1. Participating agencies will use consistent language to ensure a common definition of data.

2. Measure consistency by making random interviews with users and ask how questions are worded with a goal of 90% consistency.

3. Use common forms that accurately reflect HMIS for your program.

4. Attend training on a regular basis, internally within the participating agency and externally through ECHO HMIS and others.

   a. ECHO HMIS provides the required annual Ethics Training.

   b. ECHO HMIS also provides additional training that covers using ServicePoint, Agency Administration, reporting and job-functional. This is not inclusive of all training that may be provided.
c. Each participating agency may provide program-specific training internally as needed.

d. ServicePoint users and Agency Administrators may have their HMIS access disabled until any required training is completed.

- **Data Quality Assurance**
  1. Participating agencies shall have a Data Quality Assurance Plan that is Program-specific to assure quality data collection, entry, and reporting. A copy of the plan shall be provided to ECHO HMIS upon request.

**The suggested schedule for Participating Agency Administrators to ensure high HMIS data quality:**

<table>
<thead>
<tr>
<th>Task</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run the Data Completeness Report for each program and ensure corrections to data as necessary.</td>
<td>Monthly</td>
</tr>
<tr>
<td>Submit the Data Completeness Report for each program to ECHO HMIS.</td>
<td>Monthly - Required</td>
</tr>
<tr>
<td>Review the Data Completeness Report for each program and verify that missing data for required data elements does not exceed 3%.</td>
<td>Monthly</td>
</tr>
<tr>
<td>Validate that any paper files for the program match the HMIS data to ensure data accuracy.</td>
<td>Monthly</td>
</tr>
<tr>
<td>If in an Emergency Shelter, check bed list to verify accuracy in HMIS.</td>
<td>Weekly</td>
</tr>
</tbody>
</table>
Appendix 6
Austin / Travis County Homeless Management Information System
License and Support

End User Licenses

Each user must have a license to access the HMIS software, ServicePoint. The charge per license is $600 annually with the contract year of March 1 – February 28/29 each year. The following services and support are included with each license.

- The user license provides the named user access to ServicePoint after the required training has been completed.
- A user license for the ServicePoint Training Site. All training must be done within the Training Site and not the live ServicePoint site.
- PKI Security Certificate installation and management.
- All required HMIS user trainings will be provided by ECHO:
  - All new users are required to complete New User Training which includes privacy and ethics compliance training and HMIS application and workflow training.
  - For current users, an annual Ethics Refresher Training will be provided by ECHO for the user to maintain their HMIS license.
  - HMIS Agency Administrators are provided HMIS Agency Administration Training.
- Additional training will be offered throughout the year as changes occur or learning areas are identified.
- User support and technical assistance by ECHO.
- Creation of and assistance in defining program assessments and reporting requirements to meet grant and funder requirements.
- Technical assistance in and potential creation of custom reports. Complexity and required time constraints may require technical assistance from Mediware, the HMIS vendor, and additional charges would apply.
- Guidance and direction on HMIS and HUD-related requirements for participating agencies, Agency Administrators, and Agency Security Officers.
- ECHO will handle all vendor management with Mediware.
- Dedicated administration of HMIS to protect the privacy and confidentiality of data stored in ServicePoint.

Reporting Licenses

Users that need to generate advanced reports will need a Reporting License. Each participating agency is required to have at least one reporting license. There are two types of reporting licenses:

1. Ad-hoc License: $160/year, provides the ability to create custom reports and run standard and existing customized reports.
2. Viewer License: $90/year, provides the ability to run standard and existing customized reports.
Appendix 7

Austin / Travis County Homeless Management Information System
Privacy and Security Plan

Purpose:
Establish minimum privacy and security standards for the collection and maintenance of HMIS records for every client receiving services by participating agencies.

The Austin / Travis County HMIS Privacy and Security Plan outlines policies and procedures that all participating agencies must implement to ensure the privacy and security of client data input by agencies.

Policy:
Participating agencies will provide the following levels of privacy and security protection for each program within HMIS:

- Unique user name and password for each user
- Secure location for equipment used to access HMIS
- Locking screen savers and user profiles on computer equipment
- Virus protection with auto-update enabled
- Individual or network firewall
- Restrictions on access to HMIS via forums
- Compliance with the HMIS Policy and Procedures Manual
- Protection of all stored HMIS data

Procedure:
The participating Agency Administrator will perform quarterly privacy and security checks on the participating agency’s programs within HMIS. Any area of non-compliance at a participating agency will be corrected immediately. The participating agency will provide the Privacy and Security Quarterly Compliance Assessment to ECHO HMIS upon request. The ECHO HMIS personnel can monitor all participating agencies on compliance with HMIS privacy and security standards. The assessment form is found in Appendix 8 of the HMIS Policies and Procedures Manual.

Participating Agency Responsibilities:

1. Assure the accuracy of information provided in the Privacy and Security Compliance Assessment. Any areas of non-compliance that comes to the attention of the participating agency will be corrected by the agency immediately.
2. Maintain a file of the Privacy and Security Compliance Assessment along with any supporting documentation. ECHO HMIS may ask for these records at any time.
3. Provide the HMIS Director with a copy of the Privacy and Security Compliance Assessment upon request.
# Appendix 8

## Austin / Travis County Homeless Management Information System Privacy and Security Assessment Form

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Assessment Date Range</th>
</tr>
</thead>
</table>

### Compliance Area

<table>
<thead>
<tr>
<th>Compliance Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>All users that access HMIS have a unique name and password.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment is in a secure location.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devices that access HMIS have locking screen savers and user profiles.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devices that access HMIS have an individual or network firewall.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to HMIS is restricted via public forums.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The agency complies with the HMIS Policies and Procedures Manual.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The agency has the appropriate protections in place for all stored HMIS data.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If applicable, the compliance area(s) that are non-compliant will be corrected by the following steps:

---

*I certify that the information provided is true and accurate to the best of my knowledge.*

---

Agency Administrator Name

Signature

Date
Appendix 9
Austin / Travis County Homeless Management Information System
Data Sharing Policy and Release of Information (ROI)

Agency Completing Form: ________________________________________________________________

This agency collects information about people who ask about our homeless services. When we meet with you, we will ask you for information about you and your family. We will put the information you give us into a computer program called Mediware ServicePoint (or “HMIS”).

Austin / Travis County HMIS data is all stored in one computer system. Your information will be shared with all agencies that use our system (all “HMIS Agencies”) to help you get services more quickly and easily. A list of all current HMIS Agencies is on the next page of this form, and you can ask for a new copy at any time.

The Personal Information we share may include:

- Personal Identifying Information (such as name, social security number, and date of birth)
- Who is in your household
- Job history
- Military history
- Living situation and housing history
- Educational background
- Demographic information (such as race, gender, and ethnicity)
- Your income and income sources
- Services you request or receive
- If you are experiencing homelessness or not
- Reasons for seeking services
- Self-reported health needs

You can refuse to answer any question at any time, including questions about the things listed above. You will never be denied help because you did not answer a question, unless we need to know that answer to know if you are eligible for a service.

We will not store or share treatment records about Mental Health, HIV/AIDS, or Drug, Alcohol, or Substance Abuse Treatment unless you give us specific permission.

We may also share some of your information from HMIS with agencies that do not use our HMIS system (“Outside Agencies”) for different summary reports about homelessness. Personal Information that could be used to tell who you are will only be put in those reports if we have your written permission, or if the law lets us or requires us to share that information without your permission.

__________ Please initial here to show that you have read and understand the rules above.

Consent for Release of Personal Information
In addition to the information sharing above, you can also choose:

- To let HMIS Agencies share and discuss your Personal Information outside of the computer system to help give you services;
- To let HMIS Agencies share your Personal Identifying Information with Outside Agencies for research, reporting, and coordinating services; and
- To let HMIS Agencies put any treatment records about Mental Health, HIV/AIDS, or Drug, Alcohol, or Substance Abuse Treatment into our computer system as part of your Personal Information.

Please think about the information below before making your decisions:
• Personal Information that can be used to tell who you are (Personal Identifying Information) will only be shared with Outside Agencies with your permission, or when the law lets us share that information without your permission.
• If you let us put any treatment records related to Mental Health, HIV/AIDS, or Drug, Alcohol, or Substance Abuse Treatment into our computer system, we will share that information just like the rest of your Personal Information.
• The current list of HMIS Agencies is below. Any agency not on that list is considered an Outside Agency. Other agencies may join this list in the future and share your information just like the current HMIS Agencies. You may ask for an updated list of the HMIS Agencies from any HMIS Agency at any time.
• Some of your Personal Information may be protected by additional state and federal privacy laws. Agencies that must follow these laws may need additional permission to collect or share some of your information.
• Once we share your information with an Outside Agency, that agency can sometimes share it with other Outside Agencies, if the law says they can.
• This consent is voluntary. You will not be denied services if you decline to sign this consent form.

**Current Austin / Travis County HMIS Agencies:**

- A New Entry
- AIDS Services of Austin
- Any Baby Can
- Austin Recovery
- Austin Voices for Education and Youth
- Caritas of Austin
- Casa Marianella
- Catholic Charities of Central Texas
- City of Austin – CDU, DACC, EMS
- CommUnity Care
- Ending Community Homelessness Coalition (ECHO)
- Family Eldercare
- Foundation Communities
- Foundation for the Homeless
- Front Steps
- Seton Good Health Solutions Center
- Goodwill Industries of Central Texas
- Green Doors
- Housing Authority – City (HACA)
- Housing Authority of Travis County (HATC)
- Integral Care
- LifeWorks
- LINC Austin
- Meals on Wheels and More
- Mobile Loaves and Fishes
- SAFE Alliance
- Saint Louise House
- Sunrise Homeless Navigation Center
- The Salvation Army
- Travis County – Health & Human Services & Veteran Services
- Travis County – Mental Health Public Defenders
- Trinity Center
- U.S. Department of Veteran Affairs
Optional Agencies Section

Please choose one:

_____ Yes, all Austin/Travis County HMIS Agencies may share and discuss Personal Information about me and my family outside of the computer system to help give us services. They may also share that information with Outside Agencies for research, reporting, and coordinating services.

Permission to share your information will last for seven years from the date you sign this form. You can cancel this permission at any time by sending a written letter to the agency where you filled out this form. It may take up to three business days to process the cancellation letter.

_____ No, I do not want HMIS Agencies to share and discuss my Personal Information outside of the computer system. I also do not want information that can be used to tell who I am to be part of any outside reports or research. HMIS Agencies may only share information in the computer system for questions I choose to answer.

If you chose NO above, you can still choose to let HMIS Agencies share and discuss your Personal Information with specific Outside Agencies or individuals outside of the computer system to coordinate services. If you want to do that, please initial your choices below.

_____ Contact Person: ______________________________________________________

_____ Austin Police Department
_____ Capital of Texas Workforce
_____ Community Care Collaborative
_____ Dell Medical Center
_____ Dept. of Assistive & Rehab Services
_____ Integrated Care Collaborative
_____ Managed Care Organizations

_____ Seton/Brackenridge Hospitals
_____ Social Security Administration
_____ St. David's Hospital
_____ TX RioGrande Legal Aid

_____ Other

Optional Treatment Records Section

Please initial below if you would like to put treatment records about Mental Health, HIV/AIDS, or Drug, Alcohol, or Substance Abuse Treatment in our computer system as part of your Personal Information. We will share this sensitive health information for the record types you initial below:

_____ Mental Health Treatment Records
_____ HIV/AIDS Test Results and/or Treatment Records
_____ Drug, Alcohol, or Substance Abuse Treatment Records

Client Name: ______________________________________________________________________

Dependents Name(s): _______________________________________________________________

Client or Representative Signature: ___________________________ Date: __________________

Witness Signature: ___________________________ Date: __________________

FOR ORGANIZATIONAL USE ONLY (Initial all that apply):

( ) The client received a telephonic explanation of this form. Staff obtained telephonic acknowledgement of HMIS Data Sharing Policy and documented that consent with the staff signature on this form.

( ) The client wishes to remain anonymous in HMIS.

( ) An authorized representative completed this consent for the client. A description of their right to do so is attached.

( ) Other: __________________________________________________________________________
Appendix 10

Austin / Travis County Homeless Management Information System
Privacy Policy Statement

This agency collects information about people who ask about our homeless services and puts the information you give us into a computer program called Mediware Information Systems ServicePoint (or “Austin/Travis County HMIS”). Austin/Travis County HMIS data are all stored in one computer system maintained by the Ending Community Homelessness Coalition (or “ECHO”). This Privacy Policy Statement describes the practices connected with the Austin/Travis County HMIS computer program. A link to this Privacy Policy can be found on the HMIS section of the ECHO website. A copy of this Privacy Policy Statement, the Privacy Notice and the Data Sharing Policy and Release of Information are available to clients upon request.

Scope
The Privacy Policy only applies to the information entered into the Austin / Travis County HMIS computer system and does not apply to any other website or computer system. We only collect information that we think is appropriate. The collection and use of all personal information is guided by strict confidentiality standards as outlined in this Privacy Policy Statement.

This document is not a legal contract. We are required to provide and follow the practices described in this Privacy Policy. This Privacy Policy takes effect immediately and will remain in effect until we replace it. The Privacy Policy can be amended. Any changes may affect the use of information collected before the policy change.

Purpose of Data Collection
When agencies that use the Austin / Travis County HMIS computer system meet with you, they may ask you for information about you and your family. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Additional personal information that we collect is important to run our programs, to improve the services for people experiencing homelessness, and to better understand the needs of people we serve.

YOU HAVE THE RIGHT TO REFUSE TO ANSWER ANY QUESTION AT ANY TIME AND YOU WILL NOT BE DENIED HELP, UNLESS WE NEED THAT INFORMATION TO KNOW IF YOU ARE ELIGIBLE FOR A SERVICE.

What personal information is collected about you?
- Personal identifying information (such as name, social security number, and date of birth)
- Demographic information (such as race, ethnicity, and gender)
- Who is in your household
- Your income and income sources
- Job history
- Services you request or receive
- Military history
- Housing status and history
- Current living situation
- Reasons for seeking services
- Self-reported health needs

What happens to your information?
- When you request services from agencies that use the Austin / Travis County HMIS computer system, the agency will review the client Release of Information (ROI) that describes the data sharing rules within and outside of the computer system.
- After you acknowledge that you understand the data sharing rules, your information will be entered into the Austin / Travis County HMIS computer system, which is operated over the internet. The
Austin / Travis County HMIS uses many security protections, as listed in the Security and Confidentiality section of this Privacy Policy, to ensure confidentiality.

- Your current and historical information will be shared with all agencies that use the Austin / Travis County HMIS system to help you get services more quickly and easily. We also share your information to help you get better services from our agencies. All current HMIS Agencies are listed on the client ROI document.
- If you provide verbal or written permission on the client ROI that you want to put treatment records about Mental Health, HIV / AIDS, or Drug, Alcohol, or Substance Abuse Treatment into our computer system as part of your personal information, that information will be entered into the Austin / Travis County HMIS system and will be shared with all agencies that use the system.
- If you provide verbal or written permission on the client ROI for the additional sharing of your data outside of HMIS, then you and your family's current and historical information in the Austin / Travis County HMIS system may be shared directly outside of the computer system or with outside agencies for research, reporting, and coordinating services.

Uses and Disclosures of your Personal Information
Once you acknowledge that you understand the Austin / Travis County HMIS data sharing rules, your current and historical data may be used or shared to:

- Provide and coordinate services to you and your family
- Carry out functions related to payment or reimbursement of services
- Carry out administrative functions, such as legal, audit, and management functions
- Provide different summary reports about homelessness as required by law or by the organizations that provide money for these programs
- Create deidentified reports for additional analysis
- Meet the requirements of the law
- Prevent a serious threat to health or safety
- Report abuse, neglect or domestic violence to a government authority authorized by law to receive these types of reports when required by law, or when the individual agrees to the disclosure, or when the disclosure is allowable by regulations and we feel it is necessary to prevent serious harm to the individual or other potential victims.
- Comply with law enforcement requests such as in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena; a limited and specific inquiry approved by a supervisory official of the law that is necessary for a law enforcement investigation
- Learn about how well we are serving our clients and to find new ways to improve those services
- Understand the scope of need for our services in Austin / Travis County and to use that information when making decisions about ways to end homelessness

If you provide verbal or written permission on the client ROI for the additional sharing of your data outside of HMIS, then you and your family’s current and historical information may be shared directly outside of the computer system or with outside agencies for the following reasons:

- To help you get services quickly and easily
- To help you get better services from our agencies and coordinate your services
- For research and reporting conducted by an individual or institution that has a formal relationship and a written data sharing agreement with ECHO that must:
  1. Establish rules and limitation for the processing and security of the information
  2. Provide for the return or proper disposal of the information after the research project is over
  3. Restrict additional use or disclosure of client personal information, except where required by law, and
  4. Require that the recipient of data formally agree to comply with all terms and conditions of the agreement

Security and Confidentiality Guidelines
The Austin / Travis County HMIS operates over the internet. The site is encrypted with a security certificate that keeps the site secure and the information in it protected. Only agencies that use HMIS in Austin / Travis County can view and enter information into the Austin / Travis County HMIS system. Austin / Travis County HMIS users have a password-protected login to the system. Also, Austin / Travis County HMIS users receive training on the privacy and security standards outlines in this Privacy Policy Statement and must sign a confidentiality agreement where they agree to comply with this Privacy Statement.

Agencies using the Austin / Travis County HMIS will uphold federal and state confidentiality regulations to protect client records and privacy. In addition, they will only release client records outside of the Austin / Travis County HMIS computer system with written consent by the client, unless otherwise provided for in the regulations.

Agencies using the Austin / Travis County HMIS must abide by the HMIS Privacy Policy and Security Standards as outlined in the HMIS Data and Technical Standards. The Privacy Policy Statement was written in accordance with those standards.

Agencies using the Austin / Travis County HMIS will abide specifically by the federal confidentiality rules regarding disclosure of alcohol and/or drug abuse records.

Agencies using the Austin / Travis County HMIS will abide specifically by State of Texas, the City of Austin, or Travis County general laws providing guidance for release of client-level information including who has access to client records, for what purpose and audit trail specifications for maintaining a complete and accurate record of every access to and every use of any personal data by persons or organizations.

What are your rights under the Privacy Policy?

- You can refuse to answer any question at any time, including questions about the things listed on in this Policy. You will never be denied help because you did not answer a question, unless we need to know that answer to know if you are eligible for a service.
- Your permission to share your current and historical information will last for seven years from the date you sign the client ROI. You can cancel this permission at any time by sending a written letter to the agency where you filled out this form. It may take up to three business days to process this cancellation letter.
- You have the right to view and get a copy of your information that is entered into the Austin / Travis County HMIS system, except in circumstances such as in advance of legal proceedings, if there is information about another individual, if information was provided under a promise of confidentiality, if the sharing of the information would threaten the life or physical safety of an individual. You have the right to receive an explanation about any of your information that you do not understand.
- You have the right to request for a correction when your information in the Austin / Travis County HMIS system is incorrect or incomplete.
- You have the right to get a copy of this Privacy Policy Statement, the ROI, and the Privacy Notice if you request it.

Complaint Process:
If you have a complaint about the Austin / Travis County HMIS privacy and security policies and practices, please contact the ECHO HMIS Director.

ECHO – HMIS Director
300 E. Highland Mall Blvd., Suite 200
Austin, TX 78752

Or call the HMIS Director: (512) 481-2848
<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count</td>
<td>2138</td>
<td>2036</td>
<td>2147</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>890</td>
<td>821</td>
<td>730</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>16</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>416</td>
<td>370</td>
<td>388</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>1322</td>
<td>1202</td>
<td>1133</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>816</td>
<td>834</td>
<td>1014</td>
</tr>
</tbody>
</table>

**Chronically Homeless PIT Counts**

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of Chronically Homeless Persons</td>
<td>742</td>
<td>553</td>
<td>498</td>
</tr>
<tr>
<td>Sheltered Count of Chronically Homeless Persons</td>
<td>173</td>
<td>183</td>
<td>173</td>
</tr>
<tr>
<td>Unsheltered Count of Chronically Homeless Persons</td>
<td>569</td>
<td>370</td>
<td>325</td>
</tr>
</tbody>
</table>
### Homeless Households with Children PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children</td>
<td>182</td>
<td>171</td>
<td>159</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Households with Children</td>
<td>179</td>
<td>170</td>
<td>157</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Households with Children</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Homeless Veteran PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Veterans</td>
<td>515</td>
<td>257</td>
<td>169</td>
<td>170</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Veterans</td>
<td>293</td>
<td>150</td>
<td>102</td>
<td>102</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Veterans</td>
<td>222</td>
<td>107</td>
<td>67</td>
<td>68</td>
</tr>
</tbody>
</table>
## HMIS Bed Coverage Rate

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2018 HIC</th>
<th>Total Beds in 2018 HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) Beds</td>
<td>785</td>
<td>106</td>
<td>679</td>
<td>100.00%</td>
</tr>
<tr>
<td>Safe Haven (SH) Beds</td>
<td>15</td>
<td>0</td>
<td>15</td>
<td>100.00%</td>
</tr>
<tr>
<td>Transitional Housing (TH) Beds</td>
<td>331</td>
<td>163</td>
<td>168</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) Beds</td>
<td>365</td>
<td>0</td>
<td>365</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) Beds</td>
<td>1035</td>
<td>16</td>
<td>1019</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) Beds</td>
<td>246</td>
<td>0</td>
<td>246</td>
<td>100.00%</td>
</tr>
<tr>
<td>Total Beds</td>
<td>2,777</td>
<td>285</td>
<td>2492</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

<table>
<thead>
<tr>
<th>Chronically Homeless Bed Counts</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC</td>
<td>296</td>
<td>819</td>
<td>956</td>
</tr>
</tbody>
</table>

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

<table>
<thead>
<tr>
<th>Households with Children</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families on the HIC</td>
<td>28</td>
<td>15</td>
<td>57</td>
</tr>
</tbody>
</table>

Rapid Rehousing Beds Dedicated to All Persons

<table>
<thead>
<tr>
<th>All Household Types</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations on the HIC</td>
<td>201</td>
<td>254</td>
<td>365</td>
</tr>
</tbody>
</table>
Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October 1, 2012.

**Metric 1.1:** Change in the average and median length of time persons are homeless in ES and SH projects.  
**Metric 1.2:** Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Persons in ES and SH</td>
<td>4608</td>
<td>4239</td>
<td>74 72</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td>4887</td>
<td>4410</td>
<td>96 90</td>
</tr>
</tbody>
</table>

b. This measure is based on data element 3.17.

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

The construction of this measure changed, per HUD’s specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.
### Universe (Persons)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Persons in ES, SH, and PH (prior to &quot;housing move in&quot;)</td>
<td>4524</td>
<td>4178</td>
<td>172</td>
<td>346</td>
<td>174</td>
<td>67</td>
<td>124</td>
<td>57</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, TH, and PH (prior to &quot;housing move in&quot;)</td>
<td>4806</td>
<td>4406</td>
<td>193</td>
<td>362</td>
<td>169</td>
<td>81</td>
<td>144</td>
<td>63</td>
</tr>
</tbody>
</table>
Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

<table>
<thead>
<tr>
<th>Exit Type</th>
<th>Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months</th>
<th>Returns to Homelessness from 6 to 12 Months</th>
<th>Returns to Homelessness from 13 to 24 Months</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit was from SO</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Exit was from ES</td>
<td>482</td>
<td>71</td>
<td>21</td>
<td>26</td>
<td>118</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>144</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>35</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>782</td>
<td>38</td>
<td>25</td>
<td>50</td>
<td>113</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>1445</td>
<td>114</td>
<td>51</td>
<td>84</td>
<td>249</td>
</tr>
</tbody>
</table>

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts
This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

<table>
<thead>
<tr>
<th></th>
<th>January 2016 PIT Count</th>
<th>January 2017 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>2138</td>
<td>2036</td>
<td>-102</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>890</td>
<td>821</td>
<td>-69</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>16</td>
<td>11</td>
<td>-5</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>416</td>
<td>370</td>
<td>-46</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>1322</td>
<td>1202</td>
<td>-120</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>816</td>
<td>834</td>
<td>18</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>5040</td>
<td>4491</td>
<td>-549</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>4630</td>
<td>4231</td>
<td>-399</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>68</td>
<td>66</td>
<td>-2</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>449</td>
<td>381</td>
<td>-68</td>
</tr>
</tbody>
</table>
Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of</td>
<td>290</td>
<td>297</td>
<td>7</td>
</tr>
<tr>
<td>adults (system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults</td>
<td>11</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>with increased</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>earned income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults</td>
<td>4%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>who increased</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>earned income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of</td>
<td>290</td>
<td>297</td>
<td>7</td>
</tr>
<tr>
<td>adults (system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults</td>
<td>48</td>
<td>105</td>
<td>57</td>
</tr>
<tr>
<td>with increased</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>non-employment cash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults</td>
<td>17%</td>
<td>35%</td>
<td>18%</td>
</tr>
<tr>
<td>who increased</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>non-employment cash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Metric 4.3 – Change in total income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of</td>
<td>290</td>
<td>297</td>
<td>7</td>
</tr>
<tr>
<td>adults (system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults</td>
<td>57</td>
<td>114</td>
<td>57</td>
</tr>
<tr>
<td>with increased</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>total income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults</td>
<td>20%</td>
<td>38%</td>
<td>18%</td>
</tr>
<tr>
<td>who increased</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>total income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Metric 4.4 – Change in earned income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited</td>
<td>98</td>
<td>74</td>
<td>-24</td>
</tr>
<tr>
<td>(system leavers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased</td>
<td>25</td>
<td>9</td>
<td>-16</td>
</tr>
<tr>
<td>earned income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased</td>
<td>26%</td>
<td>12%</td>
<td>-14%</td>
</tr>
<tr>
<td>earned income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Metric 4.5 – Change in non-employment cash income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited</td>
<td>98</td>
<td>74</td>
<td>-24</td>
</tr>
<tr>
<td>(system leavers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased</td>
<td>34</td>
<td>40</td>
<td>6</td>
</tr>
<tr>
<td>non-employment cash income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased</td>
<td>35%</td>
<td>54%</td>
<td>19%</td>
</tr>
<tr>
<td>non-employment cash income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Metric 4.6 – Change in total income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited</td>
<td>98</td>
<td>74</td>
<td>-24</td>
</tr>
<tr>
<td>(system leavers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased</td>
<td>56</td>
<td>46</td>
<td>-10</td>
</tr>
<tr>
<td>total income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased</td>
<td>57%</td>
<td>62%</td>
<td>5%</td>
</tr>
<tr>
<td>total income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH or TH during the reporting period.</td>
<td>4541</td>
<td>4099</td>
<td>-442</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>1490</td>
<td>1375</td>
<td>-115</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)</td>
<td>3051</td>
<td>2724</td>
<td>-327</td>
</tr>
</tbody>
</table>

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</td>
<td>5268</td>
<td>4634</td>
<td>-634</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>1774</td>
<td>1595</td>
<td>-179</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td>3494</td>
<td>3039</td>
<td>-455</td>
</tr>
</tbody>
</table>
Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td>74</td>
<td>231</td>
<td>157</td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td>5</td>
<td>3</td>
<td>-2</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>4</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>12%</td>
<td>4%</td>
<td>-8%</td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations
2018 HDX Competition Report

**FY2017 - Performance Measurement Module (Sys PM)**

<table>
<thead>
<tr>
<th>Metric 7b.2 – Change in exit to or retention of permanent housing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Universe:</strong> Persons in ES, SH, TH and PH-RRH who exited, plus</td>
</tr>
<tr>
<td>persons in other PH projects who exited without moving into housing</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
</tr>
<tr>
<td>% Successful exits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Universe:</strong> Persons in all PH projects except PH-RRH</th>
<th><strong>Submitted</strong></th>
<th><strong>FY 2017</strong></th>
<th><strong>Difference</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td>1499</td>
<td>1417</td>
<td>-82</td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td>1412</td>
<td>1329</td>
<td>-83</td>
</tr>
<tr>
<td>94%</td>
<td>94%</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>
This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.
# 2018 HDX Competition Report
## FY2017 - SysPM Data Quality

<table>
<thead>
<tr>
<th></th>
<th>All ES, SH</th>
<th>All TH</th>
<th>All PSH, OPH</th>
<th>All RRH</th>
<th>All Street Outreach</th>
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</thead>
<tbody>
<tr>
<td>1. Number of non-DV Beds on HIC</td>
<td>726</td>
<td>697</td>
<td>759</td>
<td>743</td>
<td></td>
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<tr>
<td></td>
<td>314</td>
<td>211</td>
<td>242</td>
<td>327</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1016</td>
<td>1116</td>
<td>1334</td>
<td>1283</td>
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<tr>
<td></td>
<td>58</td>
<td>70</td>
<td>153</td>
<td>254</td>
<td></td>
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<tr>
<td>2. Number of HMIS Beds</td>
<td>700</td>
<td>697</td>
<td>759</td>
<td>743</td>
<td></td>
</tr>
<tr>
<td></td>
<td>314</td>
<td>211</td>
<td>210</td>
<td>327</td>
<td></td>
</tr>
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<tr>
<td></td>
<td>58</td>
<td>70</td>
<td>153</td>
<td>254</td>
<td></td>
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<tr>
<td>3. HMIS Participation Rate from HIC (%)</td>
<td>96.42</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
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<tr>
<td></td>
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<td>86.78</td>
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<td>100.00</td>
<td>100.00</td>
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<tr>
<td>4. Unduplicated Persons Served (HMIS)</td>
<td>3879</td>
<td>4590</td>
<td>4625</td>
<td>4067</td>
<td></td>
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<tr>
<td></td>
<td>497</td>
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<td>459</td>
<td>384</td>
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<td>0</td>
<td>1</td>
<td>85</td>
<td>143</td>
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<tr>
<td>5. Total Leavers (HMIS)</td>
<td>3223</td>
<td>3840</td>
<td>3947</td>
<td>3366</td>
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<td></td>
<td>276</td>
<td>242</td>
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<td>174</td>
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<td></td>
<td>110</td>
<td>165</td>
<td>237</td>
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<td>1183</td>
<td>982</td>
<td>1005</td>
<td>926</td>
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<td></td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>14</td>
<td></td>
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<tr>
<td>6. Destination of Don't Know, Refused, or Missing (HMIS)</td>
<td>1206</td>
<td>2665</td>
<td>2456</td>
<td>2130</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>23</td>
<td>16</td>
<td>17</td>
<td></td>
</tr>
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<td>27</td>
<td>50</td>
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<td></td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>5</td>
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<tr>
<td>7. Destination Error Rate (%)</td>
<td>37.42</td>
<td>69.40</td>
<td>62.22</td>
<td>63.28</td>
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<td>3.26</td>
<td>9.50</td>
<td>6.56</td>
<td>9.77</td>
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<td></td>
<td>18.18</td>
<td>16.36</td>
<td>21.10</td>
<td>10.00</td>
<td></td>
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<tr>
<td></td>
<td>12.00</td>
<td>11.00</td>
<td>6.97</td>
<td>6.91</td>
<td></td>
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<tr>
<td></td>
<td>30.00</td>
<td>35.71</td>
<td></td>
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</table>
### Date of PIT Count

| Date CoC Conducted 2018 PIT Count | 1/26/2018 |

### Report Submission Date in HDX

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<tr>
<th>Submitted On</th>
<th>Met Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 PIT Count Submittal Date</td>
<td>4/26/2018</td>
</tr>
<tr>
<td>2018 HIC Count Submittal Date</td>
<td>4/26/2018</td>
</tr>
<tr>
<td>2017 System PM Submittal Date</td>
<td>5/31/2018</td>
</tr>
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VII. Coordinated Entry Written Standards

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Section One: Background, Goals, and System Expectations

A: Regulatory Citations

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

B: Guidance Documents and Resources

- *Coordinated Entry Policy Brief*
- *Coordinated Entry Self-Assessment*
- *National Alliance to End Homelessness*
- *Coordinated Entry and Victim Service Providers FAQs*

C: Purpose and Goals

Coordinated Entry is a shared community-wide intake process intended to match all persons experiencing homelessness with the community resources that are best able to help them enter permanent housing.
HUD requires each Continuum of Care (CoC) to establish and operate a coordinated entry process with the goal of increasing the efficiency of the local homelessness crisis response systems and improving fairness and ease of access to resources, including mainstream resources, for all persons experiencing homelessness. The Ending Community Homelessness Coalition (ECHO) is the Lead CoC Agency for the Austin/Travis County CoC (TX-503).

Coordinated entry processes are intended to help communities allocate housing and stabilization resources using focused interventions that are proven to end homelessness. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources.

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

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

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

1. Cover the entire geographic area claimed by the CoC;
2. Be easily accessed by individuals and families seeking housing or services;
3. Be well-advertised;
4. Include a comprehensive and standardized assessment tool;
5. Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
6. Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

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

E: Applicability and Deadlines for Compliance

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

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

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

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

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

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

F: Expectations of Coordinated Entry Process (CEP) Participation

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

- Create, support, and monitor standardized access points and assessment processes which are low barrier and cover the full geographic range of the CoC.
- Monitor use of the standardized prioritization criteria as part of a uniform and coordinated referral process for all beds, units, and services available at participating projects.
- Affirmatively market the CEP to ensure fair and equal access, especially for people in the CoC least likely to access homeless assistance.
- Create and maintain CoC policies and procedures that meet all HUD standards and requirements for all project types participating in the CEP.
- Convene regular opportunities for ongoing planning and stakeholder consultation.
- Administer initial and ongoing trainings for CoC staff who are approved by the CoC to administer assessments.
- Securely maintain the Homeless Management Information System (HMIS), in accordance with CoC HMIS policies and procedures.
- Coordinate, integrate, and leverage mainstream community resources to maximize impact of services for individuals who are experiencing homelessness.
b: As Active Participants in the Austin/Travis County CoC Coordinated Entry Process, Covered Programs and Projects will:

- Agree to follow all applicable coordinated entry written standards as adopted by the CoC.
- Agree to follow all universally applicable CoC written standards as adopted by the CoC (including, but not limited to, Client Confidentiality, Equal Opportunity, and Non-Discrimination policies).
- Agree to follow all applicable project-type-specific written standards as adopted by the CoC (including, but not limited to, Permanent Supportive Housing, Rapid Re-housing, Transitional Housing, Emergency Shelter, Housing Navigation, Street Outreach, Homelessness Prevention, and Landlord Outreach).
- Agree to assign all beds, units, and services available at participating projects solely through the CEP uniform referral process.
- Provide timely updates to the CoC related to referrals assigned through the CEP.
- Actively participate in ongoing planning and stakeholder consultation opportunities.

Section Two: Systems Eligibility, Access, and Evaluation

G: Target Population and Eligibility

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

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

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

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

a: Domestic Violence and Victim Service Providers

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

The following requirements apply to all CEP participating programs:

1) No program participating in the CEP may deny services to a household based on past or current experiences as a victim of Domestic Violence, Sexual Assault, or other traumatic victimization.

2) In addition to the CEP integrated into the CoC’s shared HMIS system, the CoC also supports a Violence Against Women Act (VAWA)-compliant Victim Service Provider (VSP) CEP specifically dedicated to victims of Domestic Violence and the programs dedicated to serving them. This internal system is maintained by SafePlace on behalf of SAFE Alliance, and housing programs dedicated to victims of DV who are required to use the CoC CEP must use this internal VSP-dedicated system, in full compliance with applicable CEP Written Standards, including the referral prioritization steps.

3) Any client may choose to request assistance from either or both of the CoC CEP databases. There must be fully informed consent around this choice whereby clients are informed of all potential safety concerns of choosing the CoC’s shared HMIS CA system instead of or in addition to the limited visibility VSP system.

4) Clients may choose to be partly or wholly anonymous in either system, as described in the HMIS Policies and Procedures. ECHO and SafePlace will coordinate service and assessment data regularly to minimize risk of duplication of services or unintended service gaps.

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

H: System Access Options
The CEP can be accessed through the following options:

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

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

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

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

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

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

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

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

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

- Review of CoC’s written CE policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization; and
- Criteria for uniform decision-making and referrals
Potential assessors may be trained in some or all of the CEP phases, and ECHO is responsible for certifying which phases an assessor has been trained to complete. Trained Assessors are responsible for attending refresher trainings as developed and required by ECHO to maintain their certification.

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

J: Data Management

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

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

a: Privacy Rights

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

b: By-Name List Case Staffing

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

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

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

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

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

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

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

1. **Regular Staff Meetings:** The CE Program Manager will meet a minimum of once a week with ECHO’s Coordinated Assessment Implementation Specialists. The Program Director will meet a minimum of once a month with ECHO’s Coordinated Assessment Implementation Specialists and trained assessment staff from all participant agencies. The groups will discuss a variety of topics that are relevant to ensuring the smooth operation of the program and to promote continuous learning. Topics may include team building activities, consumer case reviews, challenges and opportunities for systems improvement, and ongoing trainings.

2. **Monthly Updates:** ECHO’s Housing Work Group meetings will take place on a bimonthly basis with time allowed for Coordinated Entry updates and community discussion. Meetings occur the third Wednesday of every month from 9am to 11am.

3. **Online Surveys:** Easy-to-use online surveys will be distributed electronically to homeless services providers at least once every six months during the contract year. Responses will be analyzed and used to assist Coordinated Entry staff make improvements in the assessment process.

4. **Troubleshooting:** The program director and manager will be available for troubleshooting outside of meeting times during normal business hours.

5. **Monitoring a Feedback Email Address:** The Program Director’s email address will be publicized for use by all stakeholders as a means of providing ongoing feedback about program operations.

6. **Ongoing Focus Groups with Service Providers:** Focus groups will be conducted with service provider staff and/or stakeholders for the purpose of engaging in thoughtful and constructive dialogue around Coordinated Entry improvement. These groups will generally attempt to bring multiple providers together who provide similar or complementary intervention services, such as Permanent Supportive Housing, Rapid Re-Housing, Transitional Housing, or Veterans’ Services. At least 3 focus groups will be conducted during the year.

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

**a: Grievances**

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

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

**b: Assessment Review Requests**

• Assessors who have concerns about the accuracy of an assessment for any reason once completed may request a formal CoC Assessment Review by submitting the Assessment Review Form to [coordinatedassessment@austinecho.org](mailto:coordinatedassessment@austinecho.org).

• Staff members at a community agency participating in the CEP who have similar concerns may also request a formal Assessment Review by the same process, with the permission of their direct supervisor.

• Clients who have concerns with the accuracy of their assessment once the process is complete may request that the Assessor submit an Assessment Review Form on their behalf addressing their specific concerns, or they may contact the Integral Care Grievance Department ([http://www.integralcare.org/en/feedback/](http://www.integralcare.org/en/feedback/)).

**c: Assessment Review and Client Grievance Follow-Up**

• Assessment Review Requests and Client Grievances submitted to ECHO are case conferenced by the ECHO Coordinated Entry administrative team every Tuesday morning. This case conferencing may result in a suggestion for the completion of an additional VI-SPDAT, a Full SPDAT, an additional case conference at the next Permanent Supportive Housing Work Group, or some combination thereof. The individual requesting the review will be informed of the planned action in writing, as well as follow-up steps to take if they disagree with the planned action or its results. This request, action, and any follow-up requests will be recorded and documented in HMIS.

• Clients have the right to make a complaint without fear of retaliation from any staff members. Clients shall be provided the opportunity to express any grievances or request for appeals and receive a timely response.

• Assessment review actions and information are intended to clarify, support, and expand the evaluation of participant’s vulnerability and prioritization for assistance. Actions cannot be used to situationally alter program eligibility criteria or prioritization criteria for individual cases.

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**Section Three: Coordinated Entry Process Detailed Steps**

**L: Coordinated Entry Process Introduction**

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

CEP participants are freely allowed to decide what information they provide during every step of the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to any form of assistance that does not require that specific information to establish or document program eligibility. This right to sharing and refusal
explicitly covers Private Health Information such as mental health diagnosis or other specific disability diagnoses.

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

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

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

- Phase One: Initial Triage – Identifying whether the CoC crisis response system is the appropriate system to address the potential participant’s needs, or whether another system can resolve the crisis
  - Purpose:
    - To ensure potential CEP participants are accessing the appropriate service system to meet their needs
    - To determine potential CEP eligibility
    - To affirmatively educate and inform participants by providing simple and clear expectations of CEP services and process
    - To ensure CEP participants are aware of their rights

- Phase Two: Diversion and/or Prevention Screening – Examining whether existing CoC and participant resources and options could be used to avoid entering the homeless system of care
  - Purpose:
    - To determine whether a household that is immediately entering or has already entered literal homelessness can be reunited with friends, family, or another immediate permanent housing opportunity (Diversion)

- Phase Three: Crisis Services Intake – Determining whether a participant can be immediately enrolled in a crisis response project such as emergency shelter, crisis hotline, or short-term crisis residential facility
  - Purpose:
    - To provide Victim Service Provider information to any CEP participant experiencing or at potential risk of experiencing Domestic Violence
    - To provide emergency shelter information to CEP participants experiencing or at risk of experiencing unsheltered homelessness

- Phase Four: Initial Assessment – Identifying a participant’s housing needs and potential services with the intent to resolve the participant’s immediate housing crisis
  - Purpose:
    - Re-explaining and re-affirming participant rights
    - Determining potential service needs
    - Determining potential program eligibility
    - Screening for vulnerability and program prioritization
• Explaining potential housing interventions and support services
• Obtaining informed consent to share participant information
• Entering basic client information into HMIS
• Documenting any observed potential inaccuracies in the assessment process to this point

• Phase Five: Comprehensive Assessment – Refining, clarifying, and verifying a participant’s housing and homeless history, barriers, goals, preferences, vulnerability, and prioritization for assistance.
  o Purpose:
    ▪ Verifying and documenting eligibility for specific programs or program types
    ▪ Identifying additional programs that are potentially available through further screening or assessment
    ▪ Identifying individualized participant housing goals and preferences
    ▪ Reviewing and discussing previous system experiences and past housing crises
    ▪ Affirmatively engaging and re-engaging CEP participants
    ▪ Further assessing cases with reported potential inaccuracies
    ▪ Proactively offering supportive services in anticipation of potential housing intervention program openings

• Phase Six: Next Step/Move-On Assessment – Revising referral strategies and service recommendations based upon information revealed or known after an Initial Assessment is conducted, as well as re-evaluating service strategies for participants who are already connected to existing services and may be ready for less intensive housing and service strategies.
  o Purpose:
    ▪ Evaluating whether participants currently enrolled in Progressive Engagement RRH model project who qualified for PSH at upon enrollment into RRH may need to be referred/transferred to a PSH program (currently under development in this CoC)
    ▪ Evaluating whether a PSH participant may be ready to leave the program for other permanent housing with less intensive services (currently under development in this CoC)

N: Coordinated Entry Process Detailed Step Descriptions

a: Phase One Description: Initial Triage

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

Purpose:

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

- Introduction and description of CEP
- Verification of presumptive eligibility
  - Description of services requested by potential participant
  - Housing Status Verification
  - Location verification
  - Checking for previous assessment information
- Grievance procedure/non-discrimination complaint offer
- Referral to potential outside resources

As with all other phases, a more detailed description of steps and potential scripts is included with in the Assessor Training Manual. However, all assessment interactions must adhere to the following standards:

Participants must be informed of the CEP eligibility criteria, including that the CEP is available to any eligible potential participant, regardless of perceived barriers to housing or services.

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

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

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

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

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

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

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

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

Diversion and/or Prevention Screening Steps:

- Diversion Screening
- Diversion Assistance

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

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

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

c: Phase Three Description: Crisis Services Intake

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

Purpose:

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

Crisis Services Intake Steps:

- Victim Services/Domestic Violence Screening
- Shelter Screening

Victim Services Screening

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

If a participant indicates a need or potential need for Victim Services, Assessors must:
• Offer to call the SAFE Domestic Violence hotline with the participant (currently 512.267SAFE [7233])
• Offer the SAFE Domestic Violence hotline information for the participant to access at their own convenience later
• Offer to request that a representative of SAFE contact the participant, if it is safe and appropriate to do so

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

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

Emergency Shelter Screening

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

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

**d: Phase Four Description: Initial Assessment**

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

**Purpose:**

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

**Initial Assessment Steps:**

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

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

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

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

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

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

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

Households may complete an additional vulnerability assessment whenever at least one of the following circumstances are met:

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

**Participant Autonomy**

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

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

If a potential program requires additional steps to verify eligibility, the participant should be informed of these steps and how to complete them. Participants should also be informed that they have a right to active choice in decisions such as location and type of housing, as well as level and type of services.

Participants should be informed and provided an opportunity to voluntarily detail these preferences through the CEP by completing an Initial Housing Plan, or that they can provide these details at the time of program enrollment.

**Assessment Review Requests**

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

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

**Purpose:**

- Verifying and documenting eligibility for specific programs or program types
- Identifying additional programs that are potentially available through further screening or assessment
- Identifying participant’s individualized housing goals and preferences
- Reviewing and discussing previous system experiences and past housing crises
- Affirmatively engaging and re-engaging CEP participants
- Further assessing cases with reported potential inaccuracies
- Proactively offering supportive services in anticipation of potential housing intervention program openings

**Comprehensive Assessment Steps:**

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

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

For Details about Navigation and Outreach, see Section Four.

**Initial Income and Housing Plan**

Every participant should be offered the voluntary opportunity to complete an Initial Income and Housing Plan in addition to the Initial Assessment steps. Detailed Initial Income and Housing Plan steps, questions, scripts, and workflows are available in the Assessor Training Manual.
At a minimum, the Initial Income and Housing Plan must offer the participant the chance to answer three general questions:

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

**Veteran Status Verification**

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

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

**Definition:** Revising referral strategies and service recommendations based upon information revealed or known after an Initial Assessment is conducted, as well as re-evaluating service strategies for participants who have already started receiving services and may be ready for less intensive housing and service strategies.

**Purpose:**

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

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

**Section Four: Prioritization, Navigation, Outreach, and Referrals**

**O: Prioritization**

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

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

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

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

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

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

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

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

**a: Permanent Supportive Housing Prioritization**

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

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

- **Priority One:**
  - Households that meet the definition of **chronically homeless**, as defined by HUD (as of the time of these standards, HUD Prioritization Notice CPD-16-11)
- **Priority Two:**
  - Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.
- **Priority Three:**
  - Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran,
Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.

- **Priority Four:**
  - Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
    - Total number of nights spent literally homeless in the prior year
    - Total number of nights spent continuously literally homeless

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

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**b: Rapid Re-Housing Prioritization**

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

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

- **Priority One:**
  - Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.

- **Priority Two:**
  - Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.

- **Priority Three:**
  - Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
    - Total number of nights spent literally homeless in the prior year
    - Total number of nights spent continuously literally homeless

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

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**c: Transitional Housing Prioritization**

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

Please note that Transitional Housing as a housing intervention differs from a short term crisis residential facilities by being a distinct, independent pathway to housing, not a crisis services intervention.

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

- **Priority One:**
  - Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.

- **Priority Two:**
  - Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.

- **Priority Three:**
  - Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
    - Total number of nights spent literally homeless in the prior year
    - Total number of nights spent continuously literally homeless

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

**d: Housing Navigation Case Management**

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

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

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

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

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

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

If a potential program requires additional steps to verify eligibility, the participant should be informed of these steps and how to complete them. Participants should also be informed that they have a right to active choice in decisions such as location and type of housing, as well as level and type of services.

Participants should be informed and provided an opportunity to voluntarily detail these preferences through the CEP by completing an Initial Housing Plan, or that they can provide these details at the time of program enrollment.

**Q: Referrals**

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

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

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

**a: Referral Steps**

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

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

c. If a referral cannot be made due to a lack of required initial documentation (such as chronic homelessness documentation for CoC PSH), then the participant and any case manager navigating the case should be informed that this has occurred.

C. Referral Notification
   a. Once a participant’s presumptive eligibility information has been shared with a project, the project is responsible for contacting the participant to inform them of their potential services and to set an enrollment date to confirm their eligibility.
   b. Programs are expected to contact participants to set an intake date within ten business days of receiving the household’s information. If a participant cannot be contacted, see the Outreach section.
   c. This notification should include clear information about the project they are being invited to, what they can expect from the project, and what the project expects of participants.

D. Engagement and Enrollment
   a. Programs are responsible for verifying any required intervention or program-specific eligibility requirements before providing services.
   b. This enrollment process should include clear, detailed information about the project they are being invited to, what they can expect from the project, and what the project expects of participants, as well as how enrolling in these services may affect eligibility for other housing interventions.
   c. For the standardized criteria and steps to be followed in rare instances of referral rejection (including when a potential participant cannot be verified as eligible), see the Rejecting, Exiting, and Inactivating Referrals section.

E. Exiting
   a. Participants who are enrolled in a housing intervention are expected to remain enrolled until permanently housed.
   b. Programs wishing to exit a client to destinations other than permanent housing are expected to follow the same workflow as for declining or refusal an initial referral, as described in the Rejecting, Exiting, and Inactivating Referrals section.

b: Rejecting, Exiting, and Inactivating Referrals

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

- Participant is not confirmed eligible for services at time of program enrollment
  - Program-specific eligibility: If a household is ineligible for a specific program, they should be informed of the specific reason for the ineligibility, then returned to the Prioritization lists to wait for comparable services.
• **General housing intervention eligibility:** If a household is ineligible for the housing intervention they initially screened for, they should be informed they are ineligible for this type of service, then removed from the prioritization list for these services.

• **Household presents at enrollment with a new, ineligible member**
  - The household should be informed of the specific reason for ineligibility, then follow the steps for general participant ineligibility.

• **Participant cannot be contacted**
  - See the BOLO section of the Outreach policy for detailed steps.

• **Participant refuses or declines services**
  - Active or indirect refusal: See the Intensive Outreach section of the Outreach policy for detailed steps.
  - Assessment Review Request: See the Assessment Review Request policy for detailed steps.

• **Participant has permanently left the area**
  - “Permanent” is defined here as a departure expected to last at least 30 days. Participants who are declined for this reason should be informed of their option to notify the CoC and restart the housing process when and if they return to the service area.

• **Participant has been institutionalized long-term**
  - “Long-term” is defined here as an institutionalization expected to last more than 90 days, or an institutionalization that has lasted at least 30 days, with no projected discharge date. Participants who are declined for this reason should be informed of their option to notify the CoC and restart the housing process when and if they return to the service area.

• **Participant passes away**

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

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

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

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**R: Navigation**

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

a: Permanent Supportive Housing Navigation
Detailed PSH Navigation steps, questions, scripts, and workflow are available in the ECHO PSH
Navigation packet.

At a minimum, PSH Navigation Services must include:

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

PSH Navigation Services should also include:

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

b: Other Permanent Housing Navigation
Detailed OPH Navigation steps, questions, scripts, and workflow are available in the Assessor
Training Manual.

OPH Navigation Services must include:

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

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

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

Outreach is intended for three potential situations:

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

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

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

1) If a participant actively refuses or declines a housing intervention which they previously requested, they must be actively offered that intervention at least one additional time within two weeks of the initial offer.

2) Participants must be informed of the option of refusing one specific program while still remaining on the prioritization list for that general housing intervention, or for requesting a different type of housing intervention.

3) If the participant refuses one specific program, their case will be returned to the general prioritization list to wait for the next potential program.

4) If the participant requests alternate services, the program should redirect the participant to a CEP Assessor to follow the same service screening steps as if these services had been requested at initial assessment.

5) If the participant actively declines all potential housing assistance, then the case should be staffed at the soonest following Navigation and Outreach Work Group to identify options for ongoing individualized engagement and any alternate service opportunities.

c: Intensive Outreach for Indirect Refusal

1) If a participant does not actively refuse or decline a housing intervention, but a program reports the client otherwise not accepting services or enrollment, the case should be staffed at both the following Outreach & Navigation Work Group and the relevant Housing Intervention Work Group (PSH, RRH, or General Housing).
   - A referral cannot be marked inactive or refused through this staffing process until every reasonable attempt to engage a client in services has been made over the course of at least 30 days, with at least 4 separate attempts occurring within those 30 days.
   - If a client’s case is going to be marked inactive or refused through this staffing process, the client must be explicitly informed that this action is occurring, and what steps they can take to affect the outcome. If the participant re-engages within 7 days of this action occurring, then the housing process should continue from where it was left off.

T: Glossary/General Definitions

- **Assessment Review Request**: A process by which CEP participants, trained assessors, or participating agencies can request additional information or potential corrections in a participant’s reported eligibility or prioritization information

- **Assessor Training Manual**: A detailed list of workflows and scripts followed by trained assessors during the assessment process

- **BOLO List**: “Be On the Look-Out” List; an actively managed list of individuals who have services available and waiting for them, but who are currently out of system contact

- **CoC**: “Continuum of Care;” a designated geographic area targeted for homelessness funding by the Federal government

- **CoC Work Groups**: groups of CoC services agencies offering common services that meet on a regular basis to coordinate their work
• **CEP:** Coordinated Entry Process; also sometimes called “Coordinated Entry” ("CE") or “Coordinated Assessment” ("CA")

• **Diversion:** a housing intervention that attempts to return an individual from homelessness directly back into safe and appropriate housing, ideally at the exact moment that the individual first enters literal homelessness

• **ECHO:** Ending Community Homelessness Coalition; lead agency of the Austin/Travis County CoC

• **Eligibility:** Limitations on who can be accepted to a program based on the program’s funding sources and other mandated or adopted qualifying criteria.

• **ESG:** Emergency Solutions Grant; a Federal funding source targeted to end homelessness

• **Fleeing or attempting to flee domestic violence:** defined by HUD, also known as “Category Four”; broadly defined literally as anyone who is actively fleeing or attempting to flee relationship-based interpersonal violence, or the threat thereof

• **HMIS:** Homeless Management Information System; a common database for program services coordination; locally administered by ECHO through a software called ServicePoint

• **Housing Navigation:** a process to actively engage and verify eligibility for households that are potentially eligible for a program, but who need assistance documenting or verifying that eligibility

• **Housing Prioritization List, or “By-Name List”:** a community wide list where everyone who is assessed is ranked accordingly to their vulnerability and other prioritization criteria

• **HUD:** U.S. Department of Housing and Urban Development

• **Literal Homelessness:** defined by HUD, also known as “Category One”; broadly defined as any household living outside, in a car, in an emergency shelter, in a transitional housing program, or in any other place not meant for human habitation, OR a household that was living in one of these situations before entering a short-term institutional stay

• **LOS:** Landlord Outreach Specialist; a staff member whose primary role is identifying and creating new housing partnerships and opportunities for program participants

• **Prioritization:** Common, community-wide standards that determine who programs serve next from among multiple potential referrals with different vulnerabilities and needs

• **ROI:** Release of Information; documented informed consent to use a participant’s personal information in specific ways

• **SOAR:** SSI/SSDI Outreach, Access, and Recovery; a streamlined Social Security disability application process designed to significantly reduce disability benefit application decision times and to increase application approval rates

• **Trained Assessor:** a person who has been trained to conduct the coordinated assessment process.
• **Veteran**: defined by HUD; broadly defined as any individual who served at least one day of active duty in the U.S. Military

• **Victim Service Providers**: any organization barred by the Violence Against Women Act from participating in the community-wide HMIS system; broadly defined as programs assisting survivors of traumatic relationship-based interpersonal violence, including but not limited to domestic violence, sexual assault, and human trafficking

• **Vulnerability**: a combination of variables that indicate an individual or family is at a higher risk of death or harm due to continued homelessness
  
  o **VI-SPDAT**: a standardized, shared housing assessment called the *Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)* designed to identify a household’s service needs as well as potential program eligibility.

  o **Family VI-SPDAT**: a version of the VI-SPDAT specialized for families with minor children.

  o **TAY VI-SPDAT**: “Transition Aged Youth Vulnerability Index & Service Prioritization Decision Assistance Tool” a version of the VI-SPDAT specialized for unaccompanied youth

  o **Full SPDAT**: A longer, more detailed, and more in-depth version of the VI-SPDAT; designed to capture vulnerability nuances and severities that may or may not be fully captured by the VI-SPDAT
Addressing Racial Disparities in Austin/Travis County, TX
**OVERVIEW**

The Ending Community Homelessness Coalition (ECHO) is committed to proactively addressing all disparities and ensuring the equitable provision of homeless services in Austin/Travis County. To this end, ECHO is committed to analyzing local and national data and best practices regarding disparities, racism, and inequality. This document provides an overview of the current steps that ECHO and Austin/Travis County Continuum of Care (CoC) partners are taking, or considering, to ensure equity in all aspects of our work, together with an analysis of local and national data.

**ACTION**

Austin/Travis County CoC partners are taking proactive steps to address disparities in the provision of homeless services. The following items provide a brief description of current actions, as well as potential future actions under consideration.

**CURRENT ACTIONS**

- The CoC provides several avenues for people with lived experience to provide feedback and influence decision-making, including ECHO’s board and Membership Council, workgroups including the Point in Time Committee, the Austin Homeless Advisory Council, a lived experience committee run by the City of Austin’s Innovations Office, and Austin’s Youth Homeless Demonstration Project Youth Collective.
- ECHO negotiates lower tenant screening criteria with landlords, property management companies, affordable housing providers, and the Austin and Travis County Public Housing Authorities. Reduced criminal screening criteria helps addresses the issue of disproportionate criminal justice involvement. Landlords or property management companies often use stringent screening criteria, even in cases when criminal charges pose no risk to property nor does it affect a person’s ability to pay rent. Our goal is to increase housing opportunities regardless of barriers by strategically partnering with landlords. These efforts are supported by landlord incentive programs such as risk mitigation.
- ECHO and CoC partners participate in the Austin/Travis County Re-Entry Roundtable, an initiative that promotes effective reentry and reintegration of formerly incarcerated persons and individuals with criminal histories. ECHO worked in partnership with the Roundtable to create and publish a guide to aligning criminal screening policies with HUD guidance, which has led to the creation of more equitable policies (guide available here: https://bit.ly/2Q7fjQG).
- Following publication of the criminal screening policies guide, ECHO and community stakeholders engaged Austin’s Public Housing Authority to amend and ultimately lower the criminal screening for their Housing Choice Voucher program. The Housing Authority of the City of Austin is currently requesting public comment on this reduced screening criteria negotiated by ECHO and community partners (available here: https://bit.ly/2MJuJzG).
- ECHO is in the final stages of designing a Pay for Success supportive housing initiative to house 250 people experiencing homelessness who have had frequent interactions with the criminal justice system and the emergency medical system. There is a gap in services for the population with this overlap of needs, and this project will greatly reduce this gap.
- ECHO works in partnership with the Austin Tenants Council, the local Fair Housing advocate, to enforce Fair Housing protections and identify violations.
• ECHO uses buydowns to ensure access to larger geographic dispersion for scattered site housing and increase capacity in high-opportunity areas.

• ECHO and community partners advocate with the City of Austin on matters related to the use of affordable housing dollars, specifically ensuring low- and no-barrier opportunities are included. The City of Austin currently has a density program that allows approval of increased density in exchange for on-site affordable units or a fee-in-lieu and is looking to expand that program through an overhaul of the land use development code.

• The Austin/Travis County Coordinated Entry system does not consider barriers such as income when determining program referral

• Continuum of Care partners work closely with the local Sherriff and police departments to enable jail in-reach and discharge planning

• The Downtown Austin Community Court, the first community court established in Texas, offers rehabilitative services and adjudication for people experiencing homelessness

• Austin/Travis County CoC partners do not discharge/exit clients due to incarceration unless there is a funding ineligibility issue.

• ECHO works with the City of Austin and other non-CoC partners to ensure all programs serving populations experiencing homelessness are compliant with Coordinated Entry.

• Austin’s Sobering Center, opened in August 2018, provides an alternative to incarceration for people who may otherwise be arrested for public intoxication.

• Austin City Council recently approved Austin’s third affordable housing bond, which will appear on the November 2018 ballot. This housing bond, in combination with the Low-Income Housing Tax Credit program, has empowered Austin to further catalyze the development of affordable housing.

• ECHO works closely with the Texas Department of Family and Protective Services to address the needs of young people at risk of exiting services into homelessness. In this youth work, ECHO regularly monitors the demographics of young people entering homelessness and evaluates program enrollment and housing outcomes to address racial disparities in youth services.

• ECHO regularly evaluates program data, including Coordinated Entry data, referral data, shelter data, and program exit data to maintain community awareness about needs and disparities.

• ECHO is committed to providing ongoing training opportunities related to disparities awareness. In the last year ECHO has provided a training opportunity to the CoC related to creating safe spaces for trans and non-binary individuals, and in collaboration with CoC partners put on a 1-day training on race and inequality.

**PLANNED ACTIONS**

• ECHO and the Housing Authority of the City of Austin are considering using small-area market rents in Housing Choice Voucher programs. This would allow access to higher-opportunity areas, at the cost of some vouchers.

• ECHO is continually creating new partnerships with stakeholders working to address racial disparities. Future partnerships of interest include the City of Austin’s Equity Office and groups like Measure, a local nonprofit working to address disparities in the criminal justice system.

• ECHO is committed to continuously improving program monitoring and evaluation and continuing to incorporate measures related to equitable enrollment and outcomes into performance discussions.
• ECHO’s Pay for Success evaluation may include a participatory research component. ECHO is interested in pursuing opportunities for participatory/participatory action research with clients, community members, and local stakeholders in the future.

DATA

For ease of analysis and readability, race and ethnicity categories in this analysis have been grouped together into white non-Hispanic/Latinx (White), Black/African American non-Hispanic/Latinx (Black/African American), and Hispanic/Latinx of any race (Hispanic/Latinx).

OVERVIEW

National research indicates that demographic characteristics such as race, gender, veteran status and sexual orientation influence pathways into and out of homelessness. Although homelessness is a crisis for all people who experience it, it can be much harder for individuals further marginalized by racism, sexism, homophobia, transphobia, or any other form of discrimination. One of our goals as a CoC is to better understand and address the root causes that place subgroups at higher risks of homelessness and address the specific individual and system barriers they face when exiting homelessness.

Since the 1980s, Black Americans have been overrepresented among the U.S. homeless population, comprising roughly 40 percent of the total U.S. homeless population, but only 13 percent of the overall population. Our local data shows similar statistics. Black residents comprise 34 percent of the Austin/Travis County homeless population, but only 8 percent of the overall county population. Higher rates of homelessness among Black households seems to mirror racial disparities documented in other areas, including disparities in housing, employment, education, criminal justice and child welfare.

LGBTQ youth also experience homelessness in greater numbers. Consistent with the notion that non-heterosexual youth are overrepresented in the population of youth experiencing homelessness in the U.S., approximately 23 percent of homeless youth in Austin identify as LGBTQA, more than triple the number of LGBTQA youth in the general population.

POPULATION DEMOGRAPHICS

The following graphs summarize national data collected as part of the SPARC initiative in addition to local data compiled by ECHO.

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4 The Center for Social Innovation launched the Supporting Partnerships for Anti-Racist Communities (SPARC) initiative in 2016 to focus on and respond to racial disparities impacting people experiencing homelessness. The subsequent study provides quantitative and qualitative analyses of the impact of structural racism on systemically oppressed people who do not have equal access to resources and opportunities across domains including economic mobility, housing, criminal justice, behavioral health, and family stabilization.
National Data

- General Population
- Deep Poverty
- Homeless

Local Data

- County Population
- Below Poverty Level
- Homeless Population
- Jail Population

6 Sources include:
In line with national trends, Black Austin/Travis County residents experience homelessness at disproportionate rates compared to total population percentage.

Disparities among youth experiencing homelessness are similar, with 42 percent of youth experiencing homelessness in Austin/Travis County identifying as Black/African American.7

In terms of age, the charts below show age information for all heads of household who were experiencing literal homelessness and interacted with the Austin/Travis County HMIS system between 2014 and 2017. In general, the population experiencing homelessness in Austin/Travis county is older compared to the general population.

The population skews heavily male, in line with national trends. The population appears to be getting younger, with a growing number of male clients in the 30-40 age range beginning in 2015. The high number of adults over the age of 50 is in line with national trends related to the aging of the country’s population experiencing homelessness.

COORDINATED ENTRY

The following chart displays VI-SPDAT scores, used for Coordinated Entry prioritization, for all clients assessed from 2014 through August 2018. This data is from Austin/Travis County’s Homeless Management Information System (HMIS). Data is current as of August 2018.

7 Austin/Travis County Coordinated Community Plan to Prevent and End Youth Homelessness.
This chart shows that clients identifying as non-Hispanic/Latinx and white tend to have higher prioritization scores compared to clients identifying as non-Hispanic/Latinx and Black/African American. This trend emerged in 2015 and continues through 2018.

Hispanic/Latinx-identified clients have higher scores compared to non-Hispanic/Latinx Black or African American clients, but lower scores than white non-Hispanic/Latinx clients starting in 2017. This trend appears to be continuing in 2018.

The next chart displays the same breakdown for male- and female-identifying clients. In general, the same trends are seen in the gender breakdown.
The following charts display program entry information for Prevention, Shelter, and Housing programs. Apart from prevention programs, entry rates are roughly aligned with broad population percentages. Information is provided for head of household members only. This data is from Austin/Travis County’s Homeless Management Information System (HMIS). Data is current as of August 2018.
The following charts display program exit information for Shelter and Housing programs. Exit rates to various destinations are roughly comparable across race/ethnicity categories. Information is provided for head of household members only. This data is from Austin/Travis County’s Homeless Management Information System (HMIS). Data is current as of August 2018.