
El Paso CoC TX-603

Governance Charter
May 14, 2020



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Introduction and Purpose

As required by federal regulation, 24 CFR 578, every U.S. Department of Housing and Urban Development (HUD)-funded Continuum of Care (CoC) must develop a governance charter that describes the organization and governance of the CoC and defines the roles and responsibilities of its major stakeholders.

This document identifies such components for the El Paso Continuum of Care, which operates to prevent and end homelessness in El Paso County, Texas.

Organization

The El Paso Continuum of Care (hereinafter referred to as the “El Paso CoC”) is comprised of stakeholders representing numerous aspects of the El Paso community. They are known as the “General Membership”. General Membership refers to stakeholders who fulfilled their financial yearly membership obligations which are established by the CoC Lead Agency. These stakeholders have delegated decision-making authority to the CoC Board and its committees. The El Paso CoC’s purpose, governance structure, and standards are addressed in more detail later in this charter.

Geographic Area

The El Paso CoC includes all of El Paso County (TX-603).

Purpose

The purpose of the El Paso CoC is to:

1. Promote community-wide commitment to the goal of ending homelessness through advocacy, education and collaboration;
2. Identify gaps in the CoC and develop resources to fill those gaps, including the provision of decent affordable housing, education and employment and accessible healthcare;
3. Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
4. Optimize self-sufficiency among individuals and families experiencing homelessness.

Responsibilities

According to HUD’s CoC Program Interim Rule, the El Paso CoC has three major responsibilities:

1. Operate the Continuum of Care according to its nine HUD-established duties.
2. Designate a Homeless Management Information System (HMIS) and an eligible applicant to manage the HMIS.
3. Plan for how the Continuum of Care will meet the housing and service needs of its homeless.

Operation of the El Paso CoC

The El Paso CoC is responsible for carrying out the following activities and responsibilities:

1. **Regular meetings.** The CoC Board shall meet the 2nd Thursday of every month except upon electronic agreement of the majority of the Board.
2. **Invitation for new members.** Issue a public invitation annually for new members, who reside within the confines of the geographic area (El Paso County), to join the General Membership.
3. **Board selection.** Adopt and follow a written process to select a CoC Board. The General Membership must review and approve the selection process at least once every 5 years.
4. **Additional committees.** Appoint additional committees, subcommittees, or work groups as needed.
5. **Governance charter.** In consultation with the Collaborative Applicant, CoC Lead and the HMIS Lead, develop, follow, and annually update the following:
 - 1) A governance charter that includes all policies and procedures needed to comply with 24 CFR part 578.5(b) and with HMIS requirements as prescribed by HUD; and
 - 2) A code of conduct and recusal process for the CoC Board, its chair(s), and any person acting on behalf of the board.
6. **Monitoring.** Monitor CoC- and/or Emergency Solutions Grants (ESG)-funded recipient and subrecipients performance, evaluate outcomes, and take action against poor performers. (See Appendix A)
7. **Evaluation.** Establish performance targets appropriate for population and program type in consultation with CoC- and/or ESG-funded recipients and subrecipients, then monitor said recipient and subrecipients performance, evaluate outcomes, and take actions against poor performers. (See Appendix A)
8. **Centralized or Coordinated Entry.** Establish and operate a coordinated entry system (CE), in consultation with the recipients of ESG program funds. (See Appendix B)
9. **Written Standards.** Establish and follow written standards for providing CoC assistance in consultation with recipients of ESG Funds. At a minimum, these written standards must include:
 - 1) Policies and procedures for evaluating individuals' and families' eligibility for 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 rehousing assistance;
 - 4) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance; and
 - 5) Policies and procedures for determining which eligible individuals and families will receive permanent supportive housing assistance.

Designation of the Continuum of Care Lead Agency

The CoC Board designates the CoC Lead agency (Infrastructure Organization) to provide meeting support for the El Paso CoC Governing Body as well as scheduling meetings, creating agendas, providing meeting materials as necessary to implement and coordinate community and federal initiatives. In addition, the CoC Lead Agency will fulfill the responsibilities designated to the CoC as identified in this charter. The CoC Lead Agency will be evaluated for conformance to this charter every two years. In response to negligence or poor performance of the CoC Lead Agency, as determined by this evaluation process, the CoC Board reserves the right to either create a process to designate a new CoC Lead Agency or develop an improvement process.

Designation and Operation of HMIS for the El Paso CoC

HMIS is a tool to collect unduplicated counts of individuals and families experiencing homelessness. The consequent data is vital for creating an accurate picture of the El Paso CoC. To have an effective HMIS, the following steps must be followed:

1. **HMIS.** Designate a single HMIS for the geographic area (El Paso County).
2. **HMIS Lead.** Designate an eligible applicant to manage the CoC's HMIS.
3. **HMIS quality.** Review, revise, and approve a privacy plan, security plan, and data quality plan for HMIS.
4. **HMIS participation.** Ensure consistent participation of recipients and subrecipients in HMIS.
5. **HMIS compliance.** Ensure HMIS is administered in compliance with requirements prescribed by HUD.

Planning for the El Paso CoC

1. **System Coordination.** The CoC is responsible for coordinating and implementing a system to address the needs of the homeless population and subpopulations (i.e. Veterans, Youth, DV, Substance Abuse), as well as individuals experiencing a housing crisis, within its geographic area. At a minimum, this system must include the following:
 - 1) Outreach, engagement, and assessment;
 - 2) Shelter, housing, and supportive services; and
 - 3) Prevention strategies.
2. **Point-in-Time Count.** At least biennially, the CoC must plan for and conduct a point-in-time (PIT) count of homeless persons with its geographic area. The PIT must:
 - 1) Identify the number of unsheltered homeless persons. Such persons are those living in a place not designed for, or ordinarily used as, a regular sleeping accommodation for humans.
 - 2) Identify the number of sheltered homeless persons. Such persons are those living in emergency shelters and transitional housing projects.
 - 3) Address other requirements established by HUD by Notice, including the annual FY CoC Program Notice of Funding Availability (NOFA).
3. **Annual Gaps Analysis.** The CoC must conduct an annual gaps analysis of the homeless needs and services available within its geographic area. This includes a housing inventory (HIC).
4. **Consolidated Plan Information.** The CoC must provide the information required to the City of El Paso, who is responsible for completing the Consolidated Plan(s).
5. **ESG Consultation.** The CoC must consult with the State and local government ESG program recipients within its geographic area on:
 - 1) The plan for allocating ESG program funds; and
 - 2) Reporting on and evaluating the performance of ESG program recipients and subrecipients.
6. **Program Funds.** A major function of the El Paso CoC is to prepare and oversee the development and submission of an annual application for CoC program funds. The process must involve the following steps:
 - 1) **Funding Priorities.** The CoC must establish priorities for funding projects in its geographic area. The selection process must be transparent, inclusive, and based on the standards indicated in 24 CFR part 547.19(b).
 - 2) **Collaborative Application Process.** The CoC must design, operate and follow a collaborative process for developing applications and approving the submission of them in response to its NOFA, and in concert with the funding priorities and plan adopted by the CoC. The CoC should also ensure that all project applications are submitted by eligible applicants.
 - 3) **The Collaborative Applicant.** The CoC must designate an eligible applicant to serve as the Collaborative Applicant. This entity will submit the annual CoC Consolidated Application for funding on behalf of the CoC. This application can include requests for project funding from more than one eligible applicant; the Collaborative Applicant is responsible for collecting and combining all the

applicants' information into the final application.

Governance Structure

CoC General Membership

Overview. The El Paso CoC is made stronger through the participation of its diverse Membership. Membership is open to any individual or organization that embraces the mission, values, and goals of the CoC. Despite CoC General Membership meetings being open to the public, only Members are eligible for certain privileges. Only dues paying members are eligible for certain privileges.

1. *Dues paying membership benefits*

a. *Voting rights*

CoC Board

1. Overview. Required by HUD, the Board will act on behalf of the El Paso CoC (24 CFR part 578.8(a) (3)). The CoC Board is the primary decision-making body for the El Paso CoC. Board members determine the policy direction of the CoC and ensure that the CoC fulfills its responsibilities as assigned by HUD. Additionally, the Board oversees and approves the work of CoC committees and workgroups and the CoC Lead Agency and HMIS Lead Agency. The Board also approves the Consolidated Application for HUD CoC Program funding.

2. **Requirements.**

a. Must be representative of the relevant organizations and projects serving homeless subpopulations within the CoC. (24 CFR part 578.5(b) (1)) A single Board Member may represent the interests of more than one homeless subpopulation if s/he is willing. Examples of organizations/projects include:

- Homeless assistance providers
- Victim service providers
- Faith-based organizations
- Government entities
- Businesses
- Advocates
- Public housing agencies
- School Districts
- Social service providers
- Mental health agencies
- Hospitals
- Universities
- Affordable housing developers
- Law enforcement
- Veteran organizations

b. Must include at least one homeless, or formerly homeless, individual. (24 CFR part 578.5(b) (2))

3. **Policy**

- a. The Board will consist of up to 11 seats. The CoC will strive to ensure broad representation among the positions, utilizing the examples previously given as a reference.
- b. All nominees for Boards seats must live or work in the CoC's geographic area.
- c. No more than one representative from the same agency/organization may be an elected member at a given time.
- d. Board Members will serve 3-year terms. They may resign at any time by giving oral or written

notice to the Board Chair. Board Members can be removed from the Board by a majority vote of the remaining Board Members for repeated absences or for violation of the Board Member Code of Conduct or Conflict of Interest Policy. (Appendix C)

- e. Elections will be held in September of each year. The CoC Board will solicit applications from the Membership and the community at-large and elect a member(s) to serve staggered three-year terms in 3 cohorts. Selection of candidates will be compliant with 24 CFR 578. Those members having completed a 3-year term and interested in re-election must submit an application.
- f. End of Term Process – Any member who has completed their 3-year term is eligible for re-election to additional 3-year terms as determined through the election process.
- g. If a vacancy occurs due to a Board Member resigning or being removed, the Board will immediately move to fill the position.
- h. Vacancy Process - The CoC Board solicits applications from the Membership and community at-large, and elect a member(s) to fill the vacancy ensuring that representatives of the board are compliant with 24 CFR 578.
- i. A quorum must exist for the Board to conduct business. A quorum is 1/3 of the current number of Board Members. Any one or more of the CoC Board members may participate in a meeting of the CoC Board by means of a conference telephone or similar communications equipment allowing all persons to hear each other at the same time. Such participation shall constitute presence in person at such meetings.

4. **Composition**

- a. **Chair.** Governs and leads the CoC Board. Responsible for scheduling the agenda for Special Meetings of the CoC Board.
- b. **Vice Chair.** In the absence of the Chair, assumes the Chair's duties.
- c. **Secretary.** Keeps accurate records of every CoC Board meeting, or designates another person to do so at each meeting, including the names of those in attendance. Additionally, if any actions are taken outside the confines of an "official" meeting, these will also be recorded. Responsible for the timely posting and dissemination of all meeting summaries, minutes, announcements, and notices, or for ensuring that said information is posted and disseminated by the designated entities. In the absence of the Chair and Vice Chair, assumes the Chair's duties.
- d. **Treasurer.** Keeps the Board informed of any financial events, trends, and/or concerns that may affect the CoC's fiscal health. Completes required financial-reporting forms in a timely fashion and makes these forms available to the Board.
- e. **Members.** Comprise the remaining Board seats. Participate in basic Board functions.

5. **Duties.** The CoC Board will execute the following duties:

- a. Review, provide guidance as needed, and approve the following areas of recommendations for action that are developed by the CoC Committees and/or workgroups:
 - i. The prioritization of funding need for housing and services for people experiencing homelessness
 - ii. The emphasis or direction of service delivery approaches for the CoC
 - iii. Appointing subcommittees or workgroups as may be necessary to perform its duties and responsibilities.
- b. Develop policies and procedures conforming to HUD requirements detailed in 24 CFR part 578.1 to:
 - i. Review and approve for execution the Memorandum of Understanding (MOU) for the CoC Lead Agency to operate the El Paso CoC, the Collaborative Applicant, and the HMIS Lead Agency.
 - ii. Conduct year-round CoC planning of homelessness prevention and homeless assistance housing and services.

- c. Review the CoC Strategic Plan annually and recommend adjustments, as needed.
- d. Review the CoC Governance Charter annually and make any recommended changes to the General Membership every five years.
- e. Ensure a fair and transparent process is established to assist with the Consolidated Application for HUD CoC Program funding.
- f. Review and approve the CoC Policies and Procedures (i.e. Coordinated Assessment Oversight Committee, Performance Committee, Planning Committee, etc.) needed to comply with requirements associated with establishing and operating a CoC and HMIS requirements prescribed by HUD.
- g. When a vote is necessary, majority vote will be the final decision. All votes shall be “by-voice”, ballot, or email; the Chair has discretion in this matter. Each Board Member is allowed one vote. The Secretary will be responsible for recording all votes.
- h. The CoC Board shall hold a minimum of eight (8) regular meetings each year, the day and time to be set by the Chair with the approval of the CoC Board.

6. Expectations

- a. **Code of Conduct and Conflict of Interest Policy.** In order to maintain the highest ethical standards, all Board Members, as well as any person acting on behalf of the CoC Board, must comply with the Code of Conduct and Conflict of Interest Policy. These can be found in Appendix C. All Members will be asked to sign these forms prior to assuming their position. The Secretary will be responsible for maintaining these records.
- b. **Recusal Policy.** No member of the CoC (Board, Committee, Member, Agent or employee of Agent) shall vote or make recommendations on funding decisions that directly benefit them or any organization in which they have a direct fiduciary interest. To that end, neither Board nor Committee members whose organizations are submitted in the HUD CoC Application and ranked for that application may participate in discussions about ranking policies or vote on ranking policies. Such members may participate in the development of performance targets and the evaluation tool. Members of the CoC will disclose potential conflicts of interest that they may have regarding any matters that come before the CoC Board.
- c. **Attendance.** In order to maintain a high-functioning and effective Board, Members are expected to attend every meeting. An attendance problem will occur if any of the following conditions exist:
 - The Member has *two unexcused absences* in a row. (An unexcused absence is when the Member did not notify the Chair prior to the meeting.)
 - The Member misses 30% of the total number of Board meetings in a consecutive twelve-month period.

Members with attendance problems are subject to removal with majority vote of the CoC Board.

CoC Committees

In addition to its Board, the El Paso CoC will carry out its responsibilities through the work of Committees. CoC Members and/or Stakeholders will comprise these Committees. The CoC Board shall appoint committee chairs and may replace them for non-participation. Availability permitting, Members may sit on more than one committee. Procedural rules instituted by Committees must first be approved by the Board. Each Committee will be responsible for recording its minutes, and must be report them to the Board. The CoC may establish as many Committees as it deems necessary. Currently, the following are active:

1. Planning Committee.

- Collaboratively develops a strategic plan which supports federal and local initiatives

- Establishes committees and/or subcommittees to implement the strategic plan
 - Analyzes the demand for and availability of resources to identify duplications or unmet needs
 - Advocates on behalf of homeless persons
- 2. HMIS Management Committee.**
- Works with HMIS Lead to develop policy recommendations to CoC Board
 - Reviews and updates
 - Privacy Plan
 - Security Plan
 - Data Quality Plan
 - Recommends modifications of the El Paso CoC Participation Standards to the CoC Board
 - Recommends other HMIS policies to the CoC Board as appropriate
- 3. HMIS Steering Committee**
- Provides a forum for users to network, identify and discuss any new issues and/or concerns (data entry, system, reporting or other)
 - Informs users of any new HUD updates or changes
 - Provides additional training related to data entry and CoC initiatives
- 4. Coordinated Access Oversight Committee.**
- Serves as the primary governing body for CE
 - Investigates and resolves consumer and provider complaints or concerns about the CE process
 - Provides information and feedback to the CoC, CoC Board, and the community at-large regarding the CE process
 - Evaluates the efficiency and effectiveness of the CE process
 - Reviews performance data from the CE process
 - Recommends changes or improvements to the process to the CoC and CoC Board
- 5. Performance Committee.**
- Develops Community Benchmarks
 - Reviews CoC overall performance
 - Establishes policies that guide performance and monitoring
 - Evaluates program performance based on established policies

HMIS

Employees, volunteers, affiliates, contractors, associates and any other persons with access to the El Paso's HMIS are subject to certain guidelines regarding use of the HMIS. HMIS contains a range of personal and private information on individuals and all such information must be treated carefully and professionally by all who access it.

Guidelines for use of the System include:

- Personal User Identification and Passwords must be kept secure and are not to be shared. If passwords are shared, user IDs will be terminated, consequently jeopardizing agencies 'in good standing' status.
- Passwords shall:
 - Include at least one letter and one number
 - Not include username, HMIS name, or the HMIS vendor name.
 - Not consist entirely of any word in the common dictionary or any of the above spelled backwards.
 - Not be stored or posted in any publicly accessible location.

- Only general, non-confidential information is to be entered in the “Client Notes” section of the Client identification page of the System. Confidential information, including TB diagnosis, domestic violence and mental or physical health information, is not permitted to be entered in this section.
- The date when a client enters and exits program is vital to accurate reporting in APRs, LSA, etc.
- Informed written client or guardian consent, as documented by either a standard El Paso HMIS release of information Authorization form or a current Agency-modified Authorization for Release of Information form with an El Paso HMIS clause is required before entering updating, editing, printing, or disclosing information.
- Confidential information obtained from HMIS is to remain confidential, even if relationship with client changes or concludes for any reason.
- Any paper copies of Protected Personal Information (PPI) generated by or for the HMIS must be secured.
- Information beyond basic identifying data, which includes all assessment or case note screens is not to be edited. If any update or correction is needed, a new note must be created.
- Only individuals that exist as clients under the Agency’s jurisdiction may be entered into the system
- Misrepresentation of the client base by entering known, inaccurate information is prohibited.
- Client records are not to be deleted from the System. If a client or guardian of a client chooses to rescind consent to participate in the System, his/her file shall become “inactive.” Contact HMIS Staff to change a client to inactive.
- HMIS will only be accessed from authorized Agency locations on approved computer systems and networks.
- Operations of HMIS installed computer and networked virus protection, firewall and screen saver systems will not be disabled or limited.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in the system. Profanity and offensive language are not permitted in the system.
- The System is to be used for business purposes only. Transmission of material in violation of any United States Federal or State of Texas Regulations or laws is prohibited and includes material that is copyrighted, legally judged to be threatening or obscene. The System will not be used to defraud the Federal State or local government or an individual entity or to conduct any illegal activity.
- Any unauthorized access or unauthorized modification to computer system information or interference with normal system operations will result in immediate suspension of access to the system and may jeopardize employment status.

Performance and Monitoring

The El Paso CoC is responsible for establishing performance targets for projects funded under CoC and ESG, monitoring said recipients’ performance, evaluating the outcomes, and taking action against poor performers. To review policies and tools for performance monitoring and evaluation, please see Appendix A.

Performance

Performance targets will include HUD and community priorities as determined by the Performance Committee and will include but not be limited to:

1. Increase the percentage of homeless persons staying in permanent housing over 6 months
2. Increase the percentage of homeless persons moving from transitional housing to permanent housing
3. Increase percentage of homeless persons employed at exit
4. Increase percentage of homeless persons receiving other sources
5. Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at

program exit

6. Decrease the number of homeless households with children
7. Increase the overall health of all participants
8. Provide 100% of housing units totally furnished with household items and furniture
9. Provide weekly, ongoing case management with 70% of client service goals accomplished for each client
10. Ensure timely, accurate, and complete data entry into HMIS by the provider to produce the Annual Performance Report (APR) and contribute data to the Longitudinal System Analysis (LSA) formerly known as Annual Homeless Assessment Report (AHAR).

The recommendation on these performance benchmarks will be submitted to the CoC Board for approval on an annual basis.

Project Monitoring

The CoC Lead shall monitor all homeless programs annually.

The Monitoring will consist of a review of the program's performance based on data collected from HMIS for the following activities/components:

- Length of Stay
- Increased Earned Income
- Increased Other Income
- Increased Total Income
- Exits to Housing
- Data Entry/Exit Timeliness
- Bed Utilization
- Recidivism

The above listed performance items are compared to the community established benchmarks and reported to the Program. Quarterly reports reflecting CoC performance are provided to the Performance Committee and CoC Board.

Project Evaluation

Performance will be evaluated by the Performance Committee and the CoC Lead. Evaluation will include, but will not be limited to, the following:

1. HMIS Administrator will publish Report Cards quarterly that include measurement of HMIS usage and CoC & ESG program performance criteria
2. Grantees with failing HMIS grades must attend refresher training
3. Grantees with failing or consistently low performance grades must meet with the Performance Committee to discuss ways to improve performance
4. Grantees with consistently failing grades will be required to implement a recommended improvement plan

Grantees unable to improve HMIS usage and performance may have funds reallocated.

Annual Performance Report

Annual Performance Reports (APRs), formerly called Annual Progress Reports, are required by HUD on an annual basis to track the progress and accomplishments of HUD's CoC Homeless Assistance Programs.

The APR gathers information on how programs assist homeless persons to obtain and remain in permanent housing, increase skills and income, and attain greater self-determination. This information is used by HUD and Congress to assess outcomes from federal funding. The APR is also useful to the CoC, grantees, and sponsors

as a planning and management tool to analyze client demographics and service needs; to evaluate project outcomes and performance; to make improvements; and to set future goals for their projects.

To ensure accurate reporting and local accountability, it is the policy of the CoC that agencies are to submit a pdf draft copy of their *e-snaps* submission to the HMIS designated staff person 60 days before the APR is due to HUD. Following that review, agencies are to submit a draft copy to the CoC designated staff person, no later than 30 days before the APR is due to HUD. Once the HMIS staff and CoC staff have reviewed the reports and any corrections have been incorporated, the agency may then submit their APR to HUD.

Coordinated Entry

The subrecipients must keep documentation evidencing the use of, and written intake procedures for, the centralized or coordinated entry system(s) developed by the CoC in accordance with the requirements established by HUD. The Policies and Procedures for the local CE are contained in a separate document. See Appendix B.

ESG Written Standards

I. Definitions

Program Participant – an individual or family who is assisted under ESG Program

Recipient - means any State, territory, metropolitan city, or urban county, or in the case of reallocation, any unit of general purpose local government that is approved by HUD to assume financial responsibility and enters into a grant agreement with HUD to administer assistance.

Subrecipient - means a unit of general purpose local government or private nonprofit organization to which a recipient makes available ESG funds.

II. Program Summary

A. Purpose

The ESG program provides federal funds to assist individuals and families to quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG funds are available for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and data collection through the HMIS; as well as administrative activities. The ESG program is authorized by subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371 – 11378).

B. Program Written Standards

Subrecipients are required to comply with the minimum standards for providing ESG assistance and when established, those standards relevant to ESG that are required by the CoC. The following minimum program standards are required for delivering the ESG program as outlined in CFR 576.400 (c) (3):

1. Evaluating Eligibility for Assistance

Subrecipients are required to participate in and comply with their CoC coordinated entry process including utilizing Coordinated Assessment tools and protocols. Domestic Violence subrecipients may choose to utilize a different system for victims of domestic

violence.

The minimum eligibility process will include an initial phone or in person screening to determine whether or not the applicant meets one of HUD's categorical definitions of homeless or at risk of homelessness by CE staff using the VI-SPAT assessment tool to determine housing need and priority. CE Staff will refer to appropriate program. Once participant arrives at appropriate program an eligibility determinations must be documented in client files and preferably through third-party documentation. Intake worker observation or participant self-certification can be used when due diligence by staff and client is documented in the file indicating third-party verification is unavailable.

Re-evaluations of eligibility for continued receipt of homelessness prevention and rapid re-housing assistance are required—every three (3) months for prevention and annually for rapid re-housing. Minimally, each re-evaluation of eligibility must verify that the client household does not have an annual income that exceeds thirty (30%) percent of HUD determined median family income for the service area **and** the household continues to lack sufficient resources and support networks needed to retain housing without ESG assistance. If a client household informs, but is not required to notify the Subrecipient of a change in income or other circumstances that may affect eligibility, there is no immediate effect on the program participant's eligibility and assistance can continue at the discretion of the Subrecipient until the next required re-evaluation.

2. Targeting and Providing Essential Services Related to Street Outreach

Subrecipients are required to target unsheltered homeless individuals and/or families whose primary nighttime residence is a public or private place not meant for human habitation. It is recommended that preference be given to those special populations who are most vulnerable to being harmed by living in unsafe and unprotected places, i.e. victims of domestic and other forms of violence, youth, families with children, disabled, elderly, etc.

Engagement activities must include an initial assessment of needs and eligibility in order to prioritize the type and source of assistance required with safety and urgent health needs being the highest priority. Emergency health services, including mental health, can be funded with ESG only to the documented extent that other non-ESG funded appropriate health services are inaccessible or unavailable within the service area. Based on need and assessment, qualifying individuals and/or families will be offered essential services beyond emergency health and other crisis intervention assistance that include case management, transportation, and housing stabilization. Whenever feasible, rapid re-housing will be a priority over the provision or referral to emergency shelter or transitional housing.

3. Emergency Shelter Operations

Admission

Subrecipients are required to have standardized screening and intake criteria in writing for determining eligibility for admission to emergency shelter. The criteria must be in compliance with Fair Housing Law and cannot force involuntary family separation by denying family admission based on the age of a child less than 18 years. The admission process requires an initial assessment to determine the homeless status of the applicant based on HUD's four categorical definitions of homeless (24 CFR 576.2) and meeting other

Subrecipient determined eligibility criteria. The assessment process and tools must meet CoC CE requirements (24 CFR 576.400(d).

Diversion from Shelter

Based on screening results, individuals and families should be diverted when appropriate to the most stable housing available including supportive or subsidized permanent housing using the Housing First or Rapid Re-housing service models.

Essential Services and Referral

Emergency shelter participants must have access to essential services either through direct service delivery by the Subrecipient and/or provision of information and referral to other service providers. Essential services include: case management; child care; education services, employment assistance and job training; outpatient health services; legal services; life skills training; mental health services; substance abuse treatment services; transportation; services for special populations and mainstream income and health benefits where appropriate.

Safety and Accommodations for Special Populations

Any shelter facility that receives ESG assistance for conversion, major rehabilitation, renovation or operations is required to meet all federal, state and local government safety, sanitation and accessibility standards including compliance with the safety, sanitation and privacy requirements contained in 24 CFR 576.403.

Subrecipients are required to develop and implement written procedures and communication tools/materials that ensure persons of any particular race, color, ethnicity, religion, sex, age, national origin, familial status, or disability who may qualify for shelter and essential services are aware of and have access to such facilities and assistance. Reasonable accommodations for persons with disabilities must be available in order to ensure disabled participants have an equal opportunity to utilize the shelter and receive essential services. Greater levels of accessibility may be required for some shelters in compliance with The Americans with Disabilities Act.

Subrecipients are also required to have written procedures in place that ensure access to shelter facilities, assistance and services for Limited English proficiency (LEP) persons. It is highly recommended that Subrecipients develop and implement an agency Language Access Plan following guidelines provided in the Fair Housing Guide for Shelter and Transitional Housing Providers which can be accessed at www.hudexchange.info.

Domestic violence victims and other persons in need of victim services must have access to a safe setting and have their identity protected. Subrecipients are required to implement procedures to ensure confidentiality of records pertaining to any individual who is provided family violence prevention, treatment or other services. Subrecipients must also certify that the address of a family/individual violence shelter will not be made public without permission of the shelter agency.

Subrecipient emergency shelter policies and procedures must:

- Prohibit disclosing personally identifying victim information to any third party

- without consent of the victim;
- Ensure victim consent is reasonably time-limited, written and specific as to whom information will be shared;
- Identify and utilize a comparable HMIS data base to collect program data that will prevent the disclosure of personally identifying victim information; and
- Include confidentiality policies and procedures that require staff to refrain from discussing client information in public and ensure client records are secure and only accessible to authorized staff.

4. Assessing, Prioritizing and Reassessing Needs for Essential Services

Related to Emergency Shelter

Subrecipients are required to have a written standard assessment process and tool(s) that are applied to all eligible recipients of shelter essential services. Prioritization for services must align with service area homeless and/or community needs assessment plans. When developed, Subrecipients are required to comply with their services area(s) CoC assessment and prioritization requirements (576.400(d)), including verifying and documenting eligibility.

Shelter essential services include: case management; child care; education services; employment assistance and job training; outpatient health services; legal services; life skills training; mental health services; substance abuse treatment services; transportation; and services for special populations. Provision of services should be determined based on client need and in alignment with Subrecipient's targeted populations.

Provision of essential services and shelter must be available to shelter residents for at least the time period during which the ESG funds are provided. Services do not need to be limited to a particular site as long as the site serves the same categories and types of homeless originally provided with essential services or serves homeless persons in the same service area where the Subrecipient originally provided the services.

5. Coordination among Homeless Assistance Providers, Mainstream Service Providers and Housing Providers

El Paso's CoC is a community-based homeless assistance program planning networks whose responsibilities include the promotion of access to and effective utilization of homeless and mainstream programs by the homeless. Subrecipients are required to be active members of their respective COC and contribute to the identification, development and coordination of resources that will promote and increase the efficiency and effectiveness of the community's homeless system.

Subrecipients must coordinate and integrate, to the extent possible, their ESG-funded assistance with other programs serving homeless and at-risk of homelessness people within their service area (refer to 24 CFR 576.400). Documentation of such coordination will minimally include written COC verification of review and support of the Subrecipient's plan for utilizing ESG funds as part of the Subrecipient's funding application.

6. Determining and Prioritizing Eligibility for Homeless Prevention and Rapid Re-housing Assistance

Determination of eligibility for homeless prevention requires an in-person assessment (in compliance with COC CE process when established) to verify that applicants meet HUD's categorical definition for imminent risk of homelessness, homeless under other federal statutes, fleeing/attempting to flee domestic violence, or at-risk of homelessness **and** have an annual income at 30% or below of area median income. Homeless status and income eligibility must be documented in client files through third-party verification unless written justification is provided showing that due diligence was conducted substantiating that third-party was not available/accessible. Additionally, the assessment must indicate that prevention assistance would likely allow the applicant to regain stability in their current permanent housing or access other permanent housing and achieve stability..

Prioritization for homeless prevention assistance must comply with CoC standards. Minimally, prioritization should align with vulnerable homeless and at-risk of homelessness populations identified in Subrecipient's service area homeless plan(s) and/or community assessment(s). Determination of eligibility for rapid re-housing requires an initial assessment to verify that clients meet HUD's categorical definition for literally homeless or fleeing/attempting to flee domestic violence and are literally homeless. Homeless status must be documented in client files in accordance with HUD documentation standards with preference given to third-party verification where available. No income eligibility is required for Rapid Re-housing.

Prioritization for Rapid Re-housing must comply with CoC standards and be supported by Subrecipient service area homeless plans and/or community assessment data. When appropriate, local prioritization should also align with HUD's homeless strategic plan goals for ending chronic homelessness, homelessness among Veterans, and families with children and youth homelessness.

7. Determining Client's Share of Rent and Utility Costs

Subrecipients must comply with existing CoC standards once developed for determining client's required share of rent and utility costs. State minimum standards require that whatever rent assistance model is chosen must be consistently implemented for all households within each ESG funded program. Acceptable models include a client flat rate (specific dollar amount) contribution, percent of gross household income (typically not to exceed 30%) or a graduated client share over a fixed time at intervals predetermined by the Subrecipient and communicated in advance to the client. Subrecipients can choose to not require any client contribution toward rent or utility costs unless their CoC standards require such contribution.

Utility assistance is limited to 12 months and can be used to pay the cost of utility deposits, utility arrears, and gas, electric, water and sewage services. Assistance can only be provided if the utility account is in the name of a member of the client household or there is documented proof of household responsibility for utility payments. Utility arrears assistance for homeless prevention requires a shut off notice and for rapid re-housing must result in utilities being turned on at the new permanent housing location. The client's share of the utility costs, in the absence of COC standards, is at the discretion of the Subrecipient who is encouraged to assist clients in accessing energy assistance programs for which they

are eligible as a first option in providing utility assistance. It's recommended that utility deposits be returned to households when feasible.

8. Determining Duration and Amount of Rental Assistance Provided to Client

The duration of rental assistance is limited to twenty-four months within a 3-year time period. Short-term assistance can be provided up to three (3) months and medium-term assistance is limited to twenty-four (24) months. The amount of rent assistance provided must be the least amount needed to stabilize clients in their permanent housing. Subrecipients have the discretion to further set a maximum number of months that a client may receive rental assistance and the maximum dollar amount of assistance. The process for determining such conditions must be applied consistently for all households within each ESG funded program, incorporated into the Subrecipient's ESG policies and procedures and communicated in advance to eligible clients.

Rent arrearage assistance is defined as: past due rent owed to a current or previous landlord. If arrears are owed to a previous landlord, these arrears may be paid, but only when there is documented evidence that payment of those arrears is necessary for the participant to obtain permanent housing and maintain stability in that housing. Payment of arrears is restricted to a one-time payment for up to 6 months

9. Determining Type, Amount, and Duration of Housing Stabilization and/or Relocation Services Provided to Client

Type of Housing Stabilization and/or Relocation Services is limited to financial assistance costs and service costs, subject to the general conditions and restrictions identified under 24 CFR 576.103 and 576.104. Security deposits are limited to no more than 2 month's rent. A last month's rent must not exceed one month's rent and must be included in calculating the program participant's total rental assistance, which cannot exceed 24 months during any 3-year period. Utility payments are limited to up to 24 months per client, per service, including up to 6 months of arrears, per service. Eligible utility services are gas, electric, water, and sewage. No program participant shall receive more than 24 months of utility assistance within any 3-year period. Temporary storage fees associated with moving costs are limited to up to 3 months, provided that the fees are accrued after the date the program participant begins receiving assistance.

ESG funds may be used to pay cost of assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for a program participant who resides in permanent housing or to assist a program participant in overcoming immediate barriers to obtaining housing. This assistance cannot exceed 30 days during the period the program participant is seeking permanent housing and cannot exceed 24 months during the period the program participant is living in permanent housing.

Mediation services are allowable, provided that the mediation is necessary to prevent the program participant from losing the permanent housing in which the client currently resides. Legal services must be necessary to resolve a legal problem that prohibits the client from obtaining permanent housing or will like result in the client losing the permanent housing in which they currently reside. Credit repair does not include the payment or modification of a debt.

Financial assistance cannot be provided to a client who is receiving the same type of assistance through other public sources or to a client who has been provided with replacement housing payments under the URA, during the period of time covered by the URA payments.

The Subrecipient may set a maximum dollar amount that a client may receive for each type of financial assistance and may set a maximum period for which a client may receive any of the types of assistance or service. However, except for housing stability case management, the total period for which any client may receive assistance must not exceed 12 months during any 3-year period. The limits on the assistance apply to the total assistance an individual receives, either as an individual or as part of a family.

10. **Terminating assistance**

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

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

- (1)** Written notice to the program participant containing a clear statement of the reasons for termination;
- (2)** A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
- (3)** Prompt written notice of the final decision to the program participant.

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

C. HMIS Data Collection

All data on persons served and all activities funded with ESG must be entered into the El Paso CoC's HMIS or a comparable database. The purpose of the HMIS is to record and store client-level information about the numbers, characteristics, and needs of homeless and at risk homelessness persons who receive program assistance. Additional information about the HMIS requirements is provided under the HMIS section above.

Victim service providers are prohibited from entering data in HMIS; however, they are required to maintain comparable databases of their own design which provide aggregate information and data consistent with HMIS data collection requirements. Projects serving survivors of domestic violence where the recipient is not a victim services provider are required to enter

data in their HMIS.

Data entry requirements for shelters are:

Emergency or transitional shelters, day or mass shelters, or hotel/motel vouchers are required to collect data and report outcomes using the Entry/Exit method of data collection.

Shelters which meet the three criteria below may be set up in HMIS to use the Night-by- Night method of tracking shelter use:

The shelter serves a large number of clients on a nightly basis;

Clients are permitted to spend nights at the shelter on an irregular basis; and

There is a high degree of client turnover.

Night-by-Night (NBN) data collection involves recording, in HMIS, contacts with each person served. A contact is defined as the date of an interaction between a worker and a client designed to engage the client. A contact must be recorded any time a client is met. Engagements must also be recorded. An engagement is an interaction which results in a formalized assessment or discussion. The date of engagement should be entered into HMIS at the point when the client has been engaged by the shelter worker.

With the NBN method:

All data required to be collected, is collected at project entry; and

The duration of each stay can be accurately aggregated to calculate each client's total length of stay in the project.

Regardless of the method used to track shelter use, Subrecipients must be able to determine who and how many people were served by a shelter or shelter type for any given night, based on HMIS data.

For additional, detailed information about the reporting requirements, refer to the HMIS Operation Manual found at: <https://www.hudexchange.info/programs/hmis/>.

D. Continuum of Care Coordination

1. HUD requires collaboration between ESG recipients/subrecipients and CoC in planning, funding, implementing and evaluating homeless assistance and homelessness prevention programs locally. Subrecipients are required to be active participants in their respective CoC and comply with Program Standard #5—*Coordination Among Homeless Assistance Providers, Mainstream Service Providers and Housing Providers*.
2. Recipients/Subrecipients are expected to coordinate and integrate, to the maximum extent practicable, ESG-funded activities with other programs targeted to homeless people in the area covered by their Continuum of Care and/or service area. These programs include (24 CFR 576.400 and 24 CFR 91.100(d)(e)) but are not exclusive to:
 - a. Shelter Plus Care Program (CoC Program)
 - b. Supportive Housing Program (CoC Program)
 - c. Section 8 Moderate Rehabilitation Program for SRO Program for Homeless Individuals
 - d. Veterans Affairs Supportive Housing
 - e. Education for Homeless Children and Youth Grants for State and Local Activities
 - f. Grants for the Benefit of Homeless Individuals
 - g. Healthcare for the Homeless
 - h. Programs for Runaway and Homeless Youth
 - i. Projects for Assistance in Transition from Homelessness

- j. Services in Supportive Housing Grants
 - k. Emergency Food and Shelter Program
 - l. Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program
 - m. Homeless Veterans Reintegration Program
 - n. Domiciliary Care for Homeless Veterans Program
 - o. VA Homeless Providers Grant and Per Diem Program
 - p. Health Care for Homeless Veterans Program
 - q. Homeless Veterans Dental Program
 - r. Supportive Services for Veteran Families Program
 - s. Veteran Justice Outreach initiative
3. As well as mainstream housing, health, social services, employment, education, and youth programs for which families and individuals at risk of homelessness and homeless individuals and families may be eligible, such as:
- a. Public housing programs
 - b. Housing programs receiving tenant-based or project-based assistance
 - c. Supportive Housing for Persons with Disabilities
 - d. HOME Investment Partnerships Program
 - e. Temporary Assistance for Needy Families
 - f. Health Center program
 - g. State Children's Health Insurance Program
 - h. Head Start
 - i. Mental Health and Substance Abuse Block Grants
 - j. Services funded under the Workforce Investment Act.

III. Client Eligibility

E. Assessment

All applicants must be assessed to determine eligibility for receipt of ESG funded services and assistance in accordance with *Program Standard #1—Evaluating Eligibility for Assistance*. Client assessment and determination of ESG eligibility includes the cost of staff time to complete an intake and/or assessment, either as a sole provider or through a coordinated entry process even if it's determined from the evaluation the applicant is not eligible for ESG program assistance. When ESG funds are used to provide coordinated entry, a Subrecipient is encouraged to utilize ESG funding with non-ESG funding in proportionate to the percentage of clients who are determined ESG eligible versus those referred to other programs. Other service costs associated with applicants determined to be ineligible for ESG assistance are not allowable including follow-up and case management.

F. Household Composition

Homeless or at-risk of homelessness households who meet one or more of HUD determined categorical homeless definitions or criteria are eligible to receive program assistance. Household composition includes an individual living alone, family with or without children, or a group of individuals who are living together as one economic unit. In all cases a household must lack sufficient resources and support networks necessary to obtain or retain

housing without the provision of ESG assistance in order to be program eligible.

The type of ESG assistance for which an eligible household qualifies is determined by the stability of their current housing or their homeless status.

G. Categorical Homeless Definitions and Criteria

Eligible applicants for program services must meet one of the following categorical definitions of homeless or criteria for being at-risk of homelessness:

Category 1: Literally homeless--a household that lacks a fixed, regular, and adequate nighttime residence, meaning:

- Living in a primary nighttime residence that is a public or private place not designed for or ordinarily used for as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground); **or**
- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); **or**
- Exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering the institution.

Category 2: Imminent risk of homelessness--a household that will imminently lose their primary nighttime residence, provided that:

- The residence will be lost within 14 days of the date of application for homeless assistance; **and**
- No subsequent residence has been identified; **and**
- The household lacks the resources or support networks needed to obtain other permanent housing.

Category 3: Homeless Under Other Federal Statutes-- Unaccompanied youth under 25 years of age, or family who do not otherwise qualify as literally homeless or imminent risk of homelessness, but who:

- Are defined as homeless under Section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)) or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a); **and**
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; **and**
- Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; **and**
- Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the

presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

Category 4: Fleeing, or attempting to flee, domestic violence-- a household who:

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

H. Criteria for At Risk of Homelessness Qualification

Applicants for program services for at-risk individuals or households must meet the following definition of At Risk of Homelessness:

- Have an annual income at or below 30% of median household income for the area; and
- Do not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; **and** meet one of the following conditions:
- Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance; **or**
- Is living in the home of another because of economic hardship; **or**
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; **or**
- Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; **or**
- Lives in an SRO or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than one and a half persons per room; **or**
- Is exiting a publicly funded institution or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); **or**
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in OHCS' approved Consolidated Plan.

A youth who does not qualify as homeless under the above eligibility criteria, is eligible if they:

- Qualify as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A))m section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); **or**
- Qualify as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

I. Criteria for Chronically Homeless Qualification

Chronically homeless means:

- (1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **and**
 - (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
- (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; **or**
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Evidence of chronically homeless individuals must be kept in the program participant file in order to demonstrate that an individual or family met the definition of “chronically homeless” at the point of entry into a program.

J. Income Determination and Requirements

1) Income Eligibility

Homeless prevention assistance requires applicants to be at or below 30% AMI at time of intake.

Rapid re-housing does not have income eligibility requirements at the time of intake; however, to qualify for continuation of rapid re-housing assistance, an applicant must have an annual income at or below 30% AMI at the time of re-evaluation.

There are no other initial income eligibility requirements to receive program services.

2) Calculating Gross Annual Income

Annual Income is the gross amount of income anticipated to be received by a household during the coming year based on the household's circumstances at the time of program intake and assessment. Annual Income determination is consistent with the Housing Choice Voucher definition of annual Income found at 24 CFR 5.609.

When determining the annual income of a household to establish eligibility for ESG assistance, Subrecipient must count the income of all adults in the household, including nonrelated individuals, within the limitations imposed by 24 CFR 5.609. Not everyone living in the unit is considered a member of the household for the purposes of determining a household's income. Excluded persons include: foster children, foster adults, live-in aides, children of live-in aides and an unborn child. A child subject to a shared-custody agreement should be counted as a household member if the child resides with the household at least 50 percent of the time.

Income generated by an asset, such as the interest on a savings or checking account is considered household income even if the household elects not to receive it. For example, though an applicant may elect to reinvest the interest or dividends from an asset, the interest or dividends are still counted as income anticipated to be received during the coming 12 months. Asset income is discussed in 24 CFR 5.609. Income producing assets include: bank accounts; life insurance policies; lump sum additions (legal settlement, refund, etc.); personal property held as investments; retirement/pension funds; trusts; assets disposed of for less than fair market value; and stocks, bonds or mutual funds.

K. Eligibility Documentation and Recordkeeping

Subrecipients must establish written intake procedures that include requirement of written documentation verifying eligibility for program services in accordance with the following preferred order of documentation:

Third-party Verification—source documents provided by an outside source.

Third party documentation is the preferable form of verification and includes but is not exclusive to written statement or document from employer, landlord, public benefit worker, or agency service provider. Written verification sent directly to program staff or via the applicant is preferred.

Intake/Case Manager Worker Observation—documented by ESG staff.

Staff documentation may include oral statements made by a social worker, case manager, or other appropriate official at an institution, shelter, or other facility and documented by the program intake worker/case manager. Use of oral statements is allowable when third-party documentation is not available.

Participant Self-certification—applicant signed document certifying eligibility.

Self-certification requires a written and signed document by the individual or head of household seeking assistance attesting to the eligibility facts for which they are certifying. A third party may be designated by a participant to sign documents on their behalf when they are unable to do so. If needed, Subrecipient must provide access to language interpretation services and assistive devices necessary for participants to understand the documents they are certifying.

Self-certification documentation is only used when documented staff efforts verify that third-party or worker observation documentation is not available. However, lack of third-party documentation must not prevent an individual or household from being immediately admitted to emergency shelter, receiving street outreach services or immediately accessing domestic violence/victim service shelter and assistance.

Documentation verifying eligibility must be available in client files or if kept electronically, available upon request. See the appendices in this manual for examples of appropriate documentation of applicant eligibility.



Community Performance

El Paso Continuum of Care

CoC Board adopted July 13,
2017

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INTRODUCTION

Signed into law in 2009, the HEARTH Act requires communities to implement strategies to prevent the loss of housing, help people quickly move out of homelessness and into housing and ensure housing stability (24 CFR Part 578). Therefore, communities must track and report their homeless assistance systems progress towards these outcomes (24 CFR Part 578, items 6 & 7). Performing well on these outcomes requires communities to align their systems to focus on housing based solutions, strengthen their capacity to collect data and information across programs and improve overall system performance.

In conformance with HUD regulations 24 CFR Part 578, items 6 & 7, the El Paso Continuum of Care (EPCoC) has developed a Community Performance Plan (CPP) which identifies outcomes to be measured, establishes local benchmarks for achieving these outcomes, proposes improvement strategies for alignment and provides for reporting on poor performers as required by regulations.

Success in achieving performance standards during the annual monitoring period along with other factors, will form the basis for funding decisions. Long term under- performance of community established benchmarks as explained in Section C may result in funding reductions or termination of programs.

Community Performance Plan Overview

The Community Performance Plan (CPP) establishes a process to evaluate and monitor the performance outcomes of all homeless assistance programs. The performance goals must be consistent with the CPP benchmarks (APPENDIX A) established by the Performance and Benchmarks Committee (P&B) and approved by the Continuum of Care (CoC) Board annually. *The mission of the P&B committee is to improve community program performance through program monitoring and peer support.*

Additionally, homeless assistance programs should be continually improving their performance to meet the CPP benchmarks set by the P&B committee, in alignment with HEARTH initiatives, and approved by the CoC Board.

The performance categories to be monitored and evaluated through the CPP process align with HUD System Performance Measures (SPMs) as illustrated below:

Community Performance Benchmarks

Length of Stay or program participation
Returns to Homelessness
Increase in Earned, Other and Total Income
Exits to Permanent Housing
Positive Housing Outcome
Length of Time between Start Date (eligibility)
and Move-in Date for RRH, PSH

HUD System Performance Measures

Length of time Homeless
Recidivism to Homelessness
Outreach to Homeless
Reduction in Homeless
Job & Income Growth
Placement to Permanent Housing

Performance and Benchmarks (P&B) Committee

The CPP creates a P&B Committee which consists of a minimum of one service provider from an Emergency Shelter (ES), Street Outreach (SO), Rapid Re-Housing (RRH), Transitional Housing (TH), Permanent Supportive Housing (PSH) and Veterans Administration's (VA) homeless assistance programs.

The committee chairperson will be elected every 2 years. The EPCH Programs Analyst (PA) will also be part of the committee and serve as the secretary.

Nomination Process - The Committee selects the Chair from the existing body.

Committee resignation – When a member resigns from the Committee, their replacement will take a seat on the committee.

P&B Committee members will be reviewing HMIS data on a regular basis. Members of the P&B committee will sign a confidentiality agreement as to not compromise HMIS data privacy standards.

Annually, the P&B committee will set Community Performance Benchmarks for the EPCoC in alignment with the HEARTH initiatives. The P&B committee will use the following HMIS reports to evaluate and set the annual benchmarks: collective by- program type reports, Longitudinal System Analysis, Point–In-Time Annual Survey and the Annual Performance Reports (APR).

The P&B Chairperson will present a collective by-program type report generated from the HMIS quarterly to the P&B committee members and CoC Board.

The P&B committee will review those homeless assistance programs who have not met three CPP benchmarks for four consecutive quarters to establish a Peer Improvement Plan (PIP). The PIP will be developed from local and national best practice improvement plans for similar program types to improve performance. (Appendix C). The PIP will be presented as a collaborative dialogue between the PA, a P&B Committee Peer and the homeless assistance agency director to create an action plan to improve the benchmarks based on best practices of the program type. The P&B Committee Peer is a committee member of the same program type selected by the committee to accompany the PA. In the event a P&B Committee Peer is not available, the committee chair will fulfill this purpose.

The P&B Chair and PA will establish the agenda and dates for the meetings which will be held no less than every two months.

Continuum of Care Board (CoC)

The CoC Board will have the following responsibilities:

- Approve CPP benchmarks annually as presented by the P&B chairperson.
- Evaluate the P&B Committee recommendations regarding low performing homeless service providers. And take action as described below.
- Ratify the Community Performance Plan.
- Review comprehensive performance report on a quarterly basis.

Monitoring and Evaluation

The Program Analyst (PA) will generate reports from HMIS data on CoC, HHSP, HP and ESG funded homeless assistance programs quarterly, semi-annually and annually then compile the data into the CPP standards form, (APPENDIX B).

Program outcomes will be evaluated for achievement of the CPP benchmarks at the quarterly, semi-annually and annually time period by the PA. **ESG funded programs will be reviewed beginning September 1 to August 31 for the following year. CoC funded programs will be reviewed for the HUD reporting period October 1 to September 30 of the following year. HHSP will be reviewed on a regular calendar year, January 1 to December 31 of the same year.** The PA will review the CPP benchmarks with the homeless assistance program, at a minimum, quarterly and annually. Contract delays will be considered in the monitoring and evaluating reporting year. The CPP benchmarks will be reviewed in accordance to the program type.

The PA will deliver to the P&B Committee those CPP Standard forms for Homeless Assistance programs that have not met at least three CPP benchmarks for four consecutive quarters. The P&B committee will review the documentation provided and if it deems it necessary, establish an improvement plan, PIP. The PA along with a P&B Committee Peer will present the plan to the director or administrator of the homeless assistance service program within 30 days of the P&B Committee's decision. The PA will return a written summary of the agencies' response and the action plan to the P&B Committee within 60 days. A copy of the summary will be provided to the agency.

If the P&B Committee requests, the PA will monitor every 30 or 60 days as recommended. Programs funded under the CoC Program that continuously perform below standard or are not compliant for 12 months, will be sent to CoC Board for further review. Programs funded under the ESG Program that continuously perform below standard or are not compliant for 12 months, will be sent to City of El Paso – Department of Community and Human Development (DCHD) for further review.

Community Performance Plan Methodology

The Evaluation Procedure document establishes the purpose, definition, goal-setting, and reporting methodology for each of the indicators that are currently tracked for reporting needs.

Purpose: Identifies the reason for the metrics

Projects: Identifies the projects for which a metric applies

Definition: CoC and HUD definition for the metric

Goal-setting methodology: Used by each agency to set goals around the metric(s)

Reporting methodology: Detailed description on how the Program Analyst is calculating the metric.

Reporting Conventions

1. Measures apply only to heads of household (HoHs) with the exception of income-related measures.
2. A family is defined as a household consisting of at least one adult and at least one minor child.
3. The term "head of household" applies both to families and to single adult clients. Each family unit must have a head of household. A household may not have more than one head of household.
4. The term "household" describes a unit consisting of either a family or a single adult.
5. Emergency shelter reporting methodology includes overflow numbers. Goals do not include overflow.

Purpose, Definition, Goal-setting & Reporting Methods

1. Program Occupancy Rate (%)
 - a. Purpose: High occupancy rate indicates program efficiency at turning over units and providing program that is in demand.
 - b. Projects: Emergency Shelters (ES), Transitional(TH) Shelters and Permanent Housing (PH)
 - c. Definition: The average number of persons served each night divided by the program capacity or numbers of program beds.
 - d. Goal-setting methodology: Monitored but not evaluated
 - e. Reporting methodology: Average number of PIT Count of HoHs (Q8b)/number of program beds according to the Point in Time survey.
2. Average Length of Stay (LOS)/Participation in the program (# Days)
 - a. Purpose: Indicates the total number of persons that exited during the operating year program < or > 90days.
 - b. Programs: All Programs

- c. Definition: Average number of days that exited distinct households received services as measured from the point of entry to the exit date from the program. APR Q22b Average Length of Participation based on Leavers.
 - d. Goal-setting methodology: Based on program design and anticipated performance.
 - e. Reporting methodology: $\Sigma(\text{Exit date} - \text{Entry/Enrollment date}) / \text{the Average number of days number of total distinct households served and exited from program during the report period.}$
 - f. Performance Benchmarks 2018-19:
 - i. Changed in LOS- SO not measured
 - ii. Change in LOS ES 60%
 - iii. Changed in LOS TH 180%
 - iv. Change in LOS PSH >180%
 - v. Change in LOS RRH not measured
3. Percentage of change of Non-Cash Benefits - Mainstream Resources - Leavers and Stayers, from entry to exit or end of reporting period (%)
- a. Purpose: Indicates the project's success in increasing households non- cash benefits or resources. A higher rate is considered positive.
 - b. Projects: All Programs
 - c. Definition: The percentage of adults who increased or decreased non – cash benefits from entry to exit or at the end of reporting period if not exited.
 - d. Goal-setting methodology: Meet or exceed community standards.
 - e. Reporting methodology: The number of adults served report period who had an increase or decrease in their Non-Cash Benefit Sources at exit ;
 - f. $\text{Q20b Benefit at start (New) - Benefit at Exit for Leavers (Old) = x, } x / \text{Benefit at Exit for Leavers} = y * 100.$ Monitored not evaluated.
4. Increase in income from employment, from entry to exit or end of reporting period (%)
- a. Purpose: Indicates the project's success in assisting households to obtain employment income. A higher rate is considered positive.
 - b. Projects: All programs
 - c. Definition: The percentage of adults who increased income from employment from entry to exit or at the end of reporting period if not exited.
 - d. Goal-setting methodology: Meet or exceed community standards.
 - e. Reporting methodology: The number of total adults (including those with no income) served during the report period who had an increase in their employment income amount from entry to exit (or at the end of reporting period, if not exited from the project). Note: Deceased households are not included in the count of households served.
 - i. Changed in Earned Income SO 1%
 - ii. Change in Earned Income ES 5%
 - iii. Change in Earned Income TH 60%
 - iv. Changed in Earned Income PSH 10%
 - v. Change in Earned Income RRH 30%
5. Increase in income from non-employment (other income), from entry to exit or end of reporting period (%)
- a. Purpose: Indicates the project's success in assisting households to obtain non- employment income. A higher rate is considered positive.
 - b. Projects: All Programs
 - c. Definition: The percentage of adults who increase income from non-employment from entry to exit or at the end of reporting period if not exited.

- d. Goal-setting methodology: Meet or exceed community standards.
 - e. Reporting methodology: The number of total adults (including those with no income) served during the report period who had an increase in their non-employment or other income amount from entry to exit (or at the end of reporting period, if not exited from the project). Deceased households are not included in the count of households served.
 - f. 2018-19 Performance benchmarks
 - i. Changed in non-employment (other) Income SO 5%
 - ii. Change in in non-employment (other) Income ES 5%
 - iii. Changed in non-employment (other) Income TH 25%
 - iv. Change in non-employment Income (other) PSH 50%
 - v. Change in non-employment Income (other) RRH 30%
6. Increase of Total Income, from entry to exit or end of reporting period (%)
- a. Purpose: Indicates the project's success in assisting households to obtain employment and non-employment income. A higher rate is considered positive.
 - b. Projects: All Programs
 - c. Definition: The percentage of adults who increase income from employment and non-employment from entry to exit or at the end of reporting period if not exited.
 - d. Goal-setting methodology: Meet or exceed community standards.
 - e. Reporting methodology: The number of total adults (including those with no income) served during the reporting period who had an increase in their total income amount from entry to exit (or at the end of reporting period, if not exited from the project). Deceased households are not included in the count of households served.
 - f. 2018-19 Performance benchmarks
 - i. Changed in total income SO 6%
 - ii. Change in total income ES 10%
 - iii. Changed in total income TH Stayers 85%
 - iv. Change in total income PSH 60%
 - v. Change in total income RRH 60%
7. All clients served with Physical and Mental Health Conditions (Acuity) %
- a. Purpose: Indicates total of clients served by the program which have known Physical and Mental Health Conditions (Stayers and Leavers)
 - b. Programs: All Programs
 - c. Definition: The total number of all clients in the program during the reporting period known Physical and Mental Health Conditions.
 - d. Goal-setting methodology: Meet or exceed community standards.
 - e. Reporting methodology: The number of all clients during the reporting period with an exit date within the report period who are also not currently in the program at report period and who also have an entry date into a permanent supportive housing project
 - f. This measure is monitored but not evaluated. All Leavers
8. Total Persons that Exit into Temporary Destinations (Homelessness)
- a. Purpose: Indicates a percentage of clients who exited to temporary destinations and return to homelessness subsequent to the successful housing outcome. A lower rate is considered positive. (%)
 - b. Projects: Street Outreach, Emergency Shelters and Transitional Shelters
 - c. Definition: The total number of clients that exited the program with < or > 90 days to temporary destinations or returned to homelessness subsequent to the successful housing outcome. This measure is expressed as a percentage of total distinct households with an exit to housing

- d. Goal-setting methodology: Meet or exceed community standards.
 - e. Reporting methodology: A percentage rate reflecting the number of clients who exited to temporary destinations or homelessness/ All Leavers. Positive Housing Placement (Q23a&b) is monitored but not evaluated.
 - i. Street Outreach – Percent of returns 6-12 Months 0%
 - ii. Emergency Shelters – Percent of returns 6-12 Months 3%
 - iii. Transitional Shelters – Percent of returns 6-12 Months 2.5%
9. Total persons that exit into Permanent Housing Placement
- a. Purpose: Indicates number of households served by the project which exit to Permanent Housing (i.e. PSH, RRH, PH) during the report period.
 - b. Projects: All Programs
 - c. Definition: Number of distinct households that exited < > 90 days after entry date the project to permanent housing during the report period.
 - d. Goal-setting methodology: Meet or exceed prior performance.
 - e. Reporting methodology: The number of distinct households (leavers) with an exit date within the report period that are also not currently in the project at the destination. All Leavers
 - i. Percentage of exits from SO to Positive Housing Outcome (ES, TH) 60%
 - ii. Percentage of exits from ES to PH (RRH, PSH) 40%
 - iii. Percentage of exits from TH to PH is 85%
 - iv. Percentage of exits from PSH to PH is 85%
 - v. Percentage of exits from RRH to PH is 90%
10. Total persons that exit from Street Outreach program to Emergency Shelter or Transitional Living to a Positive Housing Outcome (ES, TH) with access to a PH case manager.
- a. Purpose: Indicates number of households served by the Street Outreach project which exited to Positive Housing Outcome (i.e. ES, TH) during the reporting period.
 - b. Projects: SO
 - c. Definition: Number of distinct households that exited a SO < > 90 days after entry date to Positive Housing Outcome during the report period.
 - d. Goal-setting methodology: Meet or exceed prior performance.
 - e. Reporting methodology: The number of distinct households (leavers) with an exit date within the report period that are also not currently in the project at the destination. All Leavers
 - i. Percentage of exits from SO to Positive Housing Outcome (ES, TH) 60%
 - ii. Percentage of exits from ES to PH (RRH, PSH) 40%
11. Total persons that exit into Rapid Re-Housing and Permanent Supportive Housing:
- a. Purpose: Indicates number of persons served by the project which exit to Permanent Housing (i.e. PSH, RRH), during the report period.
 - b. Projects: RRH, PSH
 - c. Definition: length of time in average number of days between start date, determined by program eligibility, and housing move - in during the report period.
 - d. Goal-setting methodology: = or < 30 days.
 - e. Reporting methodology: The number of distinct persons (leavers) with an average number of days < 30 days between start date (eligibility) and housing move - in date during the report period. All Leavers
 - i. Avg number of days from Start Date (eligibility) to Housing move – in to PSH is 30 days or less
 - ii. Avg number of days from Start Date (eligibility) to Housing move- in to RRH is 30 days or less

Appeal Process

Homeless Assistance programs having major disagreements with the CPP resulting from the monitoring process conducted by the PA may appeal the CPP Standard form calculations or the PIP. The Appeals process as described below is depicted in Appendix D.

An appeal may be submitted only under the following conditions:

1. If the agency has reason to believe that the PA miscalculated the HMIS data or CPP benchmarks into the CPP Standard form for the program type, or
2. If the agency has reason to believe that recommended PIP by the P&B committee and the PA is not appropriate.

Steps in the appeal process are listed below:

Before deciding to appeal a recommendation, the agency must contact HUD Project Coordinator to discuss the appeal. This conversation serves two purposes: 1) the possibility that the issue can be resolved without an appeal; and/or 2) the possibility that HUD Project Coordinator can help clarify the agency's concerns.

The Agency will send written notice of its appeal to the El Paso Coalition for the Homeless (EPCH). This material must be submitted to EPCH no later than one week after the date of meeting with Program Analyst. Appeal materials received after the cutoff date will not be considered.

HUD Project Coordinator will review the appeal, develop a response and notify the CoC Board Chair of the appeal. If EPCH staff and the agency are able to develop a mutually agreed upon resolution, the matter will be considered closed. Copies of the materials submitted by the agency and the staff response will be forwarded to CoC Board Chair or DCHD as appropriate.

For CoC Programs only, if a mutually agreeable solution is not developed, CoC Board Chair will review the agency's appeal and the HUD Project Coordinator's response. The CoC Board Chair may take any of the following actions:

- a) reaffirm the PIP;
- b) revise into a Quality Improvement and Intervention Plan (QII); or
- c) modify the PIP as well as grant additional monitoring time.

The CoC Board Chair will notify the appealing program of the decision. The appealing agency will have 5 five working days to request a meeting with the CoC Board. The Board Chair will provide all relevant information to the CoC Board for review. The decision of the Board is final.

Quality Improvement and Intervention

Through its evaluative work, the P&B Committee establishes community benchmarks every year for homeless assistance programs. The P&B committee will monitor those underperforming programs for at least 12 months that have three low performing CPP benchmarks for FOUR consecutive quarters or 12 months of those non-compliant with a P&B committee PIP. When a program experiences longstanding underperformance, serious program issues or systemic agency concerns, all attempts will be made to improve performance through the P&B Committee Peer Review and/or Appeal process then CoC Board can recommend a QII (Appendix E).

The QII process will be based on quarterly one-on-one dialogues between the PA and the homeless Program Assistance Director or Coordinator to review a performance improvement action plan using prior CPP standard forms and the progress on addressing program issues. The PA and the homeless Program Assistance Director or

Coordinator will enter into quarterly QII. If the agency and/or PA finds that the QII process is not working or further non-compliance exists, either may refer their concerns/issues to the P&B committee for review.

If there is no improvement, a formal written notice will be sent to the underperforming homeless assistance program on the referral to the CoC Board. The provider will be given an opportunity to present its case to the P&B Committee before it makes its recommendation to the CoC Board.

Based on the long term underperformance in the QII and prior non-acceptance to PIP, the P&B committee will recommend to the CoC Board those non-compliant or long-term low performing programs should not continue to receive funding through the annual HUD application process due to underperformance. All programs rated as “Low” performers through CPP will be discussed with the CoC Board. The P&B committee will recommend to the CoC Board any funding reallocations that should occur based on program performance and need.

The underperforming homeless assistance program referred by the P&B committee can request open comment a minimum of 10 working days prior to the CoC Board’s final decision. However, CoC Board decision will not be discussed at the open comment.

The CoC Board will be the final decision maker regarding any programs that should be removed from CoC Program funding and any proposed funding reallocations, to set forth guidelines that will be used with regard to providing technical assistance and for quality improvement interventions with partner agencies in the El Paso CoC.

APPENDIX A 2019 Community Performance Benchmarks

(Days)	SO	ES	TH	PSH	RRH
Average Length of Participation (Lvrs)	Not Measured	60	180	>180	Not Measured
Average Length of Time Start Date (Eligibility) to Move-in Date				30	30
<hr/>					
6 to 12 months	SO	ES	TH	PSH	RRH
Exits to Homelessness (Leavers)	2%	3%	4%	2%	2%
<hr/>					
	SO	ES	TH	PSH	RRH
Increase in Earned Income	1%	5%	60%	10%	30%
Increase in Other	5%	5%	25%	50%	30%
Increase in Total Income	6%	10%	85%	60%	60%
<hr/>					
Destinations					
	SO	ES	TH	PSH	RRH
PH	40%	-	-	-	-
Positive Housing Outcome ES, TH	60%				
PH Destination		40%	85%	85%	90%
<hr/>					
Coordinated Access	(All Projects)	75% Acceptance Rate			

APPENDIX B Community Performance Plan (CPP)

October 1–September 30

Please refer to the Program Performance Plan Overview, Program Performance Standards and Evaluation Methodology.

CoC/ESG Program Category:	
Agency Name:	
Program Name:	

		Capacity	Served
Household	#		
Youth u/25	#		
Veterans	#		
Total Chronic Homeless Units	#		
Total Persons	#		

Target population:

Single Males		Youth males	
Single Females		Youth females	
Single Males and Females		Youth males and females	
Couples only, no children		Domestic Violence victims only	
Single males and households with children		Veterans only	
Single females and households w/children		HIV/AIDS populations only	
Households with children		Single male and female plus households w/children	

Data Timeliness Report			
Timeliness	Avg	ENTRY	EXIT
0 Days	%		
1-3 Days	%		
4-6 Days	%		
7-10 Days	%		
11+	%		
TOTAL Clients	#		

Explain any proposed variation from the Performance Standards: _____

Community Performance Plan (CPP)

Oct 1 – Sep 30

Measure		Quarter 1 Oct 1–Dec 31	Quarter 2 Jan 1–Mar 31	Semi-Annual Oct 1–Mar 31	Quarter 3 Apr 1–Jun 30	Quarter 4 Jul 1–Sep 30	Semi- Annual Apr 1- Sep 30	Annual Oct 1–Sep 30
		Year	Year	Year	Year	Year	Year	Year
Households Served	#							
Persons Served (Q5)	#							
Veterans served (Q5a)								
Leavers (Q5)	#							
Stayers (Q5)	#							
Program Occupancy Rate ¹	%							
Coordinated Access Referrals >74% acceptance	%							
Average Length of Participation (Leavers)	#							
Clients w non-cash benefits – Q20 % of change ¹	%							
Increase in Earned Income (Entry & Latest Status/Exit Q19a3)	%							
Increase in Other Income (Entry & Latest Status/Exit Q19a3)	%							
Increase in Total Income (Entry & Latest Status/Exit Q19a3)	%							
Exits to Homelessness (Leavers) (Q23a&b)								
# of Physical/Mental Health Conditions ¹ (At Entry Q13a2)	%							
Permanent Housing Placement (Leavers Q23a &b)	%							
Positive Housing Outcome (Q23 a&b)	%							
Total Number of CE Referrals	#							
Total Number of Acceptances	#							
Total Number of Decline	#							

Trainings Topics may include but are not limited to:

Bridges Out of Poverty

Operation Street Smarts

Motivational Interviewing

Data and Outcomes Management

Assertive Outreach, Engagement (PATH Program)

Special Populations/Topics: Behavioral Health, Transition Age Youth, Re-Entry, Older Adults, GLBTQ

Permanent Supportive Housing

Rapid Re-Housing

Emergency Shelter Response

Appendix D Quality Improvement and Intervention Plan (QII)

A Homeless Assistance Program agency may submit an appeal if agency staff or volunteers have reason to believe that the Program Analyst misunderstood the information made available about the program and/or the Program Outcomes Plan is not appropriate.

An appeal should be submitted on this form, provided by EPCH upon request. Additional pages or attached materials will not be accepted. Grievances related to your agency's Funding Award Recommendation are not permissible during this appeal process.

Agency Name: _____

Program Name: _____

Please provide all the information requested in the appropriate table below:

Performance Outcomes	Program Analyst Recommendation	Agency's Appeal Request

Describe the rational for the appeal as it relates to (1) the agency has reason to believe that the PA miscalculated the HMIS data or CPP benchmarks into the CPP Standard form for the program type, and/or (2) the agency has reason to believe that recommended PIP by the P&B committee and the PA is not appropriate. Identify specific sections, as needed.

What action by the CoC Board in response to the appeal is requested (outcomes plan adjustment or other)?

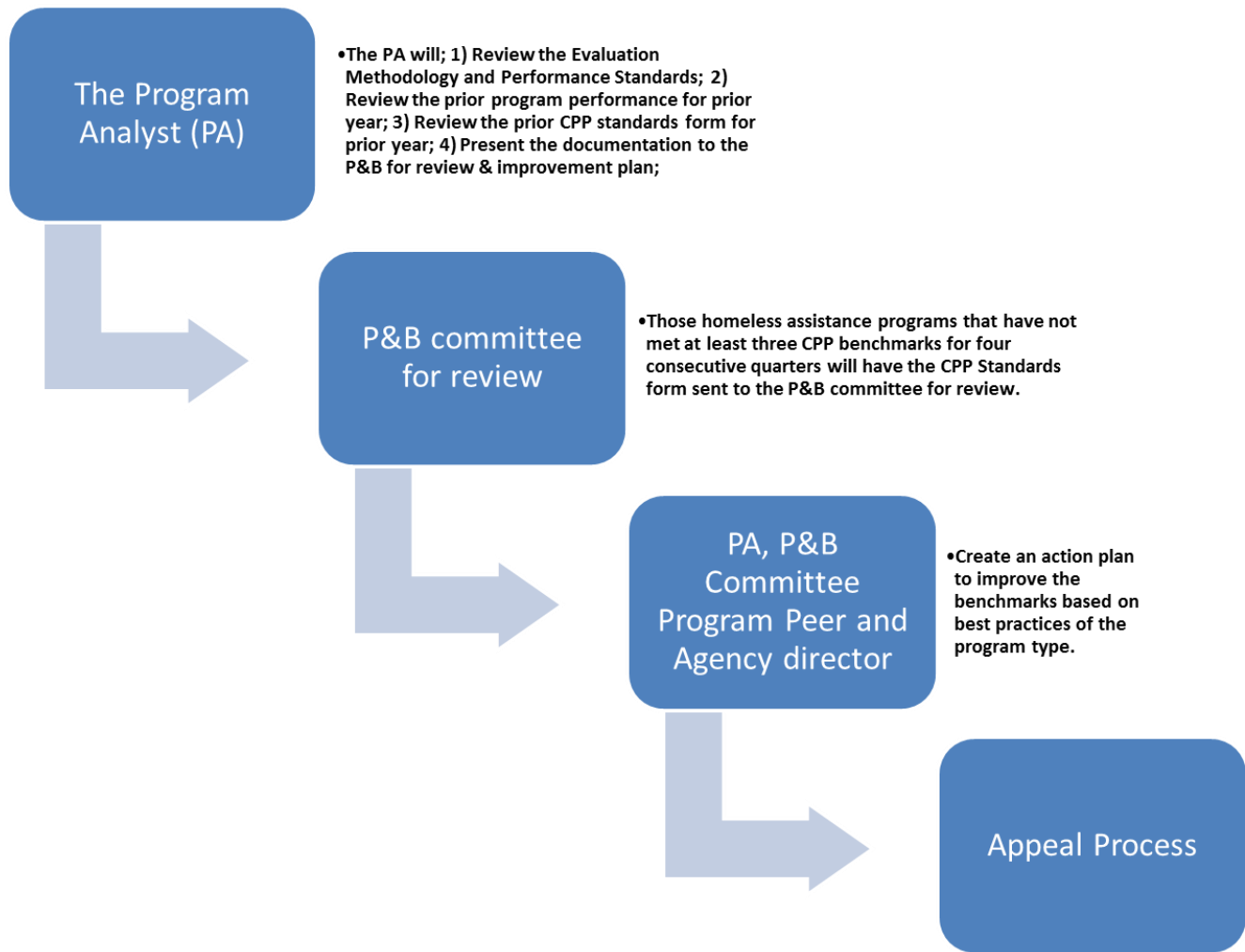
Additional information or comments related to the appeal.

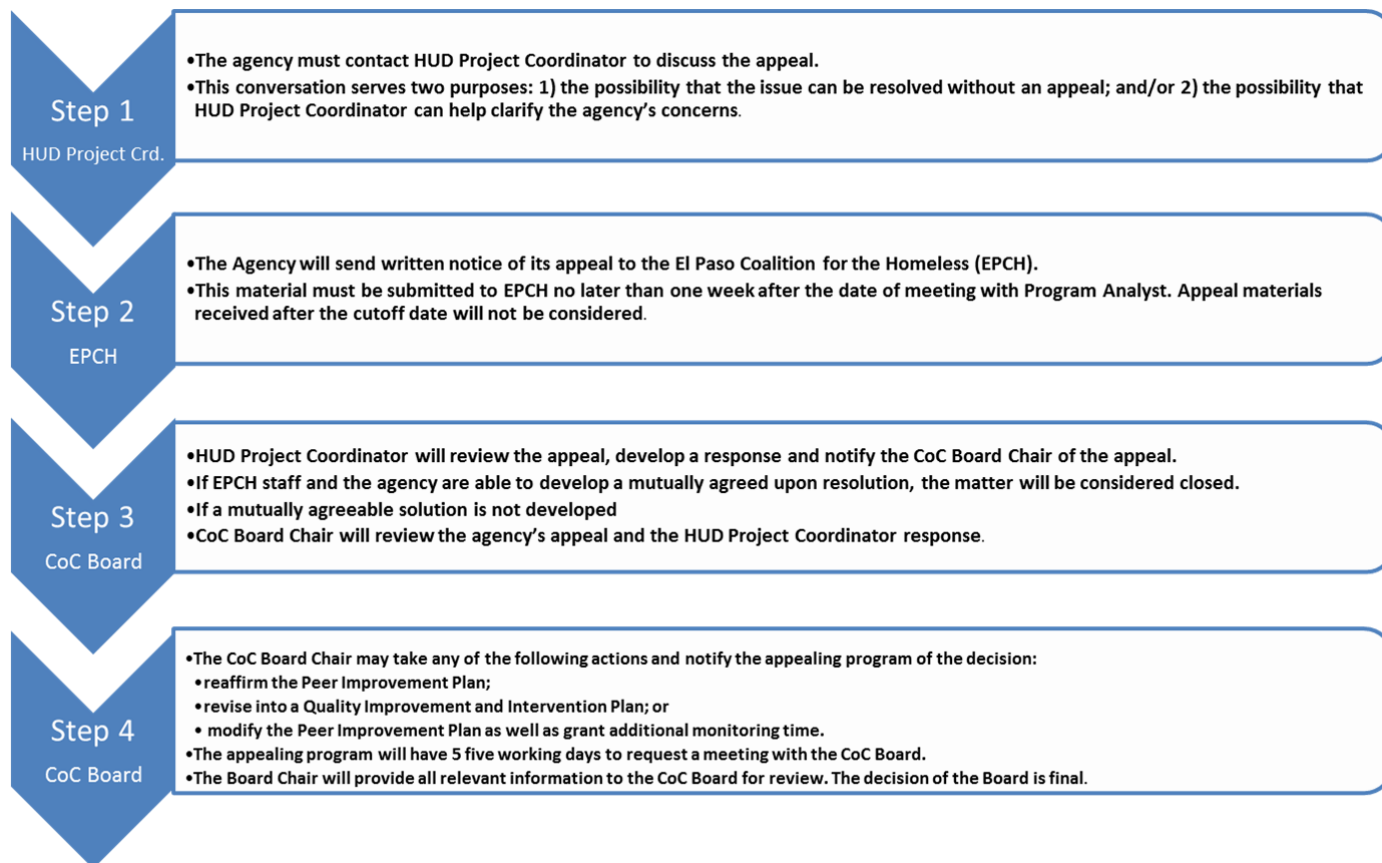
Agency Contact Person: _____

Title:_____ Phone:_____

Authorized Representative Signature Date

Appendix E Appeal & Quality Improvement and Intervention Plan (QII) Flow Chart





Appendix d Quality Improvement and Intervention Plan (QII)

Agency Name: _____

Program Name: _____

Date: _____

Person Preparing the Report: _____

Area(s) of Concern:	Planned Action Steps to Remedy the Area(s) of Concern:	Action Step(s) Implementation Date:	Describe how the Planned Action Step(s) will solve the identified Area of Concern:	
			<u>TARGET DATE</u>	
Replace text with identified area of concern				
Replace text with identified area of concern				
Replace text with identified area of concern				

Optional Section

System Barriers

Appendix E Quality Improvement and Intervention Plan (QII)

Agency Name: _____

Program Name: _____

Date: _____

Person Preparing the Report: _____

Area(s) of Concern:	Planned Action Steps to Remedy the Area(s) of Concern:	Action Step(s) Implementation Date:	Describe how the Planned Action Step(s) will solve the identified Area of Concern:	
			<u>TARGET DATE</u>	
Replace text with identified area of concern				
Replace text with identified area of concern				
Replace text with identified area of concern				

Optional Section

System Barriers

Area(s) of Concern:	Corresponding System Barrier(s), if applicable:
Replace text with identified area of concern	
Replace text with identified area of concern	
Replace text with identified area of concern	

Requests being made to EPCH

Area(s) of Concern:	Corresponding Request(s) to EPCH, if applicable:
Replace text with identified area of concern	Replace text with corresponding request
Replace text with identified area of concern	Replace text with corresponding request
Replace text with identified area of concern	Replace text with corresponding request



Coordinated Entry

Building Bridges to Overcome Homelessness

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INTRODUCTION & OVERVIEW

Topic 1: CE Participation Expectations

Description/Rationale for Policy and Procedure: Note any difference in expectations of projects that are required to participate in CE by a funder (such as those funded by HUD's CoC, ESG and HHSP Programs) versus those projects that are not contractually obligated to participate in CE but opt to do so.

The use of Coordinated Entry is a mandate in the Homeless Emergency And Rapid Transition to Housing (HEARTH) Act and embedded in regulations covering homeless assistance programs funded by the Department of Housing and Urban Development (HUD), Department of Veteran Administration and other federal and state agencies. Therefore, all programs that receive homeless assistance program funding from the above listed entities, must participate in the process. Additionally, with the recommendation of coordinated entry as a national best practice, all homeless assistance projects regardless of contractual obligation are encouraged to participate.

Procedure: Coordinated Entry participation will be assessed in the Annual Performance Reports that are required by HUD. Creating a metric by which to analyze the efficiency and effectiveness of the Coordinated Entry process will be a focus of the Coordinated Access Oversight Committee.

Topic 2: Terms & Definitions

Should include any federal, state, or local terms or acronyms that appear throughout this document

Affirmative Marketing and Outreach. The CoC Program Interim Rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to 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. 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). Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

Coordinated Assessment, Coordinated Assessment Process, or Coordinated Assessment Entry System. The CoC and ESG Program interim rules, 24 CFR § 578 and 24 CFR §§ 91 and 576, respectively, 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 HUD's other written materials, these Policies and Procedures uses the terms "Coordinated Entry" or "Coordinated Entry System" ("CES").

The CoC Program Interim Rule at 24 CFR § 578.3 defines centralized or coordinated assessment as a "centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the

geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.”

Assessment. In the context of the Coordinated Entry process, HUD uses the term “Assessment” to refer to the use of one or more standardized assessment tool(s) to determine a household’s current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and homelessness of present to Coordinated Entry for housing related assistance.

Access Point. Access points are the places—either phone or physical—where an individual or family in need of assistance accesses the Coordinated Entry process.

Eligibility. In the context of the Coordinated Entry process, determining eligibility is a project-level process governed by written standards as established in 24 CFR § 576.400(e) and 24 CFR § 578.7(a)(9). Eligibility information may not be used as part of prioritization and ranking, e.g. using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.

Prioritization. In the context of the Coordinated Entry process, these Policies and Procedures use the term “Prioritization” to refer to the Coordinated Entry-specific process by which all persons in need of assistance who use Coordinated Entry are ranked in order of priority, in accordance with written standards established under 24 CFR 576.400(e). In addition, the Coordinated Entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of HUD Notice CPD 17-01.

Suitability. Suitability gauges the appropriateness of a match between a participant and a program based on that match being right for a particular person given the case at hand and resource limitations. Suitability will be considered in the matching process, but may not conflict with any other system characteristics, including the System’s low barriers, Housing First orientation, or client choice.

Scoring. In the context of the Coordinated Entry process, HUD uses the term “Scoring” to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an “Assessment Score” for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align

with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors.

Provider. Organization that provides services or housing to people experiencing or at risk of homelessness (e.g. Rescue Mission Emergency Shelter)

Participant. Person at-risk of or experiencing homelessness or someone being served by the Coordinated Entry process.

Housing Interventions. Housing programs and subsidies; these include transitional housing, rapid rehousing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers HCV).

Emergency Solutions Grant (ESG) Program. HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.

Homeless Housing and Services Program (HHSP). State Legislative funds administered through the Texas Department of Housing and Community Affairs and then allocated to the 8 largest cities in Texas. HHSP regulations mirror ESG regulations.

Continuum of Care (CoC). Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

Continuum of Care (CoC) Program. HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

Homeless Management Information System (HMIS). Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). A survey administered to individuals to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

Community Queue. A process within the Coordinated Entry HMIS System that places client(s) in a temporary holding pattern until accepted into a program.

Vulnerability Index-Youth-Service Prioritization Decision Assistance Tool (VI-Y-SPDAT). A survey administered to Youth to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

Vulnerability Index-Family-Service Prioritization Decision Assistance Tool (VI-F-SPDAT). A survey administered to families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

Topic 3: CoC, ESG and HHSP Coordination

Description/Rationale for Policy and Procedure: Identify how CoC policies and procedures for CE will coordinate with written standards for providing CoC, ESG and HHSP assistance.

Required: Each CoC and ESG recipient operating within the CoC's geographic area must work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment, and referrals for ESG-funded and CoC-funded projects.

Sources: CoC Program interim rule: 24 CFR 578.7(a)(9); ESG interim rule: 24 CFR 576.400(d) and (e)

Required: The CoC, in consultation with recipients of ESG Program funds within the geographic area, must establish and consistently follow written standards for providing Continuum of Care assistance that can guide the development of formalized policies and procedures for the coordinated entry process:

- Written standards provide guidance for evaluating individuals' and families' eligibility for assistance under 24 CFR Part 578.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance.
- Written standards provide guidance for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance. *Source: CoC Program interim rule: 24 CFR 578.7(a)(9)*

Both CoC and Emergency Solutions Grants (ESG) Program interim rules, 24C § 578 and 24 CFR § 91 and 576, require the use of a CoC's Coordinated Entry process, provided that it meets HUD requirements. HHSP emulates the ESG regulations, therefore recipients are mandated to receive clients from CES. The CoC Program interim rule set the basic parameters for Coordinated Entry and left further requirements to be set by HUD notice. Under the authority of 24 CFR § 578.7(a)(8) and through Notice CPD-17-01, HUD established additional requirements that CoC's and recipients of CoC Program, ESG Program and HHSP Program funding must meet related to the development and use of a centralized or Coordinated Entry system. The ensuing set of Coordinated Entry Policies and Procedures documents the El Paso County Continuum of Care's operation of its Coordinated Entry System (CES) and acts as a guide to its continuing operation in compliance with the CoC and ESG Interim Rules and CPD 17-01.

Except as otherwise specified, these Coordinated Entry Policies and Procedures apply to our geographic area, El Paso County, and all subpopulations in the El Paso County Continuum of Care, including individuals, families, victims of domestic violence, veterans and unaccompanied youth.

Procedures: These Coordinated Entry Policies and Procedures apply to all housing and homeless services in the El Paso County Continuum of Care, including Emergency Solutions Grant-funded programs, as well as the use of the CoC's HMIS to operate the CAS (HHSP). These Policies and Procedures shall be made publicly available and must be applied consistently throughout the CoC geographic area for all populations.

Topic 4: Guiding Principles

Description/Rationale for Policy and Procedure: Define local guiding principles for the CE that capture the vision and mission of these system change efforts, such as promoting a more effective crisis response system. Guiding principles can help organize and structure local CE planning and management efforts and ensure that CoC stakeholders share a common understanding of system goals and priorities.

The goal of the Coordinated Entry process is to provide each participant with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help meet these goals.

- **Participant Choice:** Participants will be given information about the programs available to them and have a reasonable degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of Coordinated Entry through forums, surveys, and other methods designed to reflect their thoughts on the effectiveness of the Coordinated Entry process.
- **Collaboration:** Because Coordinated Entry is being implemented system wide, it requires a great deal of collaboration between the CoC, all homeless service providers, mainstream assistance agencies (e.g., hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Oversight Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the Coordinated Entry process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the Coordinated Entry process in accordance with HMIS Participation Standards. Data from the assessment process that reveals what resources participants need the most will be used to assist with the reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS (with the exception of some special populations and other cases, outlined later in this document) in a timely fashion. Participants' rights concerning data usage will always be made clear to them, and no participant will be denied services for refusing to share their data.

- **Performance-Driven Decision Making:** Decisions to modify the Coordinated Entry process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing the length of homelessness episodes, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.
- **Housing First:** Coordinated Entry will support a Housing First approach. This entails connecting households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.
- **Prioritizing the Hardest to House:** Coordinated Entry referrals will prioritize those households that appear to be the hardest to house or serve. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed without them. In prioritizing this approach, the hope is to reduce the average length of homelessness episodes.

Topic 5: Roles

Description/Rationale for Policy and Procedure: Identify the key roles and responsibilities for stakeholders that are engaged in the design and implementation of the CE system.

CES Coordinating Entity (El Paso County)

- Grantee of the CoC-funded Coordinated Entry System
- Responsible for the overall grantee operations of the CE system

CES Coordinator

- Responsible for the oversight of the day-to-day operations of the CE system (See Appendix A.1 for a sample position description)

CES Assessor

- Responsible for completing client assessments (VI-SPDAT), providing supportive services as needed, and coordinating appropriate referrals (See Appendix A.2 for a sample position description)

CoC Board

- Responsible for the general oversight and health of the CE system
- The final approval authority for any changes made to this document

Collaborative Applicant (El Paso Coalition for the Homeless)

- Entity that must (at the request of the CoC Board) apply for HUD funding for CE

Coordinated Assessment Oversight Committee (CAOC)

- The primary governing body for CE
- Responsible for investigating and resolving participant and provider complaints or concerns about the CE process
- Responsible for providing information and feedback to the CoC, CoC Board, and the community at-large regarding the CE process
- Responsible for evaluating the efficiency and effectiveness of the CE process
- Responsible for reviewing performance data from the CE process

- Responsible for recommending changes or improvements to the process to the CoC and CoC Board
- CAOC will meet monthly for the first year (start date January 2019) of the County implementation; every other month in the second year; After that point, the meetings will be held as the Chair determines is necessary.
- CAOC composition This committee will include the following seats: emergency shelter staff representative; at least one each of CoC, ESG and HHSP funded programs; TH shelter staff representative; CoC Staff; a representative member from a law enforcement agency, a street outreach representative, a funder representative; a health care provider representative; a City of El Paso employee representative; and El Paso County employee representative. Other seats that may be included in future iterations of the committee are faith-based organizations, substance use service providers, mental health service providers, school system representatives, and assessment center front-line staff.

Coordinated Assessment Oversight Committee Chair

- Responsible for putting together an agenda for each meeting, based on communications or agenda items submitted by providers or participants
- Will serve as the point of contact for anyone seeking more information or having concerns with the CE process
- Will ensure minutes are taken at each meeting of the CAOC
- Term will be limited to one year

Coordinated Assessment Oversight Committee Members

- To remain in good standing and be allowed to vote and participate as members of the Coordinated Assessment Committee. All members must attend at least 75 percent of meetings. The chair must attend 90 percent of meetings.
- Voting Procedures - Decisions in the Coordinated Assessment Oversight Committee (CAOC) will be made based on a majority vote of Committee members. Any decisions that would lead to a modification of the coordinated assessment process, including changes to the assessment tool or policies and procedures, must be approved by majority vote of the CAOC AND approved by the CoC Board.
- **Conflicts of Interest** - If at any point a provider or participant wishes to address a complaint or grievance with a provider or agency that has a representative on the CAOC, that particular member must recuse him/herself from participating in those proceedings or voting on the outcome of that particular issue.

Designated Access Points

- The physical locations where people experiencing homelessness will be assessed and referred to homelessness assistance services
- Please see Appendix 1 for location direction and hours of operations

HMIS Lead Agency (El Paso Coalition for the Homeless)

- Operates the Homeless Management Information System on the CoC's behalf
- Ensures the CE system has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry

Participating Project

- Agency or organization that has agreed (or is required by HUD because of funding) to provide homelessness services on behalf of the CoC.

U.S. Department of Housing and Urban Development

- Federal agency responsible for administering housing and homelessness programs, including the CoC and ESG Programs

U.S. Department of Veteran Affairs

- Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families

Topic 6: Versions of Document

Description/Rationale for Policy and Procedure: Indicate which version of the CE P&P document is in effect, and describe the processes for reviewing and updating the document.

Sample CE Policy Text, Including a Sample Log: The CoC's CE Governing Committee shall be responsible for the revision, review, and approval of the CE Policies & Procedures. The revision process will be completed at least once annually, and anyone who is interested in submitting suggestions for revisions to the document should submit them to CEinfo@xxx.com. *See HUD outline for a graphic example*

The Coordinated Entry Policies & Procedures will be reviewed on a yearly basis at a minimum for needed amendments, if any. If Coordinated Entry Policies & Procedures are amended by CAOC, changes will be submitted to the CoC Board for overall approval.

Version	Date Released	Key Changes
1.0	November 2016	N/A
2.0	March 2017	Updated with General Membership responses
3.0	July 2018	Included new HUD guidance on CE requirements
4.0	August 2018	Policies vetted by CAOC
5.0	December 2018	Procedures added and approved by CAOC

Topic 7: Full Geographic Coverage

Description/Rationale for Policy and Procedure: State that the CE process covers the full geography of the CoC (Sample #1 below). If the CoC has subdivided the CoC geography into separate referral zones to avoid forcing participants to travel great distances, or if the CoC has joined together with a neighboring CoC to establish a single coordinated entry process for the combined jurisdiction, this section of the CE P&P document must describe that coverage area (Sample #2). Identify the relationship of the geographic area(s) of the CoC(s) to the geographic area(s) covered by the CE process(es).

These policies and procedures will govern all aspects of Coordinated Entry for TX-603 El Paso County.

Topic 8: Affirmative Marketing and Outreach

Description/Rationale for Policy and Procedure: Identify how the CoC will ensure that there is fair and equal access to CE processes and functions such as access points, assessment processes, prioritization, and referral.

Required: “The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to 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. 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).” *Source: HUD Coordinated Entry Notice: Section I.C.1*

Sample CE Policy Text:

All persons participating in any aspect of CE such as access, assessment, prioritization, or referral shall be afforded equal access to CE services and resources without regard to a person’s actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the CoC’s geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the coordinated entry process.

Sample CE Procedure Text:

Each project participating in CE is required to post or otherwise make publicly available a notice (provided by the CoC) that describes coordinated entry. This notice should be posted in the agency waiting areas, as well as any areas where participants may congregate or receive services (e.g., dining hall). All staff at each agency are required to know which personnel within their agency can discuss and explain CE to a participant who seeks more information.

The El Paso County Continuum of Care shall affirmatively market its 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 maintains records of those marketing activities. Housing assisted by HUD and made available through the CoC also are 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). Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

Procedures: The El Paso County Continuum of Care’s Coordinated Entry System links to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry process. Additionally, El Paso County will be developing a physical marketing campaign to ensure all potential clients are aware of CE services and resources.

Topic 9: Safety Planning and Risk Assessment

Description/Rationale for Policy and Procedure: State how the CoC will ensure that survivors of domestic violence and those attempting to flee domestic violence, dating violence, sexual assault, stalking, and human trafficking will have access to resources, regardless of which access point they initially contact seeking crisis services.

Required: CoC must have a specific written CE policy and procedure 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 service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking must have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter. *Source: HUD Coordinated Entry Notice: Section II.B.10*

All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to the Center Against Sexual and Family Violence (CASFV) Hotline. CASFV operates a domestic violence hotline, which is staffed 24 hours a day, seven days a week, to ensure that all persons who are fleeing or attempting to flee domestic violence or sexual assault have immediate access to crisis response services. All persons will have access to this hotline regardless of which access point they initially contact for services and assistance through the CoC's CE.

Similarly those fleeing or victims of human trafficking will be referred to the National Human trafficking Hotline.

All CoC-defined access points shall conduct an initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, sexual assault, human trafficking, stalking, or dating violence. In the event defined risk is deemed to be present, the participant shall be referred or linked to available specialized services and housing assistance, using a trauma-informed approach designed to address the particular service needs of survivors of abuse, neglect, and violence.

Per Violence Against Women Act (VAWA), if a client is seeking services for DV then their PII cannot be collected or enter into HMIS.

For the safety of those individuals and/or families who are fleeing or attempting to flee domestic violence or human trafficking, referrals are made to programs identified as victim service providers for assistance whenever those services are desired by the household.

Category Four

In these Policies and Procedures, the shorthand terms "victim(s) of domestic violence" includes all individuals and families who qualify under the fourth category of the Homeless Emergency

Assistance and Rapid Transition to Housing Act of 2009 "Homeless" Definition Final Rule, 24 CFR Parts 91, 582, and 583. That definition includes any individual or family who:

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

* This includes victims of human trafficking.

The CoC Program Interim Rule clarifies that the imminent threat of harm must be from further domestic violence, dating violence, sexual assault, or stalking, which would include threats from a third party, such as a friend or family member of the perpetrator of the violence.

Procedure: All CoC providers shall implement their safety risk policies and ensure, to the greatest extent possible, the physical safety and well-being of participants and prospective participants.

Topic 10: Nondiscrimination

Description/Rationale for Policy and Procedure: Reinforce that the coordinated entry process will operate in compliance with all federal, state, and locally applicable civil rights and fair housing laws and requirements. In addition, projects participating in the CE that receive funding from federal, state, or local sources that have promulgated local civil rights and fair housing laws and requirements must also comply with all additional civil rights and fair housing laws and requirements. Identify how the CoC will monitor the CE process and applicable individual projects for compliance with these laws and requirements.

Required: "CoC must develop and operate a coordinated entry process that permits recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program, ESG Program and HHSP Program funded projects must comply with the nondiscrimination and equal opportunity provisions of federal civil rights laws, as specified at 24 CFR. 5.105(a), including the following: (a) Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status; (b) Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance; (c) Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance; and (d) Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability." *Source: HUD Coordinated Entry Notice: Section I.D*

The El Paso County Continuum of Care does not tolerate discrimination based on actual or perceived membership in any protected class. The entirety of the El Paso County Continuum of Care's Coordinated Entry process shall be conducted in compliance with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identify Rules.

Under these laws and rules, the following classes are protected from discrimination:

- Race
- Color
- Religion
- National origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status
- Marital status

CoC, ESG and HHSP funded providers may not deny admission to, or separate family members when they enter, shelter or housing, based on age, sex, gender, LGBT status, marital status or disability. Family members must be served together & in accordance with each family member's self-reported gender.

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA federally funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the El Paso County Continuum of Care Coordinated Entry process comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be "steered" toward any housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

Locations where persons are likely to access or attempt to access the CoC's Coordinated Entry System include signs or brochures displayed in prominent locations informing participants of their right to file a non-discrimination complaint and containing the contact information needed to file a non-discrimination complaint. Requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.

Procedure: When a complaint is received, the Coordinated Access Oversight Committee (CAOC) will complete an investigation of the complaint within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by

attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, the CAOC will write an adequate report of the investigation's findings, including the investigator's opinion about whether inappropriate discrimination occurred and the action(s) recommended by the investigator to prevent discrimination from occurring in the future. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for two years. Unresolved complainants will be recommended to seek legal assistance and will be provided HUDs Discrimination Hotline.

ACCESS

Topic 1: Access Model

Description/Rationale for Policy and Procedure: Define the CoC's local model for access to CE. If the CoC has defined different access models for different subpopulations as allowed by HUD's CE Notice, each separate access model must be described.

Required: "Access points are the places—either virtual or physical—where an individual or family in need of assistance accesses the coordinated entry process. These can include the following examples: (a) central location or locations within a geographic area where individuals and families present to receive homeless housing and services; (b) a 2-1-1 Texas Information Referral Hotline or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers in the area; (c) a 'no wrong door' approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC; (d) a specialized team of case workers that provides assessment services at provider locations within the CoC; or (e) a regional approach in which '[referral zones]' are created within smaller geographic areas." *Source: HUD Coordinated Entry Notice: Section I.C.3*

Access to El Paso County Continuum of Care's Coordinated Entry System will be channeled through a semi-centralized multi-site model, allowing for expertise in assessment and referral techniques while still maintaining reasonable geographic coverage and diversity.

The 2-1-1 Texas Information Referral Hotline will act as the primary initial access point for entrance into the Coordinated Entry process. Clients who present outside this will be referred to 2-1-1 Texas Information Referral Hotline or situation permitting, the most convenient physical access point.

Access Points as indicated under Appendix A were chosen to optimize the large geographic area (EP County) for as many participants as possible with respect to geography, language, culture, and subpopulation-specific needs.

Procedure: Access points are the places, either by phone or physical, where an individual or family in need of assistance can access the Coordinated Entry process. This CoC adopts a “no wrong door” approach to CE. This means that no matter which homeless assistance provider a person goes to, he/she will have access to the same resources, referrals, and assessment and prioritization processes. Nevertheless, the designated Coordinated Entry access points will be either 2-1-1 Texas Information Referral Hotline or the physical locations.

Topic 2: Designated Access Points

Description/Rationale for Policy and Procedure: Identify the CoC’s access points for CE. Include information on location type (in-person, virtual, etc.) and any special considerations for the access point (e.g., hours, staff availability), as well as a list of access point locations in the appendix of the CE Policies & Procedures document.

The CoC has implemented a “no-wrong door” approach to CE. In doing so, participants are able to access CE by appearing at any homeless assistance agency within the community and be referred to 2-1-1 Texas Information Referral Hotline or to the most convenient access point. Please see Appendix A of this manual for a locations, addresses and hours of all access points in the community.

Topic 3: Specialized Access Points for Subpopulations

Description/Rationale for Policy and Procedure: Identify any specialized access points for subpopulations.

At this point in time, this CoC does not have separate and specialized access points for unique subpopulations.

Topic 4: Access Coverage

Description/Rationale for Policy and Procedure: Describe how the CoC’s access points cover and are accessible throughout the entirety of the geographic area of the CoC.

Required: “Provisions at 24 CFR 578.3 require that a CoC’s coordinated entry process cover the CoC’s entire geographic area; however, 24 CFR 578.3 does not prohibit multiple CoCs from joining together and using the same coordinated entry process. Individual CoCs may only have one coordinated entry process covering their geographic area; however, for CoCs, such as Balance of State CoCs, whose geographic areas are very large, the process may establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances to be assessed or served. This Notice further establishes that CoCs that have joined together to use the same regional coordinated entry process must implement written policies and procedures that at a minimum describe the following: (a) the relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and (b) how the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC’s geographic boundaries and the geographic boundaries of the coordinated entry process are different.” *Source: HUD Coordinated Entry Notice: Section II.B.1*

The CoC's entire geographic (El Paso County) area is accessible to CE processes either through the designated Coordinated Entry access points or the 2-1-1 Texas Information Referral Hotline. Shelters and Street Outreach Teams will make the appropriate referral as indicated above.

The 2-1-1 Texas Information Referral Hotline provides access to basic CE intake services 24 hours a day and can be contacted from any location within the CoC.

Topic 5: Accessibility of Access Sites

Description/Rationale for Policy and Procedure: Describe how CoC ensures effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters). CoC takes reasonable steps to offer CE process materials and participation instructions in multiple languages to meet the needs of minority, ethnic, and limited English proficiency groups.

Required: CoC's written CE policies and procedures must.... "(c) Document steps taken to ensure effective communication with individuals with disabilities. Communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. (d) Take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP). HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007) provides assistance and information regarding LEP obligations." *HUD Coordinated Entry Notice: Section II.B.5.c and d*

The CoC will ensure that CE services are physically accessible to persons with mobility barriers. All CE communications and documentation will be accessible to persons with limited ability to read and understand English.

Procedure: The CoC designates the CE coordinating entity to serve as the primary point of contact for ensuring that all CE materials are available in English and Spanish. In addition, CE participating agencies will, to the greatest extent practicable, provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency. The CE coordinating entity will provide visually and audibly accessible CE materials when requested.

Topic 6: Emergency Services

Description/Rationale for Policy and Procedure: Clarify how emergency services (ES) resources will be coordinated with access to coordinated entry.

Required: CoC's written CE policies and procedures must document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating. CE written policies and procedures must document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes resume operating. *Source: HUD Coordinated Entry Notice: Section II.B.7.b*

CE initial screening and assessment services may only be available during hours noted in Appendix A. When prospective participants present for services during non-business hours, participants will still be able to access emergency services, including emergency shelter, if and when those emergency services are available.

Procedure: In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access emergency shelter without first receiving an assessment through coordinated entry. CE screening and assessment will be completed on all emergency shelter participants the following morning or next business day as applicable. Shelter staff will assure that those participants have access to CE the following business day.

Topic 7: Prevention Services

Description/Rationale for Policy and Procedure: State how the CE will coordinate with available homelessness prevention (HP) assistance services (ESG Program, HHSP Program funded or other homelessness prevention that is locally available). **Procedure:** Households who are at imminent risk of becoming homeless and meet the below definition shall be referred to CE for a homeless prevention referral.

Required: CoC's written CE policies and procedures must document a process for persons seeking access to homelessness prevention services funded with ESG Program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, its "written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other [i.e., not ESG-funded] homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs." *Source: HUD Coordinated Entry Notice: Section II.B.8*

The CE system will ensure that all potentially eligible homelessness-prevention participants will be screened for homelessness prevention assistance, regardless of the access point at which they initially seek assistance.

Procedure: Households who are at imminent risk of becoming homeless and meet the below definition shall be referred to CE for a homeless prevention referral.

Definition: (1) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless

assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

Topic 8: Street Outreach

Description/Rationale for Policy and Procedure: State how street outreach (SO) resources will be used to ensure access to CE.

Required: Street outreach efforts funded under ESG or the CoC program must link to the coordinated entry process. Written policies and procedures must describe the process by which all participating street outreach projects, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points. *Source: HUD Coordinated Entry Notice: Section II.B.6*

Street outreach teams are considered a referral point for the CE process, and they will operate as such. They will seek to engage persons who may be served through CE but who are not currently seeking assistance, or are unable to seek assistance.

Procedure: Street outreach teams will be oriented on CE and the assessment process, and will have the ability to offer CE access to participants they contact through their street outreach efforts.

ASSESSMENT

Topic 1: Standardized Assessment Approach

Description/Rationale for Policy and Procedure: Describe the CoC's standardized assessment process for CE:

- Ensure that assessment criteria reflect the prioritization process adopted to meet the requirements outlined in Section II.B.2 of HUD's CE Notice.
- If the CoC has different access points and different assessment tools for any of the populations allowed to have such items, then the CoC must document the criteria for uniform decisionmaking within those unique access points and assessment processes. (Populations that are allowed by HUD to have distinct access points within the CE system are identified in the "Specialized Access Points for Subpopulations" section of this Outline.)
- If the CoC has a separate access point and assessment process for any of the allowed subpopulations described in HUD's CE Notice, then it must identify how it will ensure that all adults without children are assessed in the same way, and how decisions made regarding where to refer those participants are made in a uniform way.

Required: CoC's written policies and procedures must describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff. *Source: HUD Coordinated Entry Notice: Sections II.B.2.g (1) and II.B.3*

These Policies and Procedures establish the same assessment decision making approach at all access points, and all access points must be useable by all people who may be experiencing homelessness or at risk of homelessness. Households who present at any access point, shall be afforded easy access to an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household.

Procedure: All persons served by CE will be assessed using the VI-SPDAT Tool. Determination of which of the three tools will be used will be based on the participant (Youth, Single Adult, or Family). All access points must use this tool to ensure that all persons served are assessed in a consistent manner, using the same process. The VI-SPDAT Tool documents a set of participant conditions, attributes, need level, and vulnerability, allowing the access point and/or assessment staff to identify a service strategy to the CE staff who manages the CoC's prioritization list. Please see Appendix C of this CE P&P document for copies of the three assessment tools.

Topic 2: Phases of Assessment

Description/Rationale for Policy and Procedure: Describe how the CoC will design its assessment process in a manner that collects only the information necessary to assist participants to resolve their housing crisis and, potentially, identify a service strategy available within the CoC.

Recommended: "The assessment component of the coordinated entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. For example, assessment phases may include the following: (a) screening for diversion or prevention; (b) assessing shelter and other emergency needs; (c) identifying housing resources and barriers; and (d) evaluating vulnerability to prioritize for assistance." *Source: HUD Coordinated Entry Notice: Section III.C.2*

All projects participating in CE will follow the assessment and triage protocols of the CE system. The assessment process will progressively collect only enough participant information to prioritize and refer participants to available CoC housing and support services.

Procedure:

The CoC has adopted the following phased approach to engage and appropriately serve persons seeking assistance through the CE system:

1. Initial Triage: This first phase will focus on identifying the immediate housing crisis, and clarifying that the CoC crisis response system is the appropriate system to address the potential participant's immediate needs and/or housing crisis. This is accomplished by directly calling 2-1-1 Texas Information Hotline.
2. Diversion or Prevention Screening (Only if necessary): The second phase of assessment can also happen immediately upon engaging with a participant. During this phase, CE staff will examine existing CoC and participant resources and options that could be used to avoid the participant entering the homeless system of care.

3. Crisis Services Intake: The third phase should follow the Initial Triage, as it is intended to be a comprehensive assessment (VI-SPDAT). This will collect all information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of the participant's vulnerability and prioritization for assistance.

Topic 3: Assessment Screening

Description/Rationale for Policy and Procedure: Describe how the CoC will ensure that assessment data are not used to screen out households for housing and services on the basis of a participant's membership in a protected class, such as a particular disability.

Required: CoC must maintain written policies and procedures that “prohibit the coordinated entry process from screening people out of the coordinated entry 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, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.” *Source: HUD Coordinated Entry Notice: Section II.B.4*

Per HUD Coordinated Entry Notice: Section II.B.4, this CoC prohibits the coordinated entry process from screening people out of the coordinated entry 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, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

The CE process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options.

Procedures: The CoC has adopted a 'housing first' approach. The VI-SPDAT only collects information that will pertain to the household's level of need. Participants will also be provided anti-discrimination materials.

Topic 4: Assessor Training

Description/Rationale for Policy and Procedure: Identify how staff responsible for the completion of CE assessments will receive training on the assessment process.

Required: CoC must provide training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC must update and distribute training protocols at least annually. “The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry process, including its written policies and procedures.” *Source: HUD Coordinated Entry Notice: Section II.B.14*

The CoC is committed to ensuring that all staff who assist with CE operations receive sufficient training to implement the CE system in a manner consistent with the vision and framework of CE, as well as in accordance with the policies and procedures of its CE system.

Procedures: The CoC will provide at least annual training for persons who will manage access point processes and conduct assessments for CE. Training will be offered ~~at no cost~~ to the agency or staff, and will be delivered by an experienced and professional trainer who is identified by the CoC as well as staff of El Paso Coalition for the Homeless. At a minimum, topics for training will include the following:

- Mental Health First Aid Training
- Understanding Homeless Community Resources
- Understanding the Intricacies of Homelessness
- Scheduled Agency Visits
- Annual HMIS Certification
- Review of CoC's written CE policies and procedures, including variations adopted for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Intensive training on the use of the CE assessment tool; and
- Criteria for uniform decision-making and referrals (coordination of services)
- Trauma Informed Approaches
- Vicarious Trauma

Topic 5: Participant Autonomy

Description/Rationale for Policy and Procedure: Describe the actions that will be taken to ensure that participants have the ability to refuse to answer questions during the CE assessment process, as well as the ability to refuse referrals made to them, without losing their place on the CE prioritization list.

Required: CoC Coordinated Entry participants must be freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. CoC must describe the conditions for participants to maintain their place in coordinated entry prioritization lists when they reject options. (Note: Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information in order to establish or document eligibility.) *Source: HUD Coordinated Entry Notice: Section II.B.11*

It is crucial that persons served by the CoC's CE system have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect his or her position on the CE's prioritization list.

Procedure: Because some funders require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility, participants who choose not to provide information in these instances will be notified of their potential limited referral options. While participants can have their referral options limited, this cannot affect their place on the CE prioritization list.

Topic 6: Nondiscrimination Complaint and Appeal Processes

Description/Rationale for Policy and Procedure: Identify how the CE policies and procedures address the process for participants in the system to file a complaint when they believe HUD's nondiscrimination requirements have been violated, as well as their ability to participate in an appeal process regarding any decisions made using the results of their assessment.

Required: "Participants must be informed of the ability to file a nondiscrimination complaint."

Source: HUD Coordinated Entry Notice: Section II.B.12.g

The CoC is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected classes such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.

Procedure: A perceived Fair Housing and civil right violation complaint must be submitted in writing to

Coordinated Access Oversight Committee Chair

c/o El Paso Coalition for the Homeless

Email: epch@elp.twcbc.com

Address: 6044 Gateway East, Suite 211, El Paso, TX 79905

The CE participant information packet must include a form that details who the point of contact is for filing and addressing any nondiscrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated in their case during the CE process. Additionally, this form will describe and provide contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled. This form must be reviewed at the access point by CE staff, and must be signed by each participant. You can find form in Appendix F.

Topic 7: Privacy Protections

Description/Rationale for Policy and Procedure: Describe how participant assessment data will be protected to ensure that participant privacy is upheld.

Required: "CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process." *Source: HUD Coordinated Entry Notice: Section II.B.12.a*

The El Paso Continuum of Care exceeds the privacy requirements mandated in the 2004 HMIS Technical and Data Standards by requiring explicit, written consent from all clients before

entering their personally-identifiable data into the Homeless Management Information System or sharing that data across agencies. Clients are advised orally of the purpose of data collection, given a chance to refuse to share part or all of their data, and then asked to sign an Omnibus Release of Information that details privacy protections available under HIPAA.

Even after data is entered into the system, clients' privacy is protected by protocols that require that data be accessed only from secure locations where papers and computer monitors cannot be observed by unauthorized personnel, and that agencies take affirmative steps to resist involuntary disclosure of private information to, e.g., law enforcement officers.

A full set of rules to protect the privacy of clients in the Coordinated Entry System can be obtained from the El Paso Coalition for the Homeless.

Assessment staff members will be responsible for notifying and obtaining participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII). This will be conducted in a safe and confidential area to honor the sensitive conversation. Staff will explain to the client what data will be requested, how it will be shared, who it will be shared with, and what their rights are regarding the use of their data. Assessment staff will be responsible for ensuring participants understand their rights as far as the release of information and data confidentiality.

Procedure: All participant information collected, stored, or shared in the operation of CE functions, regardless of whether or not those data are stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

The CoC must protect all participants' personally identifiable information (PII), as required by HUD's HMIS Data and Technical Standards, regardless of whether or not PII is stored in HMIS. All CE participating projects will ensure participants' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with the HUD established HMIS privacy and security requirements.

Topic 8: Disclosure of Disability or Diagnostic Information

Description/Rationale for Policy and Procedure: State that participants are not required to disclose specific disabilities or diagnosis information during the assessment process.

Required: CoC must have established written policies and procedures establishing that "the assessment process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals." *Source: HUD Coordinated Entry Notice: Section II.B.12.f*

Throughout the assessment process, participants will not be pressured or forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information.

Procedure: In the case that specific diagnosis or disability information is necessary for the purpose of determining specific program eligibility, the participant may be asked to provide it. But in no scenario can the assessment process require the disclosure of specific disabilities or diagnoses.

Topic 9: Updating the Assessment

Description/Rationale for Policy and Procedure: Describe any expectations for updating the participant assessment.

Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CE data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. This CoC should continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

Procedure: Participant assessment information should be updated at least once a year, if the participant is served by CE for more than 12 months. Additionally, staff may update participant records with new information as new or updated information becomes known by staff.

PRIORITIZATION

Topic 1: Standardized Prioritization

Description/Rationale for Policy and Procedure: Identify and describe all factors and assessment information that are used to prioritize persons for homeless assistance.

Required: “CoC’s written CE policies and procedures must include the factors and assessment information with which prioritization decisions will be made for all homeless assistance.”

Source: HUD Coordinated Entry Notice: Section II.B.3

The CoC shall make decision of prioritization based on the scheme outlined below. Each “priority group” represents a group of people who are considered to be of roughly the same priority. Priority Group 1 is the highest priority group. Programs participating in the Coordinated Entry are required to attempt to fill each housing opportunity with clients from the highest remaining priority group unless (a) there are no such clients, or (b) the bed is dangerously unsafe for all of the clients in that priority group because it lacks the appropriate supportive services.

Permanent Supportive Housing for Individuals/Families

Housing Type	Priority Group	Primary Criteria	Secondary Criteria
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PSH	1	VI-SPDAT Score: 8+ Chronic Homelessness Tri-Morbidity (3+ HUD Disabling Conditions)	Length of Time Homeless
PSH	2	VI-SPDAT Score: 8+ Chronic Homelessness Tri-Morbidity (2+ HUD Disabling Conditions)	Length of Time Homeless
PSH	3	VI-SPDAT Score: 8+ Chronic Homelessness 1+ HUD Disabling Conditions	Length of Time Homeless
PSH	4	VI-SPDAT Score: 8+ Chronic Homelessness	Length of Time Homeless
PSH	5	VI-SPDAT Score: 8+	Length of Time Homeless

Rapid Re-Housing for Individuals/Families

Housing Type	Priority Group	Primary Criteria	Secondary Criteria	RRH Program Type
RRH	1	VI-SPDAT Score: 4-8 Chronic Homelessness 1+ HUD Disabling Conditions	Length of Time Homeless	Mid-Term
RRH	2	VI-SPDAT Score: 4-8 Chronic Homelessness	Length of Time Homeless	Mid-Term
RRH	3	VI-SPDAT Score: 4-8	Length of Time Homeless	Short-Term

Self-Resolve Families/Individuals

Housing Type	Priority Group	Primary Criteria	Program Type
ES/TH	1	VI-SPDAT Score: 1-3 1+ HUD Disabling Conditions	60 days/8 mos

ES/TH	2	VI-SPDAT Score: 1-3	60 days/8 mos
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Primary vs. Secondary criteria. Client must have all of the “primary criteria” for a priority group to be included in that group. Within each group, the individuals with the longest length of time homeless will receive first priority.

Unsheltered-ready clients. Street Outreach workers should begin trying to make the highest-priority clients ready even before a bed opens up. Once a bed opens up, providers should spend up to three calendar days attempting to locate the client. If a client cannot be located within these time periods after a bed becomes available, they should be placed back in the Community Queue to be considered for future housing opportunities.

Monitoring. Providers will be monitored on an ongoing, regular basis by the CES Coordinating Agency, El Paso County, to ensure that they are complying with the prioritization order above and with objective methods of implementing VI-SPDAT assessments and scores. Any concerns will be reported to the CAOC.

Eligibility and suitability. If a client is unsuitable for a particular program, the Coordinated Entry System may select a different client who is more suitable for the current opening. When this occurs, the substitution and the reason for the substitution must be documented by both the provider and by the Coordinated Entry System, and the client who was not referred for housing should be placed back in the Community Queue to be considered for future housing opportunities.

Family prioritization. Family prioritization will follow a substantially similar scheme. It is anticipated that families will typically use units that are specifically earmarked for families, such as 2-bedroom and 3-bedroom units. The fact that a family contains multiple people may not be used to automatically shift a family up into a higher priority group.

Veteran Prioritization. Veteran prioritization will follow a substantially similar scheme. It is anticipated that veterans will typically use units that are specifically earmarked for veterans. Veterans with equal primary and secondary criteria will be prioritized. In circumstances where a Veteran scores low and is eligible for a VA funded rapid rehousing program and will be referred.

Procedure: Referrals that are made to homeless programs (shelter, rrh, psh) will be made based upon the VI-SPDAT score utilizing the above charts.

Topic 2: Emergency Services

Description/Rationale for Policy and Procedure: State which emergency services will not be part of the prioritization process.

Required: “[CoC’s] written CE policies and procedures must clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such

as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as [permanent supportive housing].” *Source: HUD Coordinated Entry Notice: Section II.B.7.a*

Emergency services are a critical crisis response resource and as such, access to them will not be prioritized.

A primary example of such a service is entry into an emergency shelter. Consequently, these interventions will not be prioritized. Permanent Supportive Housing and Rapid Re-Housing are considered non-emergency services, which is why they will be prioritized.

Procedure: Referrals are the primary responsibility of Coordinated Entry Staff. When a referral is accepted by an agency/program, it will be the responsibility of the agency/program for alerting the household when a slot has become available. The agency/program will also be responsible for managing situations where a participant does not show up to the referred-to program.

Topic 3: Prioritization List

Description/Rationale for Policy and Procedure: Describe how the CoC manages prioritization information. The intention of a prioritization list is to have a single, centralized list for the entire CoC, that includes all relevant participant-level information to identify which persons are most vulnerable and therefore most likely to be in the most immediate need for CoC assistance prioritized through CE. The use of a prioritization list ensures that CoCs do not serve persons on a “first come, first served basis,” but rather according to each participant’s level of need, vulnerability, and risk of greater harm should the household not receive accelerated access to CoC assistance.

To manage prioritization for referral and placement into CoC/ESG/HHSP resources, HMIS shall be used to prepare a single priority list, maintained by the CES Coordinating Agency. The priority list shall include persons by name, their assigned VI-SPDAT score, and their placement ranking leveling according to the aforementioned prioritization scheme.

Procedure: HMIS will generate a single priority list on a daily basis, maintained by the CES Coordinating Agency who will receive the report every morning. The priority list shall include persons by name, their assigned VI-SPDAT score, and their placement ranking level according to the aforementioned prioritization scheme.

REFERRAL

Topic 1: Notification of Vacancies

Description/Rationale for Policy and Procedure: Describe how projects participating in CE are expected to notify the CoC about anticipated housing or service slot vacancies.

All CE participating providers should enroll new participants only from the CoC's CE referral process whenever possible. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CE coordinating entity of any known and anticipated upcoming vacancies.

Procedure: When a TH, RRH, or PSH vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the CE coordinating entity as soon as possible. In turn, the assessment staff will assign the vacant service to the next eligible client on the Prioritization list.

Topic 1.1: Referral Process

Description/Rationale for Policy and Procedure: Identify the process for handling referrals.

Procedure:

The referral process will be standard across all assessment sites.

1. After the assessment process is complete, the assessment will utilize the score calculated by VI-SPDAT. The assessment staff member should provide information about the different intervention types the participant is prioritized for, including general intervention attributes (e.g., length of services, type of housing) and the size of the current priority lists.
2. If the participant was not prioritized for any interventions, they should explain why and what other services will be available to them (e.g., shelter case management, connection to mainstream resources, help connecting with family or friends). The participant should be referred to the appropriate emergency shelter or other housing crisis resources. The assessment process ends for the participant at this point.
3. For those that did get prioritized for housing interventions, the assessment staff member should then describe how the referral process will work – the participant will be able to make a choice between the interventions (if there are multiple ones), and then will be placed on the priority list. The participant will be matched with a population appropriate program.
4. If the participant is first on the list for a particular intervention and there is an open and available slot in a population appropriate that they are eligible for (and it is during that program's business hours), a referral should be made directly to that program (e.g., a slot that opens in a women's transitional housing program will not be offered to a man).
5. To make the referral, the assessment staff member will do so through HMIS, and may need to call the program to let them know they are sending them a participant. The participant should be given the address and other information for reaching the referred-to program.
6. When there is not an opening at the identified permanent housing intervention, the participant will be referred to the appropriate emergency shelter. The assessment staff should explain that once a spot opens up for the participant, they will be contacted by the permanent housing

intervention staff. The staff at the referred-to program should then contact the CE staff via HMIS, phone or email to let them know they will be working with that particular participant. The CE staff member should then enter the case manager's name and contact information as a note into HMIS so that they can contact them when a program slot opens up.

7. If a participant does not show up at the referred-to program, the referred-to program should notify the CE staff member. CE staff then in turn should attempt to make contact with the participant. If the participant cannot be located, the slot will be offered to the next person on the priority list for that intervention.

Topic 2: Participant-Declined Referrals

Description/Rationale for Policy and Procedure: Identify the process for handling situations when participants decline a referral from CE.

One of the guiding principles of CE is participant choice. This principle must be evident throughout the CE process, including the referral phase. Participants in CE are allowed to reject service strategies and housing options offered to them, without repercussion.

Procedure:

Individuals and families will be given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to. If an individual or family declines a referral to a housing program, they remain on the prioritization list until the next housing opportunity is available.

Topic 3: Provider-Declined Referrals

Description/Rationale for Policy and Procedure: Identify the process for handling situations when agencies decline a referral from CE.

There may be rare instances where programs decide not to accept a referral from the CE system. When a provider agency declines to accept a referred prioritized household into its project, the agency must note the decline in HMIS. The participant will then be placed in the community queue so that they can be re-referred.

Providers should rarely reject a referral from Coordinated Entry. CoC, ESG or HHSP programs may reject a client referred by the Coordinated Entry System only if:

- That client is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources;
- The client's household presents with more people than the number of people who were referred, and the larger household cannot be legally accommodated in the available unit; or
- The program lacks the capacity to safely accommodate that client or the safety of other clients that would result from the referral. Examples: the household would be a danger to

others or themselves if allowed to stay at this particular program. The household has previously caused serious conflicts within the program (e.g. was violent with another participant or program staff).

- If the household does not fit within the mission of the Emergency Shelter or Transitional Housing program only.

A household shall not lose its priority or be returned to the community queue general waiting list simply because it was rejected by a provider.

All programs will be required to have a referral acceptance rate of at least 75%. If a program is consistently refusing referrals, they will need to meet with the CAOC to discuss the issue that is causing the rejections. Reports on agency acceptance rates will be provided to the CoC Board via the CAOC.

Procedure: If the program determines a participant is not eligible for their program after they have received the referral from Coordinated Entry, the participant should contact their initial CE assessor staff to determine a place for them to sleep that night (if they do not already have one). If assessment hours are over for the day, the agency/program who is rejecting the participant should facilitate a referral to a population-appropriate emergency shelter. Whenever a program rejects a referral, the program must document the date of the rejection and the reason for the rejection, and communicate that information to both the client and to Coordinated Entry staff. When a client has been rejected from a program, Coordinated Entry staff shall investigate the reasons provided (if any), attempt to determine whether the client can be safely and lawfully placed in that program. CE staff will explore other referral options.

Topic 3.1: Referral Scenarios

When CE Staff refer participants to shelters/programs, Referral Management Scenarios

#1

Referral is made

Referral is with agency for 7 days

After 7 days referral is kicked back to community queue

CE staff will be notified by HMIS

CE staff will contact agency to check on status of referral

#2

Referral is made

Referral is denied by agency or participant

Referral is kicked back to community queue

CE staff will be notified by HMIS

CE staff will proceed to identify other appropriate options

#3

Referral is made

Referral is accepted by agency

CE staff will be notified

Referrals that end up in the Community Queue, will be incorporated into the Prioritization List.

Topic 4: Determining Program Eligibility

Coordinated Entry process will not screen people out due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, a criminal record, as well as sexual orientation or gender identity and expression. Exceptions are state or local restrictions that prohibit projects from serving people with certain criminal convictions or other specified attributes. The focus of the CES is simply on the housing needs of the client.

Procedure: The CoC recognizes that certain programs do have eligibility criteria. It is the responsibility of the programs to provide this information to the Coordinated Entry Assessors. The Assessors will require this knowledge to make accurate client referrals. Information needed is as follows:

Emergency Shelter

- Bed availability
- Population served
- Intake Hours
- Primary and Secondary Contact

Transitional Housing

- Bed availability
- Population served
- Intake Hours
- Primary and Secondary Contact

Rapid ReHousing

- Bed availability
- Population focus (i.e. Chronic vs Non-Chronic)
- Primary and Secondary Contact

Permanent Supportive Housing

- Bed availability
- Population focus (i.e. Chronic vs Non-Chronic)
- Primary and Secondary Contact

Homeless Prevention

- Availability of funds
- Eligibility criteria
- Primary and Secondary Contact

DATA SYSTEM

Topic 1: Data System

Description/Rationale for Policy and Procedure: Describe data handling protocols; specifically, how data will be securely stored, particularly any participant-level data that will be shared to implement CE.

CE process partners and all participating agencies contributing data to CE must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

When using HMIS to manage coordinated entry data, CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8).

Procedure: Prior to the collection of data for CE, participants will sign a "Release of Information" form if they so choose (Appendix E). The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).

Topic 2: Data Collection Stages and Standards

Description/Rationale for Policy and Procedure: Identify the data elements that will be collected at each phase of the CE process (access, assessment, prioritization, and referral). Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in HUD's HMIS Data Standards Manual. CE staff is required to collect Universal Identifier Elements identified below (3.1 to 3.7)

Universal Identifier Elements

3.1 Name

3.2 Social Security Number

3.3 Date of Birth

3.4 Race

3.5 Ethnicity

3.6 Gender

3.7 Veteran Status

Assessment, Prioritization and Referral: All data requested in the specific VI-SPDAT (Family, Individual, Transition Aged Youth) especially data elements that identify chronicity, length of time homeless and disabling conditions.

Topic 3: Participant Consent Process

Description/Rationale for Policy and Procedure: Identify the CoC’s consent policies for collecting participant information; entering participant data into HMIS or other comparable system (if applicable); sharing participant data (if applicable) for purposes of CE management, participant care coordination, CE evaluation, and other administrative purposes; and any other use of participant data in CE or other CoC reports.

Required: CoC’s written CE policies and procedures must include “protocols for obtaining participant consent to [collect,] share and store participant information for purposes of assessing and referring participants through the coordinated entry process.” *Source: HUD Coordinated Entry Notice: Section II.B.12.a*

Because data will be collected on everyone that is assessed through the CE process, the prior consent of participants is imperative. Participants may decline to share their data, and doing so will not make them ineligible for CE.

Procedure: As part of the assessment process, participants will be provided with a written copy of the CoC’s “Release of Information” form. Participants will be asked to sign this data confidentiality form; they may decline to. Please see Appendix E for a copy of the CoC’s “Release of Information” form.

EVALUATION

Topic 1: Evaluation of CE System

Description/Rationale for Policy and Procedure: Describe the local process for evaluating your CE.

Required: CoC must ensure through written CE policies and procedures the “frequency and method by which the [CE system] evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures.” *Source: HUD Coordinated Entry Notice: Section II.B.15.c*

Regular and ongoing evaluations of the CE system will be conducted to ensure that improvement opportunities are identified, that results are shared and understood, and that the CE system is held accountable.

Procedure: The Coordinated Entry process will be evaluated quarterly at a minimum to ensure that it is effective and operating at maximum efficiency. Evaluation will be carried out through the CAOC and any consultants, people who have been through the Coordinated Entry process or third parties they engage to help them. Evaluation mechanisms will include the following:

- A monthly review of metrics from the Coordinated Entry process, the data to be reviewed, and the thresholds that should be met.

- A report issued to the community annually. This report will include trends from the month-to-month analysis of Coordinated Entry data, as well as the total number of assessments and referrals made, successes to be shared, and a note from the CAOC Chair on the process's progress. Major findings from this report should be presented at the CoC Board meetings the month it is released by a member of the CAOC.
- An annual report on the homelessness assistance system with a section devoted to Coordinated Entry.

Upon implementation, CAOC will explore additional metrics.

Topic 2: Role of Participating Agencies in CE Evaluation

Description/Rationale for Policy and Procedure: Identify the key tasks and roles of participating agencies in the evaluation of CE.

Participating agencies play a crucial role in the evaluation of CE. Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CE processes and operations.

Participating agencies play a crucial role in the evaluation of CE. Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CE processes and operations.

Procedure: Any participating agency should feel at liberty to submit any relevant questions, concerns, perspectives, or advice to the Coordinated Access Oversight Committee. In order for the CAOC to accurately evaluate the efficiency and effectiveness of this system, direct feedback from participating agencies is vital.

Key tasks/roles of agencies/program:

- Communicate with CE Program Manager on a daily basis on program availability/openings via email
- Because CE is a mandate for all recipients of CoC, ESG and HHSP, agencies are required to receive clients from CE. Agencies will no longer be able to pick and choose program participants.
- Agencies/Programs will not pre-screen clients then send to CE
- Initial contact needs to be by the CE staff only; agency screening will be secondary
- Agencies/Programs will not direct clients to ask for a specific program

APPENDIX A: DESIGNATED ACCESS POINTS

Location A: El Paso Library, 501 N. Oregon

Hours of operation: Monday – Thursday, 10:00 AM – 7:00 PM

Friday 9:00 AM – 6:00 PM (walk-ins 11:00 - 6:00 PM)

Location B: City of El Paso Department of Public Health, 5115 El Paso Drive

Hours of operation: Monday – Friday, 8:00 AM – 5:00 PM

Location C: El Paso County, 6314 Delta

Hours of operation: Monday – Friday, 8:00 AM – 5:00 PM

APPENDIX B.1: VI-F-SPDAT

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____:____ AM/PM	Survey Location _____

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

PARENT 1	First Name	Nickname	Last Name
	In what language do you feel best able to express yourself? _____		
	Date of Birth	Age	Social Security Number
	DD/MM/YYYY ____/____/____	_____	_____
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name	Nickname	Last Name
	In what language do you feel best able to express yourself? _____		
	Date of Birth	Age	Social Security Number
	DD/MM/YYYY ____/____/____	_____	_____
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: _____

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:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

SCORE:

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
 - ☐ **Outdoors**
 - ☐ **Other (specify):** _____
 - ☐ Refused

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

SCORE:

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.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

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:

- 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 themselves 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:

- 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:

- 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:

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:

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:

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:

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:

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:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

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? ☐ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

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

SCORE:

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? ☐ Y ☐ N ☐ Refused

b) A past head injury? ☐ Y ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused

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? ☐ Y ☐ N ☐ Refused

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

SCORE:

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? ☐ Y ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR TRI-MORBIDITY.

SCORE:

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? ☐ Y ☐ N ☐ Refused

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? ☐ Y ☐ N ☐ Refused

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

SCORE:

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? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

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:

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:

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:

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:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

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 Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 B.2: VI-SPDAT

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____:____ AM/PM	Survey Location _____

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

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
- ☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

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

2. How long has it been since you lived in permanent stable housing? _____ ☐ 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:**

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:**

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

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

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

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.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS 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.

SCORE:

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.

SCORE:

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.

SCORE:

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.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

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. 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
18. 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
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. **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:

21. 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
22. 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:

23. 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
24. 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 RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused

26. 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.

SCORE:

27. **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.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

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 Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 B.3: VI-Y-SPDAT

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

Administration

Interviewer's Name	Agency	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date	Survey Time	Survey Location
DD/MM/YYYY ____/____/____	____:____ AM/PM	_____

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

First Name	Nickname	Last Name
_____	_____	_____
In what language do you feel best able to express yourself? _____		
Date of Birth	Age	Social Security Number
DD/MM/YYYY ____/____/____	_____	_____
Consent to participate		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters ☐ Couch surfing ☐ Other (specify): _____
☐ Transitional Housing ☐ Outdoors
☐ Safe Haven ☐ Refused

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

SCORE:

2. How long has it been since you lived in permanent stable housing? _____ ☐ 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:

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:

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:

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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:

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:

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:

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:

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:

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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:

- 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:

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:

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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? ☐ Y ☐ N ☐ Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ Y ☐ N ☐ Refused

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

SCORE:

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? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused

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? ☐ 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:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused
28. 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.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	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
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

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 Morning/Afternoon/Evening/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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 C: DATA ELEMENT COLLECTION SUMMARY

Data Element	Data Collected About				When the Data Are Collected					
	All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.1 Name	X				X					
3.2 Social Security Number	X				X					
3.3 Date of Birth	X				X					
3.4 Race	X				X					
3.5 Ethnicity	X				X					
3.6 Gender	X				X					
3.7 Veteran Status				X	X					
3.8 Disabling Condition	X					X				
3.10 Project Start Date	X					X				
3.11 Project Exit Date	X									X
3.12 Destination	X									X
3.15 Relationship to Head of Household	X					X				
3.16 Client Location		X				X	X (at time the client's location changes from one CoC to another, if applicable)			

Data Element	Data Collected About				When the Data Are Collected					
	All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.20 Housing Move-In Date		X					X (at time of move-in to PH, if applicable)			
3.917 Living Situation			X			X				
4.2 Income and Sources			X			X		X	X	X
4.3 Non-Cash Benefits			X			X		X	X	X
4.4 Health Insurance	X					X		X	X	X
4.5 Physical Disability	X					X		X		X
4.6 Developmental Disability	X					X		X		X
4.7 Chronic Health Condition	X					X		X		X
4.8 HIV/AIDS	X					X		X		X
4.9 Mental Health Problem	X					X		X		X
4.10 Substance Abuse	X					X		X		X
4.11 Domestic Violence			X			X		X		
4.12 Contact			X				X (at time each of contact)			
4.13 Date of Engagement			X				X (at point of engagement)			
4.14 Bed Night Date	X						X (as provided)			
4.18 Housing Assessment Disposition			X							X

APPENDIX D – Release of Information

Release of Information

I, _____, for the sole purpose of determining my eligibility status for assistance, do hereby authorize the release of any and all information contained in my file to authorized representatives of the El Paso County Continuum of Care's Coordinated Assessment System.

I understand that under federal and state privacy laws, I do not have to give such release; I do so voluntarily since I have sought the assistance of the El Paso County Continuum of Care's Coordinated Assessment System.

I also understand that, if deemed necessary, the El Paso County Continuum of Care's Coordinated Assessment System has full permission and authorization to forward any correspondence I may have sent concerning my case.

I further understand that I will hold harmless both the agency or organization divulging the information and the El Paso County Continuum of Care's Coordinated Assessment System as it relates to the giving and accepting of any information on my behalf.

Signature of Full Name

Date

Social Security Number

Date of Birth

Address

City

Zip Code

Phone

APPENDIX E – Complaint

Appendix C Code of Conduct

CoC Board Code of Conduct

No Officer or Agent of the El Paso CoC Board or any member of his or her immediate family, his or her partner or an organization that employs any of the indicated parties, shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with the El Paso CoC Board. Each individual shall disclose to the El Paso CoC Board any personal interest that he or she may have in any matter pending before the El Paso CoC Board and shall refrain from participation in any decision on such matter.

No Officer or Agent of the El Paso CoC Board shall participate in the selection or in the award or administration of a contract supported by funding sources if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when a financial and/or other interest in the entity selected for the award would involve the employees, officers, or agents, any member of their immediate families, their partners, or, an organization that employs or is about to employ any of the previously mentioned parties.

No Officer or Agent of the El Paso CoC Board, who is an officer, board member, a committee member or staff member of a borrower organization or a loan applicant agency shall identify his or her affiliation with such agency or agencies; further, in connection with any credit policy committee or board action specifically directed to that agency, he/she shall not participate in the decision affecting that agency and the decision must be made and/or ratified by the full board.

No Officer or Agent may solicit or accept gifts or gratuities from general public or other agencies without approval from the El Paso CoC Board, with the exception of donated gifts to attend community sponsored events that are equal to or less than \$200. Gifts within this range must be reported to the CoC Board after the fact. Officers or Agents may accept promotional items or meals, not to exceed \$25 each.

Any member of the El Paso CoC Board shall refrain from obtaining any list of Coalition members for personal or private solicitation purposes at any time during the term of their affiliation.

Any Officer or Agent of the El Paso CoC Board should report violations of this Code of Conduct to the Chair of the CoC Board. There will be no retaliation against any party who makes a good faith complaint concerning violations of this Code of Conduct, regardless of whether it is ultimately determined that such violation has in fact occurred. Nor will there be any retaliation against any party who provides information in the course of an investigation into alleged violations of this Code of Conduct. The Executive Officers of the CoC Board have a responsibility to be sensitive to and deal with violations of this Code of Conduct.

Persons alleged to be violating the Code of Conduct for the El Paso CoC Board will be placed on suspension pending a formal review by the Executive Committee. Following the review, the alleged violating party will be instructed as to the decision of the board. In the event the finding is valid, arrangements for compensation to the agency will be determined. Consistent failure to comply with this Code of Conduct may result in dismissal from the Board.

Appendix D Shelter Standards

The El Paso CoC developed the following minimum standards to ensure:

- 1. Program accountability to individuals and families experiencing homelessness;**
- 2. Program compliance with HUD regulations;**
- 3. Program uniformity amongst providers.**

Emergency Shelter

Definition

Any facility that's primary purpose is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements. (576.2)

Population

Emergency Shelter providers should admit anyone who meets the HUD definition of "homeless" as specified in 24 CFR 576.2 (See Appendix 1).

Time Frame

- Program participants should be discharged from services only when they choose to leave or when they have successfully obtained permanent housing. (Rural Nevada)
- Program participants should keep their length of stay under 90 days. (Detroit)
- Emergency shelters are not the ideal placement for anyone, which is why communities should move individuals and families into permanent housing as quickly as possible. (HUD)

Essential Elements

1. Low Barriers for Entry
 - i. Sobriety is not a condition.
 - ii. Proper identification is not a condition.
2. Equal Access
 - i. Regardless of Sexual Orientation, Gender Identity, or Marital Status
 - Individuals should not be subjected to intrusive questioning, which includes being asked to provide anatomical information or documentary, physical or medical, evidence of one's gender identity. An individual's self-identification of gender identity is sufficient evidence of the individual's gender identity for purposes of making a decision regarding admission, placement, accommodation, or services.
 - In no case may a provider's policies isolate or segregate transgender or gender nonconforming occupants.
3. "Housing First" Mentality
 - i. Create a housing stabilization plan for every program participant.
 - ii. Housing case management is priority.
 - Permanent housing should be prioritized over the provision of Emergency Shelter services.
 - Case management for other necessary services should still be provided in order to quickly move participants into permanent housing.

Transitional Housing

Definition

Time-limited housing programs intended to facilitate the movement of individuals and families experiencing homelessness to permanent housing. Participants must sign a lease or occupancy agreement for a term of at least one month that cannot exceed 24 months.

Population

- Transitional housing should be provided to anyone who meets Categories 1 or 4 of the HUD definition of “homeless” as specified in 24 CFR 576.2 (See Appendix 1).
- Transitional housing should be provided to a household that has a F-SPDAT score of 40-67. (Detroit)
- Transitional housing should be provided to an individual who has a SPDAT score of 29-50. (Detroit)

Time Frame

- Utilization of the Transitional Housing program should not exceed 24 months.
 - Follow-up contact should continue at least once every 30 days for the first three months after the client exits the program. (Rural Nevada)
- Transitional Housing programs should provide up to 2 years of housing subsidy and case management per participant.
 - Upon exiting the program, follow-up services should continue to be provided for up to 6 months. (Detroit)

Essential Elements

1. Low Barrier
 - i. Encourage willingness to, but do not require (or place an undue burden on), the individual/family to participate in supportive services.
 - ii. Background checks? When at all possible, utilize landlords that do not require them?
 - iii. Do not have residency requirements?
 - iv. Do not disqualify the individual/family because of eviction or poor rental history.
2. Does not violate HUD’s Fair Housing, Equal Opportunity, or Equal Access to Housing in any way.
 - i. A religious organization receiving ESG funding retains independence from the government and may continue with its mission provided that ESG funds are not used to support inherently religious activities. However, such organizations must still abide by federal discrimination laws.