

System Operations Manual*

TX - 700 Continuum of Care



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Introduction

The Coalition for the Homeless (CFTH), in partnership with direct service agencies, coordinates the housing response for The Way Home (aka TX-700) Continuum of Care as the lead agency. The Way Home has designed the *Coordinated Access System* described in this manual to coordinate and strengthen access to housing for families and individuals who are homeless or at risk of homelessness throughout the city of Houston and Harris, Fort Bend, and Harris Counties. The *Coordinated Access System* institutes a consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family's immediate and long-term housing needs.

Purpose

Under the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act), the TX-700 Continuum of Care has implemented a coordinated assessment system. Coordinated assessment is a powerful tool designed to ensure that homeless persons and persons at risk of homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness. The *Coordinated Access System* described in this manual is designed to meet the requirements of the HEARTH Act, under which, at a minimum, Continuums of Care must adopt written standards that include:

- (i) Policies and procedures for providing an initial housing assessment to determine the best housing and services intervention for individuals and families;
- (ii) A specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers;
- (iii) Policies and procedures for evaluating individuals' and families' eligibility for assistance;
- (iv) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- (v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
- (vi) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;

The Coordinated Access System is designed to:

Allow anyone who needs assistance to know where to go to get that assistance, to be assessed in a standard and consistent way, and to connect with the housing/services that best meet their needs;

- Ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and homeless service providers throughout the assessment and referral process;
- ❖ Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;
- Ensure that clients gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs;
- ❖ Ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent supportive housing resources.

To achieve these objectives the *Coordinated Access System* includes:

- ❖ A uniform and standard assessment process to be used for all those seeking assistance and procedures for determining the appropriate next level of assistance to resolve the homelessness of those living in shelters, on the streets, or places not meant for human habitation;
- ❖ Establishment of **uniform guidelines** among components of homeless assistance regarding eligibility for services, priority populations, expected outcomes, and targets for length of stay;
- Agreed upon prioritization for accessing homeless assistance;
- Referral policies and procedures from the system of coordinated access to homeless services providers to facilitate access to services;
- The policies and procedure manual contained herein and detailing the operations of the Coordinated Access System.

The implementation of the *Coordinated Access System* necessitates significant, community-wide change. To help ensure that the system will be effective and manageable for homeless persons and persons at-risk of homelessness and for the housing and service providers tasked with meeting their needs, a comprehensive group of stakeholders was involved in its design. In addition, the TX-700 Continuum of Care anticipates adjustments to the processes described in this manual. A periodic evaluation of the *Coordinated Access System* will provide ongoing opportunities for stakeholder feedback. The Coalition for the Homeless, as the designated Coordinated Access Lead, is responsible for monitoring the *Coordinated Access System*, including:

- Creating and widely disseminating materials regarding services available through the *Coordinated Access System* and how to access those services;
- Designing and delivering training at least annually to all key stakeholder organizations, including but not limited to the required training for *CA Staff*;
- Ensuring that pertinent information is entered into HMIS for monitoring and tracking the process of referrals including vacancy reporting and completion of assessments;

- Managing case conferences to review and resolve rejection decisions by receiving programs and refusals by clients to engage in a housing plan in compliance with receiving program guidelines;
- Managing an eligibility determination appeals process in compliance with the protocols described in this manual;
- Managing manual processes as necessary to enable participation in the Coordinated Access System by providers not participating in HMIS;
- Designing and executing ongoing quality control activities to ensure clarity, transparency, and consistency in order to remain accountable to clients, referral sources, and homeless service providers throughout the coordinated access process;
- Periodically evaluating efforts to ensure that the *Coordinated Access System* is functioning as intended;
- Making periodic adjustments to the Coordinated Access System as determined necessary;
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders;
- Updating policies and procedures.
- Managing all PR requests related to Coordinated Access

Definitions

- Area Median Income (AMI) Annual income estimates published annually by the U.S.
 Department of Housing and Urban Development (HUD) and based on Fair Market Rent
 (FMR)Areas. For the Houston/Harris County Continuum of Care, the HUD FMR Area is
 Houston- Woodland-Sugarland. AMI and Median Family Income (MFI) are used
 interchangeably to determine the income limits for a household eligible for assistance.
- At-Risk Categories The following are the qualifying categories for CoC, ESG, HOME ARP, & other projects dedicated to serving populations at-risk of homelessness. The American Rescue Plan (ARP) provides \$5 billion to assist vulnerable individuals and households. These grant funds are administered through the City of Houston's HOME Investment Partnerships Program (HOME).
 - 1. An individual or family who:
 - a. Has an annual income below 30 percent of Median Family Income (MFI) for the area, as determined by HUD;
 - b. Does not have sufficient resources or support networks, (e.g., family, friends, faith-based or other social networks), immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "homeless" definition in this section; and
 - c. Meets one of the following conditions:
 - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - ii. Is living in the home of another because of economic hardship;
 - iii. 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;
 - iv. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
 - v. Lives in a single-room occupancy 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 1.5 persons reside per room, as defined by the U.S. Census Bureau;
 - vi. 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
 - vii. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.
 - A child or youth who does not qualify as "homeless" under this section, but qualifies 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)),

- Section 3(m) of the Food and Nutrition Act of 2008 (<u>7 U.S.C. 2012(m)</u>), or Section 17(b)(15) of the Child Nutrition Act of 1966 (<u>42 U.S.C. 1786(b)(15)</u>).
- 3. A child or youth who does not qualify as "homeless" under this section, but qualifies 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.
- 4. An individual or family who are fleeing/attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking.
 - Definitions of Domestic Violence, Dating Violence, Sexual Assault, and Stalking from Violence Against Women Act) regulation at 24 CFR 5.2003
 - Definition of Human Trafficking from Trafficking Victims Protection Act of 2000
 - i. Includes both sex trafficking and labor trafficking
- 5. Other families requiring services or housing assistance to prevent homelessness or at greatest risk of housing instability. Includes individuals and families who:
 - Have previously been qualified as "homeless" as defined in 24 CFR 91.5.
 - Are currently housed due to temporary or emergency assistance, including financial assistance, services, temporary rental assistance or some other type of assistance to allow the household to be housed.
 - Need additional housing assistance or supportive services to avoid returns to homelessness.
 - Has an annual income of less than or equal to 30% of the area median income and is experiencing severe cost burden (i.e., is paying more than 40% of monthly household income towards housing costs) OR
 - Has an annual income of less than or equal to 50% of area the area median income and meets on of the conditions of the "at-risk of homelessness" definitions.
- Case Manager (CM) A staff person whose primary role is providing supportive services to ensure formerly homeless individuals maintain their housing. Services can vary and should be tailored to meet the needs of the individual. Some case managers can also serve as Navigatorswhile the individual is going through the housing process.

• Chronically Homeless -

- 1. An individual who:
 - Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter;
 - Has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year; OR
 - Has had at least four (4) separate occasions of the above homelessness in the past three (3) years where the combined length of the occasions is twelve (12) months; AND
 - Can be diagnosed with a disability such as a substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- 2. An individual who has been residing in an institutional care facility, including a jail,

- substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- 3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
- Continuum of Care (CoC) The local planning body responsible for coordinating the full
 rangeof homelessness services in a geographic area. The local Continuum of Care (CoC),
 identified by HUD as the TX-700 Continuum of Care, covers the geographic area of
 Houston, Harris County, Montgomery County, and Fort Bend County and is governed by
 the CoC Steering Committee.
- Coordinated Access (CA) A process developed to ensure that all individuals
 experiencing homelessness or at risk of homelessness have fair and equal access and are
 quickly identified, assessed for, referred, and connected to housing and assistance
 based on their strengths and needs. CA is not a project but rather a housing assessment.
 The assessment generates a vulnerability score. Individuals and families are referred to
 housing based on this vulnerability score, with the highest scores being referred first.
- **Couch Surfing** Also known as precariously housed, this is when an individual does not have a permanent address and instead spends different nights in various locations such as friends, families, hotels. An individual who is couch surfing is NOT considered homeless.
- Coordinated Access Referral A referral to a housing or service project, which is generated inHMIS. This serves as formal notification to the project that an individual or family is being referred for a specific intervention.
- Community Development Block Grant (CDBG) A program that provides annual grants on a formula basis to states, cities, & counties to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons. CDBG flexibility empowers people & communities to design & implement strategies tailored to their own needs & priorities (example: homelessness).
- Disability A physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes:
 - 1. **Developmental Disability** Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights **Act of 2000 (42 U**SC 15002). Means a severe, chronic disability that Is attributable to a mental or physical impairment or combination AND Is manifested before age 22 AND Is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if Individual is 9 years old or younger AND has a substantial

- developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.
- 2. **HIV/AIDS Criteria** Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).
- Diversion An intervention designed to immediately address the needs of someone
 who has just lost their housing & become homeless or is at imminent risk of
 homelessness. Diversion is a client-driven approach; its goal is to help the person or
 household find safe alternative housing immediately, rather than entering shelter or
 experiencing unsheltered homelessness. It is intended to ensure that the homelessness
 experience is as brief as possible, to prevent unsheltered homelessness, and to avert
 stays in shelter.
- Emergency Solutions Grant (ESG) A competitive grant that awards funds to private non-profit organizations, cities, & counties to provide the services necessary to help persons that are at-risk of homelessness or homeless quickly regain stability in permanent housing. The ESG program is funded by HUD and can be administered by the city, counties, or state.
- Exit Destination A place where an individual or family ends up after exiting RRH or PSH. The goal for both interventions is for the exit destination to be permanent.
- Fair Market Rent (FMR) The estimated amount (base rent + essential utilities) that a
 property in a given area usually rents for. Annual listings of FMR can be found at
 http://www.huduser.org/portal/datasets/fmr.html
- Financial Assistance Intermediary Agency responsible for the management, distribution andreporting for all financial assistance available through City of Houston HOME TBRA & CoC RRH funding only. The current FAI is the Houston Housing Authority (HHA).
- Harris County Housing Authority (HCHA) The Harris County Housing Authority manages the rental assistance for some of our PSH housing programs.
- Homeless Management Information System (HMIS) A local information technology system used to collect client-level data and data on the provision of housing andservices to homeless individuals and families and persons at risk of homelessness. HMIS usage is required by HUD. The local HMIS is Client Track.
- Homeless Outreach Team (HOT) Teams of Houston Police or Harris County Sheriff
 Officersthat provide services to individuals living unsheltered throughout Houston &
 Harris County.
- **Housing Inventory Count (HIC)** A point-in-time inventory of provider programs within a Continuum of Care that provide beds and units dedicated to serve people experiencing homelessness for five program types: emergency shelter, transitional housing, rapid rehousing, safe haven, and permanent supportive housing.
- **HOT ID** A photo ID that is obtained from Homeless Outreach Teams from the Houston Police Department or the Harris County Sheriff's Department.
- **Household or Family** one or more persons who live together.
- Housing First A model of providing housing to homeless individuals that focuses on

- providingservices to individuals once they are in housing to assure housing stability and does not require sobriety, medication compliance or agreement to participate in specific services as a condition of receiving assistance.
- Housing Length of stay (LOS) the number of days that an individual or family spends in a housing intervention such as RRH or PSH.
- **HUD Homeless Categories for CoC** The following are the qualifying homeless categories for CoC grant recipients.
 - 1. Category 1, Literally Homeless An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
 - 2. Category 2, At Imminent Risk of Homelessness Individual or family who will imminently lose their primary nighttime residence, provided that: (i) The 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.
 - 3. Category 3, Homeless under other Federal statutes Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and (iv) can be expected to continue in such status for an extended period of time due to special needs or barriers
 - 4. Category 4, Fleeing domestic abuse or violence Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing an individual or family who is living in a place not meant for humanhabitation or in an emergency shelter.
- Lead Agency A private non-profit or a city or county government agency tasked by HUD with developing a systemic response to homelessness in a geographic area, increase capacity, improve practices & performance, and oversee the local CoC grant cycle. The lead agency for the local CoC is The Coalition for the Homeless.
- Longitudinal Systems Analysis (LSA) A report that demonstrates how households are
 moving through a CoC's system using the head of household's data. It is intended to
 give CoCs detail about system functioning to inform interventions to improve that
 functioning. In addition to system wide totals, the LSA provides detailed breakdowns
 for household types, populations, & demographic characteristics. The LSA must be
 submitted to HUD by the lead agency every year

- Housing Prioritization Tool Assessment used to prioritize individuals and families for entry into a housing program. The housing prioritization tool focuses on the length of literal homelessness, physical & mental disabilities, frequency of service usage, & lack of adequate mental or health care. Vulnerability factors include the following:
 - 1. Homeless history
 - 2. History of involvement with hospitals or jails
 - 3. Criminal background history
 - 4. Mental health history and lack of care
 - 5. Physical health history and lack of care
- Houston Housing Authority (HHA)- The Houston Housing Authority manages the rental assistance for several of our housing programs.
- Move-In Date (aka lease-up date) The date that the household moved into RRH or PSH.
- **Navigation Center** A low-barrier facility that provides temporary housing for individuals that have been referred to a housing program and are waiting to move into permanent housing.
- Navigator (NAV) A staff person whose primary role is working with clients from the point of referral through the housing move-in date
- **New Hope Housing (NHH)** Largest SRO affordable housing developer in Houston. NHH properties are built using tax credits and units are typically subsidized via project-based housingchoice vouchers through HHA.
- Parent Lease (formerly master lease) A single lease that covers multiple units and properties leased from a landlord to a tenant (usually a non-profit). A parent lease will not break out rents ascribed to individual units. All units within a parent lease are bound by a single payment & lease. Non-profits can then place individuals into the units that have been traditionally hard to house.
- **Permanent Supportive Housing (PSH)** A housing intervention for singles or heads of households with disabilities that combines rental assistance paired with supportive services. PSH is permanent and designed to serve the most vulnerable in a community. To be eligible for PSH an individual or family must be chronically homeless.
- **Point-In-Time Count (PIT)** A count of sheltered and unsheltered people experiencing homelessness on a single night in January and required by HUD. The CoC Lead agency is responsible for conducting the PIT.
- **Pre-Navigation** the action of working with a client to collect the 4 essential documents to beNavigation ready (ID, Social Security Card, VOD, and VOH).
- **Project Exit Date** The date when the household left the project and no longer receives services. This happens due to project completion, transition, termination, or relinquishment.
- **Project Start Date (aka Enrollment Date)** The date that the household begins receivingservices from a RRH or PSH project. This is not necessarily the move-in date, although insame cases these can be the same.
- Rapid Re-Housing (RRH) A housing intervention designed to provide rental assistance andcase management to help singles and families that don't need intensive and ongoing

- supportsto quickly exit homelessness and return to permanent housing. Rapid Re-Housing is a temporary intervention. To be eligible for RRH an individual or family must be literally homeless.
- Rent Reasonableness (RR) A process designed to ensure that rents being paid are
 reasonable in relation to rents being charged for comparable unassisted units in the
 samearea. This can be done by HHA or by the CM or NAV prior to submitting a rental
 payment.
- Returns to Homelessness also known as recidivism, when an individual or family accesses a homeless intervention within a certain number of days after having previously exited to permanent housing. The number of days typically used are 90 days, 6 months, 1 year, and 2 years.
- **Scattered-Site Housing Unit** A market rate apartment unit located throughout the CoC in regular market apartment complexes or single-family homes.
- **Single Room Occupancy Unit (SRO)** A small, furnished single apartment unit with a bed,chair, desk, microwave, & mini-fridge. The kitchen is shared, and utilities are included in the rent.
- **Site-based Housing Unit** A block apartment units located within a single location. The site usually includes offices where individuals can meet with support staff.
- System Performance Measures (SPMs) A summary & year-to-year comparison of system wide counts, averages, & medians related to seven areas of performance: length of time persons remain homeless, returns to homelessness, number of homeless persons, employment & income growth, first time homeless, homelessness prevention placements, & successful housing placements. The SPMs are based on all persons served & must be submitted to HUD by the lead agency every year.
- Tax Credit Property An apartment complex or housing project owned by a developer
 or landlord who participates in the federal low-income housing tax credit program
 (LIHTC). These developers & landlords can claim tax credits for eligible buildings in
 return for renting some or all of the apartments to low-income tenants at a restricted
 rent.
- U.S. Department of Housing & Urban Development (HUD) A U.S. government agency created in 1965 as part of then-President Lyndon Johnson's Great Society agenda to expand America's welfare system. Its primarily responsible for national policy and programs that address America's housing needs, improve and develop the nation's communities, and enforce fair housing laws.
- **Verification of Disability (VOD)** A document signed by a licensed practitioner that confirms that an individual has a disability that prevents the individual from working or living independently.
- Verification of Homelessness (VOH) Document(s) that confirm an individual's homelesshistory.
- The Way Home The alternate name for the TX-700 CoC, or the group of more than 100 partners working together to end homelessness in Harris, Fort Bend, & Montgomery Counties.
- Youth Homeless Demonstration Project (YHDP) A HUD grant designed to reduce the number of youths experiencing homelessness within a CoC. The grant supports

- communities in the development & implementation of a coordinated community approach to preventing & ending youth homelessness.
- Young Adult Persons between the ages of 18-24.

Target Population

The *Coordinated Access System* is open to all households who meet one of the homeless or atrisk categories set by the US Department of Housing & Urban Development (HUD). The system uses a locally developed prioritization tool (described in Definitions & located in the Appendix of this manual) to rank Applicants in order of vulnerability, with the most vulnerable households ranked at the top.

System Overview and Workflow

To illustrate how the *Coordinated Access System* functions, the following overview provides a brief description of the path a household would follow from an initial request for assistance through placement in a program. The overview also describes roles and expectations of the partner organizations that play a critical role in the system. Additional details can be found in the subsequent sections of this manual and the Coordinated Access workflow.

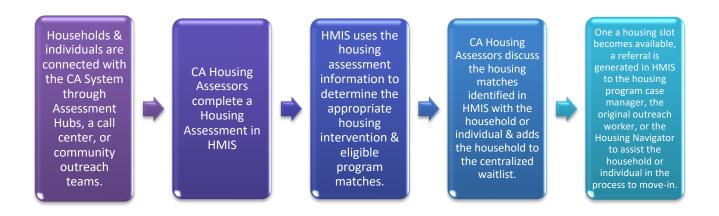
From Initial Request for Services to Permanent Housing Placement – Pathway through the Coordinated Access System

- <u>Step 1: Connecting to the Coordinated Access System/Initial Request for Services</u> To ensure accessibility to households in need, the *Coordinated Access System* provides access to services from multiple, convenient physical locations. Households in need may initiate a request for services in person through any of the designated *Assessment Hubs*, 211, through the call center, and/or through community outreach teams.
 - Detailed information regarding Hub locations and intake line hours of operation are posted on the Coalition for the Homeless Houston's website www.homelesshouston.org as well as on the community's website www.thewayhomehouston.org and social media sites. The ease of providing the CA assessment via internet, tablet, or mobile devices ensures that this process can happen quickly when the individual determines the need.
- <u>Step 2: Housing Assessment</u> *Housing Assessors* are available at Assessment Hubs, the call center, and through community outreach staff to conduct the *Coordinated Access Housing Assessment* with households in need. The assessment is completed using HMIS. An additional *Housing Prioritization Tool* is generated in HMIS and used to prioritize the most vulnerable individuals and families for housing assistance first. Individuals and families must be re-assessed if more than 90 days have passed since the previous assessment and there have been no services in HMIS during that time.
- <u>Step 3: Housing Match</u> Information gathered from the assessment is used to determine which housing intervention is best suited to address the household's housing crisis as quickly as possible. HMIS automatically matches households to a particular housing intervention and then a specific housing program based on program eligibility.

- <u>Step 4: Housing Referral</u> Once the recommended intervention and eligible programs have been identified in HMIS, the *Housing Assessor* will add the household member(s) to the *Centralized Waitlist* (or by-name list). Currently there are not enough housing slots available to send referrals in real time.
- Step 5: Housing Navigation After being referred to a housing provider, households will be connected with a Housing Navigator. This connection can be made by pulling from the Coordinated Access Centralized Waitlist. The Housing Navigator can be one of the following: the housing program Case Manager, the original Coordinated Access referring Outreach Worker, or a designated Coordinated Access Housing Navigator. The Housing Navigator begins the process of securing the identified unit. This process may include, but is not limited to the following activities: Obtaining ID, obtaining social security cards, obtaining homeless verification documents, obtaining a security deposit, obtaining application fees, providing transportation to tour available units, etc. The process from referral to move in should be completed within 30 days.

 Below is an illustration of the CA Workflow:

Coordinated Access Workflow



Coordinated Access Policies and Procedures

1. Connecting to the Coordinated Access System

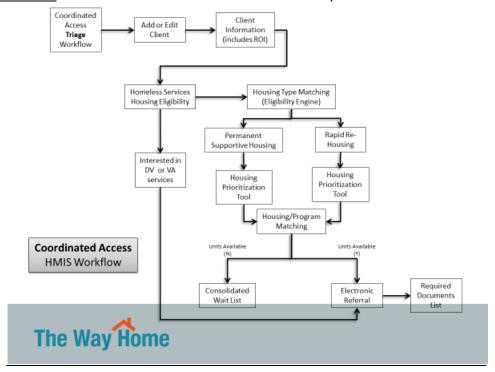
- 1.1. <u>Locations & Hours</u> Assessments are conducted at designated *Assessment Hubs*. A future call center will also be established at one of the *Assessment HUBs*. Current Assessment Hub locations and assessment hours can be found on the Coalition for the Homeless Houston's website www.homelesshouston.org as well as on the community's website www.thewayhomehouston.org.
- 1.2. <u>Eligibility</u> Coordinated Access is intended to facilitate access to the most appropriate housing intervention for each household's immediate and long-term housing needs and ensure that scarce permanent housing resources are targeted to those who are most vulnerable and/or have been homeless the longest. The *Coordinated Access System* uses the following criteria to accurately match needs to resources.
- 1.3. <u>Marketing/Advertising</u> As needed, the *CFTH* will send information & updates regarding the *Coordinated Access System* via email to stakeholders, the 211 hotline, and the general public. The *CFTH* also distributes flyers and brochures and maintains information available on its website.

2. The Housing Assessment Process

2.1. Housing Assessors

- 2.1.1. Roles and Responsibilities Housing Assessors are staff from designated community agencies. Housing Assessors may office out of Assessment Hubs, be designated as the Assessor for his/her agency, or may be part of a mobile outreach team. All Housing Assessors are required to complete a HMIS intake and housing assessment with individuals in need of housing and pull, from HMIS, "housing matches" available to each individual. The Housing Assessor will then pass the referrals to the individual's Case Manager or a Housing Navigator. Housing Assessors' responsibilities include, but are not limited to the following:
 - Operating as the initial contact for the Coordinated Access System
 - Conducting Housing Assessments (removed VI & next step)
 - Client notification of *Eligibility and Referral Decisions*
 - Submission of referrals to the *Receiving Program* through HMIS as directed
 - Collecting & uploading all documents available at assessment
 - Participation in case conferences
 - Responding to requests by the CFTH
- 2.1.2. <u>Training Requirements</u> *Housing Assessors* are trained by the *CFTH*. The training consists of the 6 hours "Housing Assessor Orientation" in addition to HMIS training on the Coordinated Access workflow.

HMIS Workflow – The workflow below outlines the CA steps in HMIS:



- 2.1 <u>Release of Information</u> All clients must sign a release of information prior to the assessment process.
- 2.2. <u>Client Photos</u> Photos can be taken at the time of assessment but are not required. If a photo is taken and uploaded into HMIS, a photo release must be signed by the client prior to the photo being taken.
- 2.3. <u>Timeline</u> The *Housing Assessor* notifies the client of his/her eligibility and referral decision immediately. Once a referral is made, the *Receiving Program* has 24 business hours to acknowledge the receipt of the referral. The *Receiving Program* must then enroll or deny the referral within 7 days. The *Receiving* Program can reject or deny the referral if the assigned case manager has been unable to contact the household after 7 days. If a household shows up at the *Receiving Program* after the 7 days have expired, the case manager will assist the household in reentering the system through the *CAS*. All of this information is tracked in HMIS.

3. Housing Matching

3.1. <u>CFTH HMIS Responsibilities</u> – HMIS Staff at the Coalition for the Homeless is responsible for the daily administration of the HMIS software and providing technical assistance and user training to participating agencies and end-users.

3.2. Housing Navigators

3.2.1. <u>Roles and Responsibilities</u> - *Housing* Navigators are staff from designated community agencies. *Housing Navigators* office out of *Assessment Hubs*, their home agencies, or in the field. All *Housing Navigators* work with individuals that

do not have an existing case manager and would like assistance in navigating the process of securing housing from housing referral to "lease up". The Housing Navigator provides the client with a welcome letter explaining both the client and staff's role in the program. Both the client and staff sign the letter and it is maintained in the client's chart. All *Housing Navigators, Outreach Workers,* and *Case Managers* operating as *Housing Navigators* carry the following responsibilities:

- Assisting client in obtaining necessary documentation required for housing
- Collecting & uploading necessary documentation, securing additional financial assistance if needed, providing transportation, accompaniment to potential housing options, etc.
- Assisting clients in navigating any challenges related to the housing process (application and/or inspection process, landlord negotiation, etc.)
- Participation in case conferences
- Responding to requests by the CFTH, as appropriate.
- 3.2.2. <u>Training Requirements</u> *Housing Navigators* are trained by the *CFTH*. The training consists of the 6 hours "Housing Navigator Orientation" in addition to training HMIS training on the Coordinated Access workflow in HMIS.
- 3.3. <u>Timeline</u> Once the *Housing Assessor* has made contact with the client's Case Manager or *Housing Navigator*, that worker contacts the client within 24 hours and begins the process of scheduling intake appointments. This information is tracked in HMIS.
- 3.4. <u>Unit Availability/Vacancy Posting</u> All Rapid Re-housing and Permanent Supportive Housing Programs are required to post vacancies in HMIS within 24 business hours of unit/bed availability. If providers know of an impending vacancy, they are able to post the anticipated availability date up to 14 days before unit vacancy. Programs must update vacancy information in HMIS within 24 business hours of a unit/bed being filled. This information is crucial in determining what resources are available and where to send a client needing housing.

4. Housing Referral

- 4.1. <u>Waitlist</u> There is one *Centralized Waitlist* for both permanent supportive housing and rapid re-housing:
 - 4.1.1. Permanent supportive housing is dedicated to households and individuals that are chronically homeless followed by a prioritization score of 28 or higher.
 - 4.1.2. Rapid re-housing plus is dedicated to households and individuals with high vulnerability scores but are not chronically homeless, followed by a prioritization score between 18-27. This housing intervention is extremely scarce, so long waits are to be expected.

- 4.1.3. Rapid re-housing is dedicated to households and individuals that are not chronically homeless, followed by a prioritization score between 10-17.
- 4.1.4. If the waitlist indicates an opening for either PSH or RRH, a referral to that opening will be generated in HMIS by an Assessor.
- 4.1.5. If the program to which the referral was made is one that requires a Navigator, then the Assessor will also generate a referral to the appropriate Navigator.
- 4.1.6. Navigators or Case Managers attempt to make contact with the client for seven (7) business days.
- 4.1.7. If the client cannot be contacted within that timeframe, then staff move on to the next client on the list.
- 4.1.8. Once staff makes contact with the client, the client must decide immediately whether to accept or decline the unit.
- 4.1.9. If the client accepts the unit, he/she moves forward in the next steps towards move-in.
- 4.1.10. If the client declines the unit, then the next client on the waitlist is contacted and the client that refused is moved down to the bottom of the appropriate waitlist based on their housing prioritization score.
- 4.2. <u>Receiving Program</u> Responsibilities Once a referral is made, the <u>Receiving Program</u> has 24 business hours to acknowledge the receipt of the referral. The <u>Receiving Program</u> must then enroll or deny the referral within 7 days. The <u>Receiving Program</u> can reject or deny the referral if the assigned case manager has been unable to contact the household after seven (7) days. If a household shows up at the <u>Receiving Program</u> after the seven (7) days have expired, the case manager will assist the household in reentering the system through the <u>CAS</u>. All of this information is tracked in HMIS.
 - 4.2.1. <u>Document Requirement Updates</u> *Receiving Programs* make eligibility determination decisions within one business day of the intake interview (or when all required application materials are complete). The *Receiving Program* orally reviews the intake decision notification with the client to ensure that the client understands the decision, and applicable next steps, including the client's right to appeal the decision. An intake decision notification includes at a minimum:
 - first available move-in date, if applicable; and
 - reason the client cannot enter the program, including reason for rejection by client or program (which includes redirection to the *Housing Navigator*), if applicable.
 - instructions for appealing the decision.

- 4.2.2. <u>Reasons for denial</u> *Receiving Programs* may only decline individuals and families found eligible for and referred by the *Housing Assessor* under limited circumstances including:
 - there is no actual vacancy available;
 - the individual or family missed two intake appointments;
 - the *Receiving Program* has been unable to make contact with the individual or family for seven (7) consecutive business days;
 - the household presents with more people than referred by the *Housing Assessor* and the *Receiving Program* cannot accommodate the increase;
 - the individual or family was denied by independent property owner/landlord due to certain criminal behaviors; or
 - based on their individual program policies and procedures the *Receiving Program* has determined that the individual or family cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program.

Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services. The *Receiving Program* must update the referral outcome in HMIS for any decisions to accept or reject a client. If the ineligible client has not otherwise been accommodated for the night, e.g. via an intervention by emergency services, the *Receiving Program* must notify the *Housing Navigator*, refer the client back, and document that outcome in HMIS. Reason for denial forms must be submitted to the client the same day the decision was made if possible.

- 4.2.3. <u>Client Choice</u> Clients may decline a referral because of program requirements that are inconsistent with their needs or preferences. For example, clients may decline participation in programs requiring sobriety. The client may decline a referral up to three times, after the third denial the client will be reassessed and placed on the bottom of the waitlist.
- 4.3. Move-In If the homeless individual or family is accepted, the *Receiving Program* must update the referral outcome in HMIS and arrange for move-in within 30 days. If the client does not move-in as scheduled or within three (3) business days of the original move-in date, the *Receiving Program* must notify and refer the client back to the *Housing Navigator* so that the outcome is documented in HMIS. To the extent feasible given available funding and as necessary, the *Receiving Program* will provide the individual or family with move-in assistance including transportation of household members and personal belongings.
- 4.4. <u>PSH to PSH</u> under the CoC Program, permanent supportive housing projects may serve individuals and families from other permanent supportive housing projects who

originally met the eligibility requirements for permanent supportive housing so long as the program participants were eligible for the original permanent supportive housing (Section 423(f) of the McKinney-Vento Act, as amended by the HEARTH Act). This means that an individual or family may transfer from one permanent supportive housing program to another under the CoC Program. This could occur under the following circumstances:

- If there were another permanent supportive housing program that better met the service needs of the program participant;
- The program participant is evicted by the landlord or housing program and the participant is still eligible for case management services; or
- The current permanent supportive housing program in which the individual or family is enrolled in has lost their funding.
- 4.4.1. PSH to PSH Referral If any of the above scenarios apply, a staff member from the current PSH must notify the Coordinated Access Project Manager in writing via email to initiate the process of transferring the client. The Coordinated Access Project Manager will verify that the request falls within the guidelines for the transfer as outlined in this manual. The Coordinated Access Project Manager will determine if a PSH unit is available, create the referral in HMIS, and notify the current PSH. The current PSH will then be responsible for assisting the program participant in completing the documentation necessary for the new PSH. Transfer requests outside of the ones outlined in this manual will not be approved. If no PSH unit is available, then the current PSH will have to continue to work with the program participant in securing alternate housing options.
- 4.5. <u>Referrals to and from other systems not using HMIS</u> The *Coordinated Access System* appropriately addresses the needs of Veterans and individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.
 - 4.5.1. <u>Domestic Violence (DV)</u> When a homeless or at-risk individual/household is identified by the *Coordinated Access System* to be in need of domestic violence services, that individual/household is referred to the domestic violence hotline immediately. If the individual/household does not wish to seek DV specific services, the individual/household will have full access to the *Coordinated Access System*, in accordance with all protocols described in this manual. If the DV helpline determines that the individual/household seeking DV specific services is either not eligible for or cannot be accommodated by the DV specific system, the helpline will refer the client to an *Assessment Hub* for assessment and referral in accordance with all protocols described in this manual.

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

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

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

4.5.2. <u>Veterans</u> – When a homeless or at-risk individual is identified by the *Coordinated Access System* to be a Veteran, additional questions concerning service era, length of service, and discharge status will be asked. If eligible for VA services, the Veteran will be given the option of being referred to the VA Drop-In Center. If the Veteran chooses that option, then that individual is referred to the VA Drop-In Center immediately. If the VA Drop-In Center determines that the individual seeking veteran specific services is not eligible for VA services, the *Housing Assessor* at the VA Drop-In Center will complete the CA Assessment in

HMIS and will either a) refer the household to an available unit or b) add the household to the appropriate waitlist in accordance with the processes outlined in this manual.

5. Case Conferences

5.1. The CFTH will require a case conference to review and resolve rejection decisions by Receiving Programs. The purpose of the case conference will be to resolve barriers to the client receiving the indicated level of service. Such a case conference will be held in all instances in which an individual or family is declined by a Receiving Program. Case conferences will be held in all instances in which an individual or family has declined more than two placements.

Providers may also request a case conference, at their discretion, in other circumstances in which a client household is insufficiently engaged in actions necessary to secure a permanent placement.

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

The *CFTH* will determine which parties will attend a case conference, including but not limited to the *Housing Assessor*, the *Housing Navigator*, the *Receiving Program*, the client, and other contacts as determined necessary. The *CFTH* will make all logistical arrangements for the case conference, including but not limited to notifying all parties.

Fair Housing, Tenant Selection Plan, and Other Statutory and Regulatory Requirements

The *CFTH* takes all necessary steps to ensure that the *Coordinated Access System* is administered in accordance with the Fair Housing Act by promoting housing that is accessible to and usable by persons with disabilities. The *Coordinated Access System* complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development).

All Authorized User Agencies who enter into an MOU for the *Coordinated Access System* agree to take full accountability for complying with Fair Housing and all other funding and program

requirements. The MOU requires User Agencies to use the *Coordinated Access System* in a consistent manner with the statutes and regulations that govern their housing programs.

The *CFTH* will request from each Authorized User Agency their tenant selection plan and any funding contract that requires or allows a specific subpopulation of persons to be served. For instance, Housing Opportunities for Persons with AIDS (HOPWA) programs will show funding contract, a single-gender program must produce its HUD waiver. It is further recognized that the Fair Housing Act recognizes that a housing provider may seek to fulfill its "business necessity" by narrowing focus on a subpopulation within the homeless population. The *Coordinated Access System* may allow filtered searches for subpopulations while preventing discrimination *against* protected classes.

Evaluating and Updating Coordinated Access System Policies and Procedures

The implementation of the *Coordinated Access System* necessitates significant, community-wide change. To help ensure that the system will be effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, particularly during the early stages of implementation, THE TX-700 Continuum of Care anticipates adjustments to the processes described in this manual. To inform those adjustments, the *Coordinated Access System* will be periodically evaluated, and there will be ongoing opportunities for stakeholder feedback, including but not limited to Referral and Receiving Program work groups convened and managed by the *CFTH*. Specifically, the *CFTH* is responsible for:

- Leading periodic evaluation efforts to ensure that the *Coordinated Access System* is functioning as intended; such evaluation efforts shall happen at least annually.
- Leading efforts to make periodic adjustments to the Coordinated Access System as
 determined necessary; such adjustments shall be made at least annually based on findings
 from evaluation efforts.
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- Ensuring that the *Coordinated Access System* is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements

Evaluation efforts shall be informed by metrics established annually by the *CFTH*, in conjunction with the *CoC Steering Committee* and *Coordinated Access Transition Team*. These metrics will be displayed on dashboards located on the *CFTH's* & community's websites and shall include indicators of the effectiveness of the functioning of the *Coordinated Access System* itself, such as:

- Wait times for initial contact
- Extent to which expected timelines described in this manual are met
- Number/Percentage of referrals that are accepted by receiving programs

- Rate of missed appointments for scheduled assessments
- Number/Percentage of persons declined by more than one (1) provider
- Number/Percentages of Eligibility and Referral Decision appeals
- # of program intakes not conducted through Coordinated Access System
- Completeness of data on assessment and intake forms

These metrics shall also include indicators of the impact of the *Coordinated Access System* on system-wide Continuum of Care outcomes, such as:

- Persons referred have length of stays consistent with system guidelines
- Waiting lists are reduced for all services; eliminated for shelter
- Program components meet outcome targets
- Reductions in long term chronic homeless
- Reduction in family homelessness
- Reductions in returns to homelessness
- · Reduced rate of people becoming homeless for first time

Termination

Any Authorized User Agency may terminate their participation in the *Coordinated Access System* by giving written notice. Housing programs that are required to participate due to HUD guidelines will need HUD approval to terminate participation.

Appendix

	А					
The V	Vay Home					
Coordinated Ad	coess					
			Housing Pri	oritization Tool		
			riousing i ri		Answer	Score
1a	Chronic?					25
1b	Where did you sleep last night? (only show if chronic = no)				Yes/No/Logic Streets/Logic	4
1c						2
1d	Have you been homeless before? (only show if chronic = no)					2
1e	How many times have you been homeless in the past 3 years? (only show if chronic = no)				>4	2
2	Frequent yes/no from dashboard (don't ask)				Yes	2
3	Do you or anyone in your household have a disabling condition? (only show if chronic = no)				Yes/Logic	4
4	How many times in the past 6 months have you accessed medical services in the ER?				1/Logic	1
					2	2
					3	3
					4	4
					5+	5
5a	Do you have a serious physical health condition that requires frequent medical care? (Examples: symptomatic AIDS, cancer, tracheotomy, colostomy, open wounds with instructions to keep clean, end-stage renal disease, end-stage liver disease, amyotrophic lateral sclerosis (ALS or Lou Gherig's disease) terminal illness, or in hospice)				Yes/No/Logic	3
5b	Observation: Assessor, do you observe signs or symptoms of a serious physical health condition?				Yes	5
6a		ofessional ever recommen			Yes/No/Logic	2
6b	Observation: Asses	sor, do you observe signs o	or symptoms of a menta	I health condition?	Yes	2
7a	In the past year, ha	ave your drugs or alcohol u	ısage had a negative im	pact on your life?	Yes/No/Logic	2
7b	Observation: Assessor, do you observe signs or symptoms of drugs or alcohol use?				Yes	2
8	How many times in the past year have you been arrested or been in jail/prison/juvenile detention?				1/Logic	1
					2	2
			3	3		
					4	4
					5+ Yes	5
9	Have you experienced domestic violence in the past 60 days?					2
10a		d (or forced) you to have s			Yes	1
10b	Is someone threatening to harm you or your family if you don't do what they ask?				Yes	1
11	Do you have incom	ie?			No/Logic	1
					Chronic Max:	-
					Non-chronic Max:	38
						-
						-
DCII	: 28+					-
	: 28+					-
	: 17-10					
. ппп	. 1/-10					-

Income: 9 & below



Coalition for the Homeless of Houston/Harris County Subject: Service Delivery

Housing Prioritization

Effective: 10/1/2020

Applies to: The Way Home

PURPOSE:

To ensure that homeless individuals and families assessed through Coordinated Access receive services in the most expedient way possible and that access to homeless assistance prioritizes those with the greatest needs who are least likely to end their homelessness in the absence of CoC support.

POLICY:

It is the policy of The Way Home that individuals and families with the most severe service needs and the longest lengths of time homeless are prioritized for housing.

PROCEDURE:

The Harris, Montgomery, and Fort Bend County Continuum of Care and The Way Home, with the input from area homeless providers, have established guidelines that outline the order of priority for housing homeless individuals and families. All current and newly developed Permanent Supportive Housing beds have been dedicated to individuals and families that are chronically homeless. All Rapid Rehousing beds have been dedicated to literally homeless individuals and families. The goal of this policy is to ensure that those individuals and families who have spent the longest times in places not meant for human habitation or in emergency shelters, and who have the most severe service needs are prioritized for housing. Severity of service needs refers to individuals or families who have a history of high utilization of crisis services such as emergency rooms, jails, and psychiatric facilities and significant health or behavioral challenges such as substance use disorders or functional impairments.

ORDER OF PRIORITY IN CoC PROGRAM FUNDED PERMANENT SUPPORTIVE HOUSING

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

ORDER OF PRIORITY IN CoC AND ESG PROGRAM FUNDED RAPID REHOUSING

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

ORDER OF PRIORITY IN CoC, ESG, & HOME PROGRAM FUNDED HOMELESS PREVENTION & DIVERSION

- 1. Priority Imminent or at-risk of homelessness or literally homeless
 - a. The imminently or at-risk of homelessness individual, head of household of a family, or youth, when assessed through Coordinated Access, will be assigned a vulnerability score between 0-9, with 9 being the most vulnerable.