TX BoS CoC

Written Standards for

Service Delivery

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Version Updates

Date of Update	Date Approved	Changes Made
September 2016		Initial draft of the Written Standards for Service Delivery in the TX BoS CoC Housing Crisis Response System
May 2017	May 24, 2017	Total document revision, update, and reformat
September 2018		PSHPrioritization & RRH Financial Assistance Standards
June 2024	February 26, 2025	Addition of Joint TH/RRH Standards, Emergency Transfer Plan, Monitoring Strategy, and CLAS Standards
December 2024	February 26, 2025	Addition of expanded definition of Category 4; revised Emergency Transfer Plan

The Written Standards for Service Delivery in the TX BoS CoC Housing Crisis Response System is a working document, and will be revised. Please check thn.org to ensure that this is the most recent revision.

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Contents

Introduction

Background and Purpose

Under 24 CFR §578.7(a)(9) of the Continuum of Care (CoC) Interim Rule of 2012, authorized by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), the U.S. Department of Housing and Urban Development (HUD) requires that the Texas Balance of State Continuum of Care (TX BoS CoC) have Written Standards that govern the following for projects funded through the Continuum of Care Program, in consultation with Emergency Solutions Grant (ESG) Program recipients:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance [24 CFR §578.7(a)(9)(i)]
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance [24 CFR §578.7(a)(9)(ii)]
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance [24 CFR §578.7(a)(9)(iii)]
- Standards for determining what percentage or amount of rent each project participant must pay while receiving rapid re-housing assistance [24 CFR §578.7(a)(9)(iv)]
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance [24 CFR §578.7(a)(9)(v)]
- Where the Continuum is designated a high-performing community, as described in subpart G of the CoC Interim Rule of 2012, policies and procedures set forth in 24 CFR 576.400(e)(3)(vi), (e)(3)(vii), (e)(3)(viii), and (e)(3)(ix)

The purpose of the Continuum of Care Program is to promote a community-wide commitment to the goal of ending homelessness; 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; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

By establishing Written Standards for Service Delivery in the TX BoS CoC Written Standards 2017 (referred to throughout this document as the CoC Written Standards), the TX BoS CoC seeks to achieve the vision of the Continuum of Care Program and reach the following goals:

- Unite vision and strategy for ending homelessness in the TX BoS CoC's geographic area
- Implement effective, evidenced-based guidelines for homeless assistance projects
- Provide uniformity across projects in the TX BoS CoC's geographic area
- Demonstrate project accountability to individuals and families experiencing homelessness
- Ensure project compliance with HUD regulations

IMPORTANT NOTE

The TX BoS CoC's Written Standards are not intended to be in lieu of or in place of federal regulations authorized by the HEARTH Act, but are intended to clarify CoC-level decisions and requirements regarding program administration. All HUD-funded providers must follow all applicable federal regulations in their entirety. However, all HUD-funded projects are also expected to adhere to the standards found in this document, except where disallowed by specific federal, state, or city regulation affecting a project's coverage area.

These CoC Written Standards were presented to the TX BoS CoC Board and were adopted, after a period of public comment, on 05/24/2017. They are to be fully implemented by all CoC Program funded projects by no later than 09/01/2017. Revisions and updates will be released on Texas Homeless Network's website: www.thn.org.

Who must follow the TX BoS CoC Written Standards?

The intent of this document is to standardize the quality and type of services individuals and families can expect to receive from homeless service projects across the TX BoS CoC's geographic area. Regardless of whether a family experiencing homelessness presents in Lubbock, Brownsville, Odessa, or Galveston, the goal of the TX BoS CoC is to ensure that the individual or family can expect to receive the same standard of services from providers in their area.

With this goal in mind, all CoC Program-funded projects *must* comply with the TX BoS CoC Written Standards. While ESG Program-funded projects are mandated to have their own Written Standards, each project should ensure that their Written Standards align with the Standards put forth in this document. It is highly recommended that projects that do not receive federal funding from any source follow the TX BoS CoC Written Standards to further the CoC's goals of transparency, equal access to quality projects, and service standardization.

Although the Written Standards contain guidance for distinct project types, projects are still limited in the services and financial assistance they provide by their grant agreements, funding capacity, and federal regulations.

Written Standards Overview

The TX BoS CoC's Written Standards are designed for use by homeless services providers receiving CoC Program federal funding within the 215-county area comprising the TX BoS CoC (see Appendix E for a map). While non-federally funded agencies within the TX BoS CoC's geographic area serving people experiencing homelessness are highly encouraged to utilize the standards, only those agencies receiving CoC Program and ESG Program funds are mandated to comply with the standards contained in this document.

This document provides a detailed listing of the projects that comprise the TX BoS CoC's Housing Crisis Response System, and outlines the standards to which all projects of a certain type must adhere. A visual representation of the TX BoS CoC's Housing Crisis Response System may be found in Appendix F.

A Housing Crisis Response System (HCRS) is a systematic response to homelessness that ensures that homelessness is prevented whenever possible or, if it cannot be prevented, it is a rare, brief, and non-recurring experience.[1] The HCRS is made up of the services and

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[1] United States Interagency Council on Homelessness (USICH). Opening Doors. February 03, 2016. https://www.usich.gov/opening-doors

projects that work with individuals and families experiencing homelessness. In order to effectively serve the most vulnerable individuals and families, it is imperative that services and projects re-orient their processes in order to work together to provide seamless and effective permanent housing interventions. The TX BoS CoC Written Standards help projects achieve this goal by defining project goals and heightening transparency in service delivery.

The purpose of this document is to establish policies and procedures for evaluating eligibility for project types found across the TX BoS CoC, prioritizing persons entering into a homeless assistance project, duration of assistance, and determining the minimum or maximum financial contribution of households receiving rental assistance. This document also includes overarching Essential Elements that apply to all projects within the HCRS.

Definition of terms found throughout the Written Standards may be found in Appendix A. Other appendices contain useful desk reference guides, maps, and resources.

To use this document to the greatest effect, find the project's type in the table of contents, and ensure all project staff members have a thorough understanding of the standards that apply to the project type. Standards that apply to all project types are: Essential Elements, termination, confidentiality and security of participant records, and Coordinated Entry.

Questions and concerns regarding the CoC Written Standards should be directed to Billy Streu, Director of Planning, at billy@thn.org.

Requirements for All Project Types

All projects in the TX BoS CoC must adhere to the following Requirements:

- Adhere to the TX BoS CoC Policies and Procedures, as well as all requirements under the Request for Proposals (RFP) for each year a project receives CoC Program funding

- Participate in HMIS and comply with the TX BoS CoC HMIS Policies and Procedures. Projects serving survivors of domestic violence that cannot use HMIS must enter data into a comparable database that complies with HUD's standards.

- Participate in the local implementation of Coordinated Entry (CE) and comply with the TX BoS CoC Coordinated Entry Written Standards. *Exception: Homelessness Prevention projects are not yet integrated into the TX BoS CoC Coordinated Entry model.*

- Utilize a Housing First approach. Housing First is an approach to homeless assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold. Projects using a Housing First approach often have supportive services; however, participation in these services is based on the needs and desires of project participants.

- Operate within a philosophy of facilitating participant choice and autonomy

- Abide by and adopt federal, HUD, and CoC Policies including, but not limited to: the Americans with Disabilities Act (ADA), the Fair Housing Act, HUD's Equal Access to Housing Final Rule[2], the TX BoS CoC's Non-Separation of Families policy[3], and the McKinney-Vento regulations pertaining to the Education of Homeless Children and Youth[4].

- Follow HUD's preferred Order of Documentation[5] when evaluating and documenting participant eligibility

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[2] HUD Exchange. HUD's Equal Access to Housing Final Rule https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/

[3] The TX BoS CoC's Non-Separation of Families policy may be found in Appendix B of the CoC Policies and Procedures: http://thn.org/images/THN_CoCPandPs_2016.09.12-FINAL.pdf

[4] https://www2.ed.gov/policy/elsec/leg/esea02/pg116.html

[5] HUD Exchange. Homeless Definition Recordkeeping Requirements and Criteria Chart. https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

- Attend all TX BoS CoC General Meetings
- Abide by and consistently apply these Written Standards

Culturally and Linguistically Appropriate Services (CLAS) Standards

Background

The National CLAS Standards were developed to promote health equity, quality, and the alleviation of health care disparities in service health sector. These standards also provide a foundation for meaningful equity in housing-focused services. According to Opportunity Starts at Home, safe and affordable housing enhances long-term health Low-income households who are severely cost-burdened by housing expenses often have to make the choice of paying the rent or providing their family with food, transportation, and healthcare. Financial and housing instability also lead to chronic stress.

Policy

CoC member organizations are expected to incorporate CLAS within their delivery of services. The following CLAS Standards (adapted from [U.S. Department of Health & Human Services](#)) provide guidance that service providers in the TX BoS CoC can follow to integrate CLAS within their service delivery.

Service providers in the TX BoS CoC, particularly CoC and ESG recipients, are encouraged to utilize as many of the following standards as possible that is appropriate for the population served within the project. This list of standards serves as a foundational baseline that is not exhaustive. TX BoS CoC expects project services to be culturally appropriate with translation services available as needed that specifically meets the needs within each project's community.

CLAS Standards

Principal Standard

1) Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, literacy, and other communication needs.

Governance, Leadership and Workforce

2) Advance and sustain organizational governance and leadership that promotes CLAS and housing equity through policy, practices, and allocated resources.

3) Recruit, promote, and support culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4) Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all housing and supportive services.

6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

9) Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

10) Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on housing equity and outcomes and to inform service delivery.

12) Conduct regular assessments of community housing identification and stability needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13) Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14) Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Coordinated Entry (CE)

Background

Coordinated Entry is a powerful piece of a Housing Crisis Response System that ensures that people experiencing or at-risk of homelessness can readily find and navigate crisis intervention assistance. It is designed to ensure that people experiencing a housing crisis are prioritized for and matched with the most appropriate housing intervention and services as quickly as possible. It aims to standardize the access, assessment, and referral process across all providers in communities.

Policy

Both the CoC Interim Rule and ESG Interim Rule require that projects receiving CoC Program and ESG Program funds use Coordinated Entry (CE) established by the CoC. While HUD mandates that agencies receiving the funding sources listed above participate in CE, homelessness cannot be ended by federally funded homeless service providers alone. Therefore, TX BoS CoC expects all projects receiving CoC Program and ESG Program funding to participate in the CE and highly recommends non-federally funded agencies to participate, in compliance with the TX BoS CoC Coordinated Entry Written Standards.

Procedure

Local Coordinated Entry processes were required to be implemented by the HUD mandated deadline of January 23, 2018[6]. In order to be considered operational, the local

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coordinated entry process must comply with the most current version of the TX BoS Coordinated Entry Written Standards and have completed the TX BoS Coordinated Entry Community Implementation Checklist[7]. CoC and ESG Funded projects at minimum, must participate in the locally established Coordinated Entry Planning Entity and process.

Once a community has implemented its CE, projects must only fill availabilities with referrals from CE. Households that have gone through Coordinated Entry and have been referred will have completed the VI-SPDAT or F-VI-SPDAT. Therefore, projects will no longer need to complete the VI-SPDAT or F-VI-SPDAT with households eligible for their project in order to prioritize them, unless they are functioning as an entry point, which was required as of July 1, 2016.

Newly funded CoC & ESG projects that do not exist in an area where there is a local Coordinated Entry process established are required to establish one prior to the execution of the grant term. This should happen no later than the operational start date of the first grant year of the project. For more guidance and help establishing this process please contact the Systems Change Coordinator at THN.

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[7] TX BoS CoC Coordinated Entry Community Implementation Checklist. https://www.thn.org/wp-content/uploads/2017/11/Community-Implementation-Checklist-1.pdf

Project Guidance

Overview

Project Guidance is divided into three main sections: Engagement Projects/Services, Temporary Housing, and Permanent Housing. Each section contains guidance for project types that fit the section's category. For each project type, the following topics appear:

Essential Project Elements

This section details the essential services and characteristics that define a project's type.

Participant Eligibility

This section indicates which households are eligible to participate in the project.

Prioritization

Acknowledging that there often are not enough resources to serve every eligible household that approaches a service provider, this section defines characteristics of households and provides an order of priority for which households should receive services first, based on those characteristics.

Amount/Duration of Assistance

This section defines limits on the amount and duration of financial assistance and other services. *This section appears only in the Rapid Re-Housing (RRH) project type.*

Performance Metrics

This section defines expected outcomes from the project.

Engagement Projects/Services

Engagement Projects/Services are those services provided to participants before they enter the HCRS, typically before the household reaches the point where they need to spend the night in a shelter. These may include services to both people at imminent risk of homelessness and people who are already experiencing homelessness, but have not yet been formally enrolled into a homeless services project. There are three types of Engagement Projects/Services recognized by the TX BoS CoC at this time: Homelessness Prevention (HP), Diversion, and Street Outreach (SO).

Homelessness Prevention (HP) refers to a project that may only serve people at imminent risk of homelessness (Category 2 of the "homeless" definition in Appendix A of this document), people fleeing domestic violence (Category 4 of the "homeless" definition in Appendix A of this document) and people who meet the "at risk of homelessness" definition[8] per the ESG Interim Rule. HP projects typically provide housing relocation and stabilization services and short-term and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in Category 1 of the "homeless" definition in Appendix A of this document.

Diversion is a crisis response service to households who are on the verge of an episode of homelessness, but who have not yet entered the HCRS. Diversion services are provided immediately before intake to shelter or another homeless service and are used to assist households to find safe and appropriate alternatives to using shelter/homeless services. Diversion services typically involve a trained staff person having a conversation with a household to help them problem-solve and identify safe, affordable housing options to prevent them from entering the HCRS. There may or may not be a financial component to this service; however, if financial services are provided, they should be short-term, low-expense, and flexible.

Street Outreach (SO) refers to a project that provides essential services necessary to reach out to unsheltered people experiencing homelessness; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to

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[8] HUD Exchange. ESG Program "At Risk of Homelessness" One-Pager.
https://www.hudexchange.info/resources/documents/AtRiskofHomelessnessDefinition_Criteria.pdf

unsheltered people experiencing homelessness who are reluctant or unable to access emergency shelter, housing, or an appropriate health facility. Contact and engagement by project staff with people experiencing homelessness are typically done outdoors or apart from a homeless services building under this project type.

Homelessness Prevention (HP)

The use of HP under the CoC Program is disallowed until such time as the TX BoS CoC is designated as a High Performing Community. At this time, no CoC in the country has obtained this designation, thus these standards apply only to ESG-funded HP projects. At such time when the TX BoS CoC does obtain the High Performing Community designation, these Written Standards will be revised.

Essential Project Elements

Assessment

Designated HP staff complete individualized assessments that evaluate household needs, financial needs, and eligibility for mainstream resources.

Please note that VI-SPDATs and F-VI-SPDATs should not be used with households that are not literally homeless; therefore, they may not be used with households that are at-risk for homelessness. The TX BoS CoC is in the process of identifying an appropriate assessment for triage and prioritization for households at-risk of homelessness, as required by HUD Notice CPD-17-01[9].

Case Management/Navigation

Case managers/navigators approach all participants using progressive engagement to provide the "lightest touch" intervention possible. Progressive engagement is a model of service delivery that intentionally provides the smallest amount of helpful services (called a "light touch") to help someone maintain or return to permanent housing. For those who do not obtain permanent housing after the "light touch" services, additional services are then added until the household is able to stabilize. Case managers must show due diligence efforts to meet with participant households at least once per month

HP staff and a participant household together create a housing stabilization plan. HP staff provides (or provides referrals to) needed housing stabilization services and mainstream resources, as appropriate.

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[9] HUD Exchange. HUD Notice CPD-17-01: https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/

Services typically include, but are not limited to, mediation, legal services, housing navigation, and employment support.

<u>Financial Assistance</u>

Financial assistance should be provided in adherence to a progressive engagement model, in order to provide the "lightest touch" intervention possible.

Financial services typically include short- to medium-term rent/utility assistance, deposit assistance, and/or relocation assistance. Eligible activities for financial assistance will depend on the project's funding source/s.

Participant Eligibility

Individuals and families who meet the criteria under the "at risk of homelessness" definition per the ESG Interim Rule, or who meet the criteria in paragraph (2), or (4) of the "homeless" definition in 24 CFR § 576.2, i.e. households who meet Category 2 or 4 of the "homeless" definition in Appendix A of this document.

Prioritization

Not yet established.

Performance Metrics

- Successful exits from HP to a permanent housing destination, including maintaining current permanent housing

Diversion

Example of successful diversion: A single mother and her two sons go to a local family shelter because they have been evicted as a result of the mother's job loss. The family's current temporary housing arrangement with the children's grandmother is falling apart because neighbors have complained about the children. When the family appears at the shelter, the intake staff has a conversation with the mother regarding alternate housing options she has in the community through her social support network. The intake staff discovers that the family could stay with the grandmother a bit longer if the children had a place to go after school. The intake staff begins looking for after-school care for the children and funds to help the mother pay for it. That day, when the family is placed temporarily with the children's grandmother again, the staff person continues working with the mother to secure a permanent housing option.

Essential Project Elements

Assessment

A designated, trained staff member completes a housing barrier assessment. If the household is literally homeless (Category 1 of the "homeless" definition in Appendix A of this document), staff should also complete a VI-SPDAT or F-VI-SPDAT.

Specialized Services

The goal of diversion is to prevent a household's entry into shelter by diverting them to other safe, appropriate housing options provided by the household's social support network and/or in the community.

To this end, diversion services typically include conflict mediation, housing location/stabilization, and linkage/referral to mainstream resources.

Flexible Financial Assistance

While diversion does not always have a financial assistance component, the most effective diversion services provide access to a small pool of flexible funds that provide assistance for households to obtain/maintain housing (e.g. car repairs, child care, grocery gift cards, bus tickets, etc.). If a community does not have a pool of flexible funds available,

households meeting Category 1 or 4 of the "homeless" definition in Appendix A of this document may also be offered CoC Program or ESG Program Rapid Re-Housing financial assistance.

Participant Eligibility

Diversion should be attempted with all households seeking homeless services assistance.

Prioritization

Households appropriate for Diversion typically score between 0 and 3 on the VI-SPDAT and the F-VI-SPDAT.

Performance Metrics

Not yet established.

Street Outreach (SO)

Essential Project Elements

Engagement

Activities that locate, identify, and build relationships with unsheltered people experiencing homelessness and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance projects and/or mainstream social services and housing programs. Engagement should take place outdoors or apart from a homeless services building.

SO staff should perform engagement activities both within and outside of traditional business hours.

Assessment

To the maximum extent practicable, SO staff should complete, at minimum, a VI-SPDAT or F-VI-SPDAT with all participants. SO workers should be well-versed in using the information collected through the VI-SPDAT or F-VI-SPDAT to make appropriate referrals to services. The assessment should be entered into HMIS within 2 business days.

SO workers must also work to determine a household's eligibility for services.

Navigation

Assist households experiencing homelessness to enroll in services/shelter and link to housing.

Provide access to basic needs, including identification, health care services, mainstream benefit enrollments, food, clothes, hygiene items, etc.

Case Management

Once engagement has occurred SO staff may provide case management in regards to assessing housing and service needs, and to arrange, coordinate, and monitor the delivery of individualized services to meet the needs of the project participant. SO staff should also

engage participants in an individualized housing and service plan, including planning a path to permanent housing stability. Service plans should be participant-centered, aim to help the participant obtain housing, and emphasize participant choice and autonomy.

<u>Coordination</u>

SO staff must coordinate with other outreach teams within the community to avoid duplication of services and to optimize coverage.

Participant Eligibility

Individuals and families who qualify as homeless under paragraph (1)(i) of the "homeless" definition under 24 CFR § 576.2, i.e. households who meet Category 1 of the "homeless" definition in Appendix A of this document.

Prioritization

Not Applicable.

Performance Metrics

- The extent to which persons who exit homelessness to permanent housing destinations return to homelessness
  - o This measures participants who exited SO to a permanent housing destination in the date range two years prior to the report date range. Of those participants, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.
- Successful placements from SO to a permanent housing destination, including some exits to temporary and institutional settings
- Percent of total engagements that are with chronically homeless/highly vulnerable individuals
- Participants who successfully move into emergency shelter, transitional housing, or permanent housing within 30 days after SO enrollment

Temporary Housing

Temporary Housing refers to a time-limited housing project where households experiencing homelessness or fleeing domestic violence may stay and receive shelter and supportive services that are designed to enable individuals to move into permanent housing. Temporary Housing may be site-based or scattered-site. There are three types of Temporary Housing recognized by the TX BoS CoC at this time: Emergency Shelter (ES), Inclement Weather Emergency Shelter (IWES), and Transitional Housing (TH).

Emergency Shelter (ES) is a temporary shelter designed to assist with an individual's or family's immediate housing crisis. ES may be site-based, e.g., a standard shelter building, or scattered-site, e.g., hotel vouchers or master-leased apartment units, and serve only those households that are literally homeless (Category 1 of the "homeless" definition in Appendix A of this document) or fleeing domestic violence (Category 4 of the "homeless" definition in Appendix A of this document). Households should not be denied access to ES due to lack of identification/proof of residency, unless required to produce this documentation by a supplemental funding source.

Inclement Weather Emergency Shelter (IWES) is a temporary shelter designed to assist with an individual's or family's immediate housing crisis, typically during inclement weather, e.g., extreme cold, extreme heat, or a severe weather event. Because IWES is typically only available during severe weather events, the location/type of shelter may not be consistent each time it is made available.

Transitional Housing (TH) refers to a time-limited temporary housing project where households experiencing homelessness or fleeing domestic violence may stay and receive supportive services that are designed to enable individuals to move into permanent housing.

The TX BoS CoC embraces the Housing First approach, where households are offered permanent housing before any other type of assistance. The TX BoS CoC understands that Temporary Housing provides a valuable option for households seeking an interim solution to a housing crisis while seeking permanent housing, especially for households belonging

to certain target populations such as youth, people in recovery from substance abuse, and people fleeing domestic violence.

Emergency Shelter (ES)

Essential Project Elements

Low-Barrier

ES should maintain as few barriers to entry as possible, e.g., the ES does not require participants to have income, maintain sobriety, provide identification, have a clean criminal record, participate in mental health treatment, including taking medication, etc. ES should not require participant households to pay to access shelter. ES reserved for families shall not require that families separate to enter shelter and shall not deny admission to families based upon the composition of the family. Single-gender ES must not require proof of gender for an individual to enter shelter.

Safety

ES provides a safe physical environment for participant households, including a secure place to store personal belongings, sleeping space, and adequate hygiene facilities.

ES provides at least one meal per person, per day to participant households, free of cost.

Assessment

Designated staff must complete a VI-SPDAT or F-VI-SPDAT with all participants.

Services

Participation in services by participant households in ES must be voluntary, housing-focused, and participant-centered. ES projects should not require that participants engage in services or make progress on service plans to maintain their housing assistance.

ES staff should create housing stabilization plans with participant households and provide housing case management. Staff should also provide linkages to mainstream resources and services including TANF, SNAP, SSI/SSDI, Medicaid/Medicare, etc.

Coordination

ES staff should work cooperatively with service providers in the community to provide needed services to participant households and quickly move them to permanent housing.

Participant Eligibility

Individuals and families who qualify as homeless under paragraphs (1) and (4) of the "homeless" definition under 24 CFR § 576.2, i.e. households who meet Category 1 or 4 of the "homeless" definition in Appendix A of this document.

Diversion should be attempted with all potential participant households before enrollment into ES.

Prioritization

Not applicable.

Performance Metrics

- Average and median length of time participants remain homeless is equal to or less than 30 days.
- The extent to which participants who exit homelessness to permanent housing destinations return to homelessness
    - This measures participants who exited ES to a permanent housing destination in the date range two years prior to the report date range. Of those participants, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.
- Successful exits from ES to permanent housing destinations
- Percent participants age 18 or older with earned income at exit
- Percent participants age 18 or older who have non-cash benefits at exit
- Percent participants with 1+ source of non-cash benefits at exit
- Percent participants age 18 or older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit

Inclement Weather Emergency Shelter (IWES)

IWES may be site-based (e.g., additional beds in a standard shelter building, in a church, or in a community center) or scattered-site (e.g., hotel vouchers or a network of churches), and serve only those households that are experiencing literal homelessness or fleeing domestic violence. Because of the more dangerous nature of sleeping outside in bad weather, IWES is expected to have few, if any, barriers to entry. Households should not be denied access to IWES due to lack of identification/proof of residency, unless required to produce this documentation by a supplemental funding source. IWES must also be well-advertised and outline specific criteria under which the shelter will activate. Each community may decide independently the weather conditions under which IWES will be activated, but these conditions must be formally outlined in writing and distributed at least once annually among homeless service providers.

Essential Project Elements

Low-Barrier

IWES should maintain as few barriers to entry as possible, e.g., the ES does not require participants to have income, maintain sobriety, provide identification, have a clean criminal record participate in mental health treatment, including taking medication, etc., given the additional danger of sleeping outdoors during a severe weather event. There shall be no requirement for households to pay to access shelter. IWES reserved for families shall not require that families separate to enter shelter and shall not deny admission to families based upon the composition of the family. Single-gender IWES must not require proof of gender for an individual to enter shelter.

Safe, Adequate Shelter

IWES provides a safe physical environment, and access to sleeping space, hygiene amenities, and food.

Services

To the extent that funding and staffing capacity allows, IWES may provide case management and/or housing navigation.

Participant Eligibility

Individuals and families who qualify as homeless under paragraphs (1) and (4) of the "homeless" definition under 24 CFR § 576.2, i.e. households who meet Category 1 or 4 of the "homeless" definition in Appendix A of this document.

Prioritization

Not applicable.

Performance Metrics

- Percent of participant households served will be entered into HMIS, in accordance with the HMIS Policies and Procedures[10]. This metric will apply only if the IWES provider is using HMIS.

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[10] Texas Homeless Network. HMIS Administrative Documents: http://thn.org/balance-of-state-continuum-of-care/hmis-implementation-guide

Transitional Housing (TH)

TH is typically site-based, but can also be scattered-site. The TX BoS CoC embraces the Housing First approach, where households are offered permanent housing before any other type of assistance. The TX BoS CoC understands that TH provides a valuable option for households seeking to pursue therapeutic goals before entering permanent housing. TH can also provide appropriate intervention services for special populations, such as youth, people in recovery from substance abuse, and people fleeing domestic violence.

Households appropriate for TH score between 4 and 7 on the VI-SPDAT and between 4 and 8 on the F-VI-SPDAT, however, there are exceptions. A household may be offered a referral to a less intensive intervention if the recommended intervention does not exist in the community, the household is not eligible for the matched intervention, or the household does not want it. For example, if the household scores for PSH but there is no PSH available, RRH or TH can be offered, should the household be eligible.

When working with a household experiencing Chronic Homelessness and referring them to an intervention in a lower score range, attempt to connect them with Rapid Re-Housing over Transitional Housing. Residing in RRH will allow the household to retain its Chronically Homeless status[11], while residing in TH will not. If the household loses its Chronically Homeless status, they will not be eligible for CoC Program-funded Permanent Supportive Housing (PSH) because all PSH projects in the TX BoS CoC must serve only people who meet the Chronically Homeless definition.

Essential Project Elements

Low-Barrier

TH should maintain as few barriers to entry as possible, e.g., does not require participants to have income, maintain sobriety, provide identification, have a clean criminal record, participate in mental health treatment, including taking medication, etc. Further, TH projects shall not require that participants engage in services or make progress on service plans to maintain their housing assistance.

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[11] HUD Exchange. FAQ ID: 530, http://bit.ly/2mfN2Oc

TH reserved for families shall not require that families separate to enter the project and shall not deny admission to families based upon the composition of the family. Single-gender TH must not require proof of gender for an individual to enter the project.

Lease/Occupancy Agreement

The participant household must hold a signed lease/occupancy agreement with the TH provider or landlord. The lease/occupancy agreement should be a standard agreement; similar to one signed by a tenant leasing a unit on the private market. The lease and/or occupancy agreement must comply with state and federal property law.

Participants should be held to the terms of the standard lease agreement.

Participant households in TH must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.

Rental Assistance/Occupancy Charges

TH provides participant households with rental assistance in a scattered-site unit or provides free or low-cost housing if the unit is site-based. TH providers may require that participant households make monthly rental contribution, in compliance with § 578.77 of the CoC Interim Rule.

Safety

If site-based: TH provides a secure physical environment for participant households. The site provides a 24-hour residential environment, including access to cooking space, hygiene amenities, showers, laundry, storage, privacy, etc. The units in which households reside must meet the applicable housing quality standards (HQS) under 24 CFR 982.401.

If scattered-site: The TH provider ensures that all assisted units meet the applicable housing quality standards (HQS) under 24 CFR 982.401. Before any assistance is provided on behalf of a participant household, the TH provider must physically inspect each unit to assure that the unit meets HQS. Assistance will not be provided for units that fail to meet HQS, unless

the owner corrects any deficiencies within 30 days from the date of the initial inspection, and the TH provider verifies that all deficiencies have been corrected.

Each participant household should be provided with a unit of suitable dwelling size for the number of family members comprising the household. Suitable dwelling size means the dwelling unit must have at least one bedroom or living/sleeping room for each two persons. Children of opposite sex, other than very young children, must not be required to occupy the same bedroom or living/sleeping room.

Services

TH providers must not require that a participant household engage in disability-related services including substance abuse treatment, mental health treatment, or medical adherence.

Participant households should be supported to establish and implement a housing stabilization plan and a plan to secure permanent housing upon exit from the TH project. While participation in all services must be voluntary, TH providers must ensure that services are available to participant households for the duration of their enrollment in the project. Recommended services/referrals include:

- Housing search assistance
- Employment assessment and connection to employment services and/or education programs, such as GED classes, vocational school, community college, etc.
- Financial counseling to help resolve rental arrears and/or debt, to enhance budgeting skills, to establish a savings plan and/or other money management skills
- Connections to mainstream benefits and services, including TANF, SNAP, SSI/SSDI, Medicaid/Medicare, etc.
- Assistance building or re-building family and community support networks

Participant Eligibility

Individuals and families who qualify as homeless under paragraphs (1) and (4) of the "homeless" definition under 24 CFR § 576.2, i.e. households who meet Category 1 or 4 of the "homeless" definition in Appendix A of this document.

A TH project may require additional eligibility criteria to effectively serve a priority population, such as youth, people in recovery from substance abuse, or people fleeing domestic violence.

Note: While an individual/family may maintain their "homeless" eligibility status while residing in TH, an individual/family loses their "chronically homeless" designation after residing in TH for 7 days or more. Additionally, individuals/families residing in TH do not maintain eligibility for CoC- or ESG-funded Rapid Re-Housing services, though they are still considered Category 1 "homeless" under the definition in Appendix A of this document.

Prioritization

Households appropriate for TH typically score between 4 and 7 on the VI-SPDAT and between 4 and 8 on the F-VI-SPDAT.

Providers may receive a referral for their intervention– Diversion, RRH, or TH– for a participant with a VI-SPDAT or F-VI-SPDAT score intended for a more intensive, "heavier touch" intervention. For example, an RRH provider may receive a referral for a participant who scored above the recommended range of 4-7 on the VI-SPDAT, which typically indicates that PSH is the most appropriate intervention. However, if a participant elects to receive a "lighter touch" intervention than recommended by their assessment score, the project receiving the referral must prioritize the household with the highest score.

Performance Metrics
- The extent to which persons who exit homelessness to permanent housing destinations return to homelessness
    - This measures participants who exited TH to a permanent housing destination in the date range two years prior to the report date range. Of those participants, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.
- Successful exits from TH to permanent housing destinations
- Percent participants age 18 or older with earned income at exit
- Percent participants age 18 or older who have non-cash benefits at exit

- Percent participants with 1+ source of non-cash benefits at exit
- Percent participants age 18 or older who maintained or increased their total income

   (from all sources) as of the end of the operating year or program exit

Permanent Housing

Permanent Housing refers to housing that is safe and stable where the household has a lease or sub-lease in their name lasting a term of at least one year. A rental subsidy and voluntary services may be provided to help the participant household retain housing and remain stable.

Permanent Housing interventions may be site-based or scattered-site. All Permanent Housing interventions in the TX BoS CoC must utilize the Housing First approach, where participants are permanently housed quickly, despite actual or perceived barriers, and housing is not dependent on participation in services. Households are not required to participate in services and may not be terminated for not participating in services. Participants may be terminated only for violating their lease agreement.

There are two types of Permanent Housing interventions designated specifically to serve people experiencing homelessness recognized by the TX BoS CoC: Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH).

Rapid Re-Housing (RRH) is an evidence-based housing intervention informed by the Housing First model and designed to help individuals and families to quickly exit homelessness and return to permanent housing. RRH assistance is offered without preconditions such as employment, income, absence of criminal record, or sobriety, and the resources and services provided are tailored to the unique needs of the household that may include the use of time-limited financial assistance and targeted supportive services. While the RRH intervention is time-limited (up to 24 months of assistance), the permanent housing gained through participating in the project is meant to last beyond the duration of RRH participation.

Permanent Supportive Housing (PSH) is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness. It fully embraces the Housing First model. PSH links decent, safe, affordable, community-based housing with flexible, voluntary support services designed to help the participant household stay housed and live a more productive life in the community.

Rapid Re-Housing (RRH)

RRH projects help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing while reducing the amount of time they experience homelessness, avoiding a near-term return to homelessness, and linking to community resources that enable them to achieve housing stability in the long-term. A fundamental goal of RRH is to reduce the amount of time a person experiences homelessness.

In agreement with the National Alliance to End Homelessness[12], the TX BoS CoC designates the core components of an RRH project as housing identification, rent and move-in financial assistance, and case management and services. While an RRH project must have all three core components available, it is not required that a single entity provide all three services, nor for a participant household to utilize them all.

Households appropriate for RRH score between 4 and 7 on the VI-SPDAT and between 4 and 8 on the F-VI-SPDAT, however there are exceptions. A household may be offered a referral to a less intensive intervention, if the recommended intervention does not exist in the community, the household is not eligible for the matched intervention, or the household does not want it. For example, if the household scores for PSH but there is no PSH available, RRH or TH can be offered, should they be eligible.

When working with a household experiencing Chronic Homelessness and referring them to an intervention in a lower score range, attempt to connect them with Rapid Re-Housing over Transitional Housing. Residing in RRH will allow the household to retain its Chronically Homeless status[13], while residing in TH will not. If the household loses its Chronically Homeless status, they will not be eligible for CoC Program-funded Permanent Supportive Housing (PSH) because all PSH projects in the TX BoS CoC must serve only people who meet the Chronically Homeless definition.

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[12] National Alliance to End Homelessness' Core Components of Rapid Re-Housing: http://www.endhomelessness.org/library/entry/rapid-re-housing2
[13] HUD Exchange FAQ ID: 530, http://bit.ly/2mfN2Oc

Participant Eligibility

Individuals and families who qualify as homeless under paragraphs (1) and (4) of the "homeless" definition under 24 CFR § 576.2, i.e. households who meet Category 1 or 4 of the "homeless" definition in Appendix A of this document.

Prioritization

The TX BoS CoC agrees with HUD that people with the greatest needs must receive priority for any type of housing and homeless assistance available in the CoC. Therefore, the CoC Program-funded RRH projects in the TX BoS CoC must prioritize households experiencing homelessness with the following characteristics:

- Households with the highest service needs
- Households sleeping in an unsheltered sleeping location
- Households with the longest history of homelessness
- Households with the earliest enrollment date in HMIS or an HMIS-comparable database

Rapid Re-Housing is matched to households that receive a total score between 4 and 7 on the VI-SPDAT or 4 and 8 on the F-VI-SPDAT. The following outlines the procedure for determining which household a CoC Program-funded RRH project must contact to fill an availability:

1. Using either the Housing Priority List or the project referral functionality in HMIS, identify the households with the highest total score. The higher the total VI-SPDAT or F-VI-SPDAT score, the higher the service need. The total score is obtained upon completion of administering the VI-SPDAT or F-VI-SPDAT.

2. Of the households with the highest total score, identify those households sleeping in an unsheltered location. The unsheltered sleeping location is determined by the response to question 1 of the VI-SPDAT version 2 or question 5 of the F-VI-SPDAT version 2.

3. Of the households with the highest total score and those sleeping in an unsheltered location, identify the households that have experienced homelessness the longest. Length of time homeless is based on question 2 of the VI-SPDAT version 2 or question 6 of the F-VI-SPDAT. Additional homelessness history documented within HMIS through enrollments may also be utilized to document this length of time.

4. Of the households with the highest total score, sleeping in an unsheltered location, and having experienced homelessness the longest, identify the household(s) with the date of first enrollment, or when the household first presented for assistance anywhere in the TX BoS CoC, giving priority to the oldest enrollment.

The project would contact that household with the highest total score, sleeping in an unsheltered location, having experienced homelessness the longest, and with the oldest enrollment to offer their housing and services.

Exception:

There may be instances in which a household with a score within the PSH range is referred to a Rapid Re-Housing project; the household may be experiencing chronic homelessness. Per the Coordinated Entry Written Standards, a household that scores for PSH may be referred to a RRH project. The project will follow the RRH prioritization standards, which means, in all likelihood, the household that scored for PSH will be prioritized above households that scored for RRH.

Essential Project Elements

Housing First

Housing First is an approach that centers on providing homeless people with housing quickly and then providing services, as needed. What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve. Housing First projects share critical elements:

- There is a focus on helping individuals and families access and sustain rental housing *as quickly as possible, and the housing is not time-limited*;
- A variety of services are delivered primarily following a housing placement to promote housing stability and individual well-being;
- Such services are time-limited or long-term depending upon individual need; and
- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are offered the services and supports that may help them to do so successfully.

RRH should maintain as few barriers to entry as possible, e.g., does not require participants to have income, maintain sobriety, provide identification, have a clean criminal record, participate in mental health treatment, including taking medication, etc. Further, RRH projects shall not require that participants engage in services or make progress on service plans to maintain their housing assistance.

Housing Identification

RRH providers take responsibility for locating housing options for participant households, taking into account the household's needs and preferences. Specifically, the RRH provider should:

- Recruit landlords to provide housing opportunities for individuals and families experiencing homelessness
- Address potential barriers to landlord participation such as concern about the short-term nature of rental assistance and/or tenant qualifications
- Assist households to find and secure appropriate rental housing

Rent and Move-In Assistance (Financial)

Utilizing a progressive engagement approach, RRH projects provide financial assistance to cover move-in costs, deposits, and the rental and/or utility assistance necessary to allow individuals and families to move immediately out of homelessness and to stabilize in permanent housing.

Housing-Focused Case Management and Services

While project participants' participation in case management and services is voluntary, case managers must show due diligence efforts to meet with participant households at least once per month and should assertively engage clients whenever possible. Services and case management should be focused on obtaining/retaining housing. Case management/services provided to households should:

- Help households to identify and select a permanent housing option of their choice based on their unique needs, preferences, and financial resources
- Help households address issues that may impede access to housing, such as credit history, arrears, and legal issues

- Help households negotiate manageable and appropriate lease agreements with landlords
- Make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing
- Monitor participants' housing stability and be available to resolve crises, at a minimum during the time RRH assistance is provided
- Provide or assist the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals. This includes providing or ensuring that the household has access to resources related to benefits, employment and community-based services, if needed/appropriate, so that they can sustain rent payments independently when rental assistance ends
- Ensure that services provided are participant-directed, respectful of individuals' right to self-determination, and voluntary. Unless basic, project-related case management is required by statute or regulation, participation in services should not be required to receive RRH assistance.

Amount/Duration of Assistance

Note: Rental assistance cannot be provided to a participant household that is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.

Rental Assistance

Participants are expected to make monthly rent contributions. However, participant households with no income must not be required to make rental contributions.

Projects will generally increase the amount of the contribution a participating household is required to make as the household nears project exit considering the relative needs and assets of individual households.

The amount and duration of all RRH financial assistance and services must be provided in compliance with funding requirements. RRH providers should refer to regulations or parameters associated with awarded grants for specific guidance on eligible RRH financial assistance and services. The Texas Balance of State Continuum of Care holds that RRH funding is most efficient when households receive the minimum amount of assistance necessary to stabilize in housing, and that assistance is most impactful when it is assessed regularly.

The maximum amount of financial Assistance per month is based on the lesser of Fair Market Rent (FMR) for the family size or rent reasonableness, and household income. The duration of RRH financial assistance will not exceed 24 consecutive months.

The percentage or amount of rent that each household must pay while receiving RRH assistance is determined on a case by case basis and is based on each household's assessment or recertification and need. RRH services providers should document the rationale for determining the amount of financial assistance in household case files.

As a guide, Projects will establish a three month projection of required financial assistance with households prior to lease signing. Projects will not assist with more than 3 months of financial assistance without reassessment of need, except in rare circumstances. Projects will empower households to pay a portion of the rent, with the agency decreasing payment over time as appropriate.

Households receiving RRH assistance must be reassessed for need at least once every three months. Each reassessment will include a review of income and service needs, and will be the basis of the household's rent portion.

Performance Metrics
- The extent to which persons who exit homelessness to permanent housing destinations return to homelessness

o This measures participants who exited RRH to a permanent housing destination in the date range two years prior to the report date range. Of those participants, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

- Successful exits from RRH to permanent housing destinations
- Percent participants age 18 or older with earned income at exit
- Percent participants age 18 or older who have non-cash benefits at exit
- Percent participants with 1+ source of non-cash benefits at exit
- Percent participants age 18 or older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit
- The average length of time homeless for all enrolled households is 30 days or less.
- At least 80% of households exit to a permanent housing destination
- At least 85% of households that exited to a permanent housing destination do not become homeless again within 1 year

Permanent Supportive Housing (PSH)

The United States Interagency Council on Homelessness (USICH)[14] defines Permanent Supportive Housing (PSH) as an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities. It fully embraces the Housing First model.

PSH links decent, safe, affordable, community-based housing with flexible, voluntary, intensive supportive services designed to help the participant household stay housed and live a more productive life in the community. Households living in PSH have a private and secure place to make their home, just like other members of the community, with the same rights and responsibilities. The difference is that they can access, at their option, services designed to build independent living and tenancy skills, assistance with integrating into the community, and connections to services, such as community-based health care, treatment, and employment services.

There is no time limitation on PSH participation, and tenants may live in their homes as long as they meet the basic obligations of tenancy. While participation in services is encouraged, it is not a condition of living in the housing. Housing affordability is ensured either through a rent subsidy or by setting rents at affordable levels.

While research has proven that PSH is a cost-effective solution to homelessness, it is more costly than other permanent housing interventions like Rapid Re-Housing. For this reason, the TX BoS CoC requires that all CoC Program-funded PSH units be dedicated to households experiencing chronic homelessness as long as there are persons experiencing chronic homelessness in the community.

Households appropriate for PSH score 8 or above on the VI-SPDAT or 9 or above on the F-VI-SPDAT, however there are exceptions. A household may be offered a referral to a less intensive intervention, if the recommended intervention does not exist in the community, the household is not eligible for the matched intervention, or the household does not want it. For example, if the household scores for PSH but there is no PSH available, RRH or TH can be offered, should the household be eligible.

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[14] USICH's Website on PSH: https://www.usich.gov/solutions/housing/supportive-housing

When working with a household experiencing Chronic Homelessness and referring them to an intervention in a lower score range, attempt to connect them with Rapid Re-Housing over Transitional Housing. Residing in RRH will allow the household to retain its Chronically Homeless status[15], while residing in TH will not. If the household loses its Chronically Homeless status, they will not be eligible for CoC Program-funded Permanent Supportive Housing (PSH) because all PSH projects in the TX BoS CoC must serve only people who meet the Chronically Homeless definition.

Essential Project Elements

Housing First

Housing First is an approach that centers on providing people experiencing homelessness where participants are permanently housed quickly, despite actual or perceived barriers, and housing is not dependent on participation in services. What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve. Housing First projects share critical elements:

- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are offered the services and supports that may help them do so successfully.
- There is a focus on helping individuals and families access and sustain rental housing *as quickly as possible, and the housing is not time-limited*;
- A variety of services are offered and delivered if the participant so chooses, primarily following a housing placement, to promote housing stability and individual well-being;
- Such services are time-limited or long-term depending upon individual need; and

PSH should maintain as few barriers to entry as possible, e.g., does not require participants to have income, maintain sobriety, provide identification, have a clean criminal record, participate in mental health treatment, including taking medication, etc. Further, PSH

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[15] HUD Exchange. FAQ ID: 530, http://bit.ly/2mfN2Oc

projects shall not require that participants engage in services or make progress on service plans to maintain their housing.

Providers of PSH for hard-to-house populations of homeless persons, such as people experiencing chronic homelessness, must exercise judgment and examine all extenuating circumstances in determining when lease violations are serious enough to warrant termination so that a participant household's assistance is terminated only in the most severe cases. When participants must be terminated from a project, every effort should be made to ensure that the household does not exit into homelessness.

Wraparound, Community-Based Services

To the greatest extent possible, participant households should be assisted to access community-based and mainstream services. While a robust service package should be made available to all participant households residing in PSH, participation in such services may not be a condition of remaining in the PSH unit or in the PSH project.

Rental Assistance

PSH projects help participant households remain housed by using rental assistance to make units affordable. There is no time limit on how long a participant household may receive rental assistance, and households may live in their PSH unit as long as they meet the basic obligations of tenancy and continue to choose to do so. Participant households with income are expected to make monthly rent contributions.

Participant Eligibility

As all CoC Program-funded PSH beds in the TX BoS CoC must be 100% dedicated to the chronically homeless, the only eligible individuals for PSH are those that meet HUD's definition of chronically homeless. 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:
   a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

b. 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.

Prioritization

Recognizing the need for strategic allocation of permanent supportive housing (PSH) beds, on June 8, 2016, the TX BoS CoC Board voted to adopt the guidance provided by HUD in Notice CPD 14-012[18] for prioritizing those who enter into CoC Program-funded PSH projects. With the subsequent release of HUD Notice CPD 16-11[19], on February 22, 2017, the Board voted to adapt the standards established by Notice CPD 16-011. Thus, the prioritization order adopted by the Board is as follows:

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[16] HUD Exchange. Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status: https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/

[17] HUD Exchange. Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing: https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/

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

   a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and

   b. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

2) Second Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness. In essence, a chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

   a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,

   b. The CoC or CoC Program recipient has _not_ identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

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[18] HUD Exchange. Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status: https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/

[19] HUD Exchange. Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing: https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/

3) Third Priority–Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

   a. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and

   b. The CoC or CoC Program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

4) Fourth Priority–All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

   a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions *is less than* 12 months; and

   b. The CoC or CoC Program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

PSH projects must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority indicated here. However, if a chronically homeless household cannot be found within a PSH project's coverage area after the project conducts a due diligence effort to locate an appropriate household, the project must notify the CoC Lead Agency and obtain approval to provide a unit to a non-chronically homeless household, prior to enrolling a household that does not meet the dedication standards of the CoC. If approved, the project must comply with the following order of priority for households that do not meet HUD's definition of chronically homeless:

1) First Priority–Homeless Individuals and Families with the longest history of Episodic Homelessness, a Disability, and with the Most Severe Service Needs. In essence, a household who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on multiple occasions over the last 3 years, but that does not meet the threshold for chronicity, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution, has multiple episodes of homelessness in the last 3 years, *and* has been identified as having the most severe service needs.

2) Second Priority–Homeless Individuals and Families with a Disability with Severe Service Needs. In essence, a household who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations shelter immediately prior to entering the institution *and* has an accompanying disability, and has been identified as having the most severe service needs..

3) Third Priority–Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters Without Severe Service Needs. In essence, a household who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less

but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution, has an accompanying disability, and moderate to no service needs.

4) Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing. In essence, a household who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or a safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing–all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

    a. NOTE: In all instances where projects deviate from the established dedication standards, documentation of a qualifying disability is required.

Performance Metrics
- 80% of participants maintain or exit to permanent housing
- The extent to which persons who exit homelessness to permanent housing destinations return to homelessness
  - This measures participants who exited PSH to a permanent housing destination in the date range two years prior to the report date range. Of those participants, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.
- Percent participants age 18 or older with earned income at exit
- Percent participants age 18 or older who have non-cash benefits at exit
- Percent participants with 1+ source of non-cash benefits at exit
- Percent participants age 18 or older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit

Joint Transitional Housing/Rapid Re-Housing (Joint TH/RRH)

A Joint TH and RRH Component project is a project type that combines two existing program components – Transitional Housing (TH) and Rapid Re-Housing (RRH) – in a single project to serve individuals and families experiencing homelessness. This project type centralizes client choice in housing identification and is intended to help participants move to permanent housing as quickly as possible. Combining the TH with RRH provides the needed flexibility to quickly move people from dangerous situation

Grant funds may be used for leasing and operating costs to provide transitional housing, tenant-based rental assistance for the rapid rehousing portion of the project, supportive services, HMIS, and project administrative costs.

Recipients or subrecipients must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the RRH component, to all program participants for up to 24 months as needed by the program participants. A project's TH and RRH components must each comply with the relevant TH and RRH written standards.

As a CoC, the expectation for joint component projects is that recipients offer 2x as much rapid-rehousing as they would transitional housing. The goal of this project type is that households exit and retain permanent housing.

Participant Eligibility
Individuals and families who qualify as homeless under paragraphs (1) and (4) of the "homeless" definition under 24 CFR § 576.2, i.e. households who meet Category 1 or 4 of the "homeless" definition in Appendix A of this document.

Prioritization
The TX BoS CoC agrees with HUD that people with the greatest needs must receive priority for any type of housing and homeless assistance available in the CoC. Therefore, the CoC Program-funded RRH projects in the TX BoS CoC must prioritize households experiencing homelessness with the following characteristics:

- Households who are unsheltered
- Households experiencing long or multiple episodes of homelessness
- Households with high barriers to exiting homelessness

- Households that are more likely to be a victim of violence or harm

TH-RRH is matched to households that receive a total score between 4 and 7 on the VI-SPDAT or 4 and 8 on the F-VI-SPDAT. The following outlines the procedure for determining which household a CoC Program-funded TH- RRH project must contact to fill an availability:

1. Using either the Housing Priority List or the project referral functionality in HMIS, identify the households with the highest total score. The higher the total VI-SPDAT or F-VI-SPDAT score, the higher the service needs. The total score is obtained upon completion of administering the VI-SPDAT or F-VI-SPDAT.
2. Of the households with the highest total score, identify those households sleeping in an unsheltered location. The unsheltered sleeping location is determined by the response to question 1 of the VI-SPDAT version 2 or question 5 of the F-VI-SPDAT version 2.
3. Of the households with the highest total score and those sleeping in an unsheltered location, identify the households that have experienced homelessness the longest. Length of time homeless is based on question 2 of the VI-SPDAT version 2 or question 6 of the F-VI-SPDAT. Additional homelessness history documented within HMIS through enrollments may also be utilized to document this length of time.
4. Of the households with the highest total score, sleeping in an unsheltered location, and having experienced homelessness the longest, identify the household(s) with the date of first enrollment, or when the household first presented for assistance anywhere in the TX BoS CoC, giving priority to the oldest enrollment. The project would contact that household with the highest total score, sleeping in an unsheltered location, having experienced homelessness the longest, and with the oldest enrollment to offer their housing and services.

Exception:
There may be instances in which a household with a score within the PSH range is referred to a Rapid Re-Housing project; the household may be experiencing chronic homelessness. Per the Coordinated Entry Written Standards, a household that scores for PSH may be referred to a RRH project. The project will follow the RRH prioritization standards, which means, in all likelihood, the household that scored for PSH will be prioritized above households that scored for RRH.

Essential Project Elements

Housing First

Housing First is an approach that centers on providing homeless people with housing quickly and then providing services, as needed. What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve. Housing First projects share critical elements:

- There is a focus on helping individuals and families access and sustain rental housing as quickly as possible, and the housing is not time-limited;
- A variety of services are delivered primarily following a housing placement to promote housing stability and individual well-being;
- Such services are time-limited or long-term depending upon individual need; and
- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are offered the services and supports that may help them to do so successfully.

RRH should maintain as few barriers to entry as possible, e.g., does not require participants to have income, maintain sobriety, provide identification, have a clean criminal record, participate in mental health treatment, including taking medication, etc. Further, RRH projects shall not require that participants engage in services or make progress on service plans to maintain their housing assistance.

Housing Identification

RRH providers take responsibility for locating housing options for participant households, taking into account the household's needs and preferences. Specifically, the RRH provider should:

- Recruit landlords to provide housing opportunities for individuals and families experiencing homelessness
- Address potential barriers to landlord participation such as concern about the short term nature of rental assistance and/or tenant qualifications
- Assist households to find and secure appropriate rental housing

Low-Barrier

TH-RRH should maintain as few barriers to entry as possible, e.g., does not require participants to have income, maintain sobriety, provide identification, have a clean criminal record, participate in mental health treatment, including taking medication, etc. Further, TH-RRH projects shall not require that participants engage in services or make progress on service plans to maintain their housing assistance.

TH-RRH reserved for families shall not require that families separate to enter the project and shall not deny admission to families based upon the composition of the family. Single-gender TH-RRH must not require proof of gender for an individual to enter the project.

Services

TH-RRH providers must not require that a participant household engage in disability-related services including substance abuse treatment, mental health treatment, or medical adherence.   While participation in all services must be voluntary, TH-RRH providers must ensure that services are available to participant households for the duration of their enrollment in the project. Recommended services/referrals include:

- Housing search assistance
- Employment assessment and connection to employment services and/or education programs, such as GED classes, vocational school, community college, etc.
- Financial counseling to help resolve rental arrears and/or debt, to enhance budgeting skills, to establish a savings plan and/or other money management skills
- Connections to mainstream benefits and services, including TANF, SNAP, SSI/SSDI, Medicaid/Medicare, etc.
- Assistance building or re-building family and community support networks
- Help households address issues that may impede access to housing, such as credit history, arrears, and legal issues
- Help households negotiate manageable and appropriate lease agreements with landlords
- Make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing
- Monitor participants' housing stability and be available to resolve crises, at a minimum during the time RRH assistance is provided

- Provide or assist the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals. This includes providing or ensuring that the household has access to resources related to benefits, employment and community-based services, if needed/appropriate, so that they can sustain rent payments independently when rental assistance ends
- Ensure that services provided are participant-directed, respectful of individuals' right to self-determination, and voluntary. Unless basic, project-related case management is required by statute or regulation, participation in services should not be required to receive RRH assistance.

Client Choice

TH-RRH projects must prioritize client choice in housing identification, allowing program participants to choose when they use the RRH resources to move into permanent housing. Program participants are also allowed to transfer between both project types throughout the duration of the program. CoC program recipients should regularly assess the appropriateness of the project type and provide ongoing evaluation of housing intervention with a goal of permanent housing. The recipient must provide financial assistance and supportive services, even if the participant only needs temporary stay in a transitional housing unit, as part of rapid re-housing assistance.

Amount/Duration of Assistance

Note: Rental assistance cannot be provided to a participant household that is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.

TH-RRH programs will utilize a Progressive Engagement approach to financial assistance and services. Using this approach, the client initially receives only the amount of assistance that is needed to quickly resolve their housing and most pressing needs. After the most basic needs are resolved, the project will review whether the program participant has successfully resolved their housing crisis or is in need of increased support. The program participant can increase /decrease the intensity of the assistance until the client has obtained permanent and stable housing. Both leasing and rental assistance units must meet Housing Quality Standards, and recipients or subrecipients must physically inspect each unit before providing CoC leasing funds and conduct an environmental review before committing CoC funds.

Each component of the joint program includes separate statutory requirements:

Rental Assistance (RRH)

Program participants must have a lease with the landlord. Participants rent private housing and can use tenant-based rental assistance in different units after the initial lease ends. However, recipients may require participants to live in a specific structure for the first year or area for the rest of their participation.

The rental assistance grant is determined by the number of units, Fair Market Rent (FMR), and the number of months in the grant term. Rents can be paid up to the rent reasonableness amount, and participants must pay a portion based on the CoC's written standards of assistance.

RA grant funds can be used by recipients to cover other eligible costs, fund rents over the FMR within rent reasonableness, or add participants and units in excess of the grant total. Eligible use of funds include:

- Vacancy payment–Rent for maximum of 30 days from end of month unit was vacated
- Security Deposit up to 2 months of rent
- First and last month's rent up to an equivalent amount of 1 month for each (advance payment is allowed)
- Property damage–Participants are eligible for up to one month of rent upon exiting a housing unit.
- Staff costs–costs related to eligible activities such as processing rental payments, examining participant income and family composition, providing housing information and assistance, inspecting units for compliance with housing quality standards, and welcoming new participants.

The CoC program funds for rental assistance cannot be combined with other funds used for leasing, operating, acquisition, rehabilitation, or new construction if TBRA. If rent does not include utilities, the program will consider reasonable monthly utility costs for program participants when calculating rent contributions or occupancy charges.

Leasing (TH)

The recipient or subrecipient enters into a lease/occupancy agreement with the program participant. Participant households in TH must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.

Recipients and subrecipients are not obligated to impose occupancy charges on program participants, but must calculate the maximum charge allowable using CoC Interim Rule: 578.77(b). Program fees other than occupancy charges, such as cleaning services, laundry, and transportation, may not be charged.

Leasing funds may cover utilities if rent includes them, but not if rent does not. If utilities are not covered, recipients may require participants to pay them. They can use CoC Program operating funds or other sources to pay utilities, and if the structure is leased as a supportive services facility, utilities are eligible as a supportive services cost.

CoC program funds for leasing cannot be combined with other CoC program funds used for rental assistance, acquisition, rehabilitation, or new construction in a single structure or housing unit. Leasing funds can cover 100% of rent if the rent is below the Fair Market Rent (FMR) and reasonable compared to comparable rents. CoC Program funds may not exceed the FMR, but recipients can use other funds for excess rent.

Eligible use of funds include:

- Vacancy payment– Rent costs until a new participant moves in, in accordance with the lease agreement between the recipient/subrecipient and landlord
- Security deposit up to 2 months of rent
- First and last month's rent up to an equivalent amount of 1 month for each (advance payment is allowed)
- Staff costs– costs related to eligible activities such as processing rental payments, examining participant income, providing housing information, inspecting units for compliance with housing quality standards, and welcoming new participants
- Property damage is **not** an eligible expense but may come out of the security deposit, if applicable.

Leasing units must meet Housing Quality Standards, and recipients or subrecipients must physically inspect each unit before providing CoC leasing funds and conduct an environmental review before committing CoC funds.

Performance Metrics
TX Bos COC will measure both TH and RRH components separately and combine the results.

- The extent to which persons who exit homelessness to permanent housing destinations return to homelessness
  - This measures participants who exited TH-RRH to a permanent housing destination in the date range two years prior to the report date range. Of those participants, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.
- Successful exits from TH-RRH to permanent housing destinations
- Percent participants age 18 or older with earned income at exit
- Percent participants age 18 or older who have non-cash benefits at exit
- Percent participants with 1+ source of non-cash benefits at exit
- Percent participants age 18 or older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit
- The average length of time homeless for all enrolled households is 30 days or less
- At least 80% of households exit to a permanent housing destination
- At least 85% of households that exited to a permanent housing destination do not become homeless again within 1 year

Termination

Policy

All projects in the TX BoS CoC should seek to avoid terminating participants whenever possible. When participants must be terminated from a project, every effort should be made to ensure that the household does not exit into homelessness. Termination from a project does not bar the project from providing further assistance at a later date to the same individual or family.

Participant households must be allowed formal due process. All termination processes must comply with the Texas Property Code, meaning that if a project must terminate a lease with a household, the project must follow the eviction process laid out in the Texas Property Code. "Immediate terminations/evictions" are disallowed in the TX BoS CoC, as such a policy does not recognize the rights of individuals receiving assistance under the due process of law.

Providers of PSH for hard-to-house populations of homeless persons, such as people experiencing chronic homelessness, must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a participant household's assistance is terminated only in the most severe cases.

Procedure

The TX BoS CoC recognizes that each organization within its jurisdiction is unique in staffing and capacity levels. For this reason, the TX BoS CoC allows each project to establish its own termination procedure, provided that such a procedure is in compliance with federal guidelines and these Written Standards.

In terminating assistance to a participant household, the project must provide a formal, written process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

1) Providing the participant household with a written copy of the project rules, termination process, and lease/occupancy agreement (if applicable) before the participant begins to receive assistance;

2) Written notice to the participant household containing a clear statement of the reasons for termination is given in a timely manner;

3) A review of the decision must be made available for at least 90 days after the termination decision was made, in which the participant household 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

4) Prompt written notice of the final decision to the project participant. The TX BoS CoC defines "prompt" as 5 business days.

Emergency Transfer Plan

The Texas Balance of State Continuum of Care (CoC) is concerned about the safety of the participants of the housing projects that are funded by CoC Program grant funds, and such concern extends to participants who have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA)[20], CoC Program-funded projects[21] providing permanent housing (Rapid Re-Housing, or RRH, or Permanent Supportive Housing, or PSH) or transitional housing must allow participants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the participant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.[22] The ability of a housing project to honor such a request for participants currently receiving assistance, however, may depend upon a preliminary determination that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the housing project is able to locate another dwelling unit that is available and is safe to offer the participant for temporary or more permanent occupancy.

In accordance with 24 CFR 578.99(j)(8), all CoC-funded and ESG-funded Recipients in the TX BoS CoC must follow the TX BoS CoC Emergency Transfer Plan. All CoC-funded funded and ESG-funded Recipients in the TX BoS CoC are also strongly encouraged to complete Attachment E: Model Emergency Transfer Plan for Housing Providers (linked below), include it in their written policies and procedures, and alert all tenants of their ability to receive an emergency transfer.

The TX BoS CoC Emergency Transfer Plan (linked below) outlines the following:

1. Emergency transfers and relevant definitions
2. Eligibility for emergency transfers
3. Emergency transfer request documentation

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[20] Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

[21] For purposes of this plan, "CoC Program-funded projects" include any permanent or transitional housing projects that are supported by CoC Program grant funds.

[22] Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

4. Confidentiality protections

5. Emergency transfer timing and availability

6. Safety and security of participants

7. Prohibited basis for denial or termination of assistance or eviction

8. Lease bifurcation

9. Leases, sub-leases, and occupancy agreements

10. Tracking requests and outcomes

11. Related documents and attachments

[TX BoS CoC Emergency Transfer Plan](#)

[Attachment E: Model Emergency Transfer Plan for Housing Providers](#)

Confidentiality and Security of Participant Records

Policy

The CoC Program Interim Rule requires written procedures to ensure the security and confidentiality of all records containing personally identifying information of any individual or family who applies for and/or receives Continuum of Care assistance.

Thus, the TX BoS CoC requires that the documentation necessary for the effective delivery and tracking of services is kept up to date and that the confidentiality of participant households is maintained. Projects must make their data collection and sharing methods transparent so participant households are well-informed of how their information is maintained, stored, and used. Participant households should be provided such information in written form before receiving project assistance.

Procedure

1) The file maintained on each participant household should, at a minimum, include information required by HUD, i.e., documentation of homeless status, documentation of disability, if required, participation agreements, service plans, case notes, information on the services provided both directly and through referrals to community agencies and individuals, and any follow-up and evaluation data that are compiled.

2) Participant information must be entered into HMIS in accordance with the data quality standards, timeliness standards, and additional requirements found in the HMIS Policies and Procedures manual[20]. At a minimum, projects must record the date the household enters and exits the project, Universal Data Elements (UDEs) for each household member, and annual assessments for households that remain in a project for a year or more. The participant household's signed Release of Information (ROI) for HMIS should also be included in the file. If a project is required to use a comparable database instead of HMIS, the same data elements must be entered, and the ROI for the comparable database should be kept in the household's file.

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[20] Texas Homeless Network. HMIS Administrative Documents: http://thn.org/balance-of-state-continuum-of-care/hmis-implementation-guide

3) The project will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant, as appropriate, except to project staff and other agencies as required by law. Participants must give informed consent to release any identifying data to be utilized for research, teaching, and public interpretation.

4) All records pertaining to Continuum of Care funds must be retained for the greater of 5 years or 5 years after the expenditure of all funds from the grant under which the project participant was served. Copies made by scanning, photocopying, or similar methods may be substituted for the original records. Where Continuum of Care funds are used for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 15 years after the date that the project site is first occupied, or used, by project participants. Records pertaining to other funding sources must adhere to those record retention requirements.

   a. All records pertaining to each fiscal year of ESG funds must be retained for the greater of 5 years or the period specified below. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.

      i. Documentation of each project participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual and other project participant records must be retained for 5 years after the expenditure of all funds from the grant under which the project participant was served;

      ii. Where ESG funds are used for the renovation of an emergency shelter and involves costs charged to the ESG grant that exceed 75 percent of the value of the building before renovation, records must be retained until 10 years after the date that ESG funds are first obligated for the renovation; and

      iii. Where ESG funds are used to convert a building into an emergency shelter and the costs charged to the ESG grant for the conversion exceed 75 percent of the value of the building after conversion, records must be retained until 10 years after the date that ESG funds are first obligated for the conversion.

TX BoS CoC Monitoring Strategy

As the Lead Agency, THN is responsible for monitoring the activities and performance of CoC Program funded projects in the TX BoS CoC to ensure funds are used in accordance with the requirement established in 24 CFR Part 578. THN's monitoring does not exclude HUD's monitoring, and both entities can conduct monitoring within the same year. The TX BoS CoC will utilize a range of strategies to monitor CoC Program-funded projects for compliance and performance. These strategies include Quality Review Plans, On-Site Monitorings, Remote Desk Reviews, and Quarterly Performance Scorecards.

Onsite Monitoring

TX Bos CoC staff will conduct a comprehensive evaluation of the compliance and wellness of CoC Program projects in the TX BoS CoC. The monitoring will occur at the selected agency and is scheduled no less than one month in advance. Projects that meet certain criteria, such as being subject to Conditional Inclusion or having a current or former CoC Project participant submit a complaint to THN or HUD, are selected for on-site monitoring.

TX Bos CoC Staff determines project compliance by evaluating project and agency-level materials using HUD Monitoring Exhibits. Key components of on-site monitoring include file review, financial review, grant administration review, and subrecipient documentation. File review evaluates whether appropriate documentation is maintained for eligibility, housing, and supportive services. Financial review evaluates compliance with CoC Program cost allowability and eligibility. Grant administration review evaluates compliance with CoC Program administrative requirements, activities, and expectations.

TX Bos CoC staff will review all agency and project-level policies and procedures that govern the CoC Program, including Program Manuals, Standard Operating Procedures, match documentation, Annual Performance Reports, and the current grant agreement and any amendments. In instances where a recipient has one or more subrecipients, staff may review subrecipient documentation, including subrecipient agreements and evidence of subrecipient monitoring.

Desk/Remote Reviews

TX BoS CoC staff will conduct desk reviews to review complaints received in the CoC Program-funded projects. These reviews include a review of the participant file and policies, evaluated

against appropriate Monitoring Exhibits. If necessary, additional participant files may be requested and reviewed, including current and exited participants. Desk Reviews may also include components subject to On-Site Monitoring. If evidence supports a complaint, staff may inform the agency's HUD representative and share relevant materials or reports. Regardless of the outcome, TX BoS CoC staff must provide participants with information on reporting fraud, waste, or abuse.

Quarterly Scorecards

TX BoS CoC staff will conduct quarterly Performance Scorecards (QPSC) to evaluate the performance of projects. The QPSC assesses objective data outcomes and self-reported information against performance benchmarks developed by TX BoS CoC staff, with input from funded projects. The review process is conducted annually, with scores and weights informed by the current CoC Program NOFO and priorities determined by the TX BoS CoC and THN. All projects in operation for at least 12 months are evaluated during this review period. The QPSC is completed quarterly using reports from HMIS or comparable database, Sage HMIS Reporting Repository, supplemental information, and publicly available information. The scorecard is then provided electronically via email and debriefed with projects. Failure to comply may result in escalation to HUD.

Quality Review Plans

Quality Review Plans (QRP) aim to assist Conditionally Included projects in improving performance, compliance, and spending. Projects selected for a QRP will develop a plan tailored to their unique needs, in close coordination with TX BoS CoC staff. Monthly meetings with TX BoS Staff will assess progress towards SMART goals, which may include policy development, capacity and cost-effectiveness strategies, internal monitoring, staff training, and internal controls. Projects will continue participating in the QRP until they no longer meet the criteria for Conditional Inclusion or are fully reallocated, as per the TX BoS CoC's Conditional Inclusion Procedure.

Self Monitoring

Projects must conduct a thorough analysis of participant files, reviewing them at least quarterly and prioritizing old files. Participant files are reviewed within two weeks of project enrollment and termination. Primary participant support staff ensure documentation comply with HUD recordkeeping requirements, while supervisory staff conduct annual reviews. When conducting file reviews, designated review staff will focus efforts on six categories: participant

eligibility, enrollment documentation, rental assistance or leasing documentation, service delivery documents, HMIS or comparable database documentation and exit documentation. If a project identifies a non-resolvable file deficiency, the review staff will create a MEMO TO FILE detailing the problem and its resolution steps. If the issue persists, project staff should seek guidance from HUD Field Office or THN.

Appendices

Appendix A- Definitions

Chronically Homeless: 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:
    a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
    b. 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) of the HUD Homeless Definition. 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.[21]

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[21] United States Department of Housing and Urban Development, December 2015, Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Defining "Chronically Homeless" Final Rule: https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/.

Contact: An instance of interaction between project staff and a participant. Examples: a verbal conversation between a street outreach worker and a participant about the participant's well-being or needs, a referral to service by project staff to a participant, etc.

Continuum of Care (CoC): The group organized to carry out the responsibilities of the U.S. Department of Housing and Urban Development's CoC Program and that 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, to the extent these groups are represented within the geographic area and are available to participate. Responsibilities of the CoC include the operation of the CoC; designating and operating an HMIS; and Continuum of Care planning.

Coordinated Entry System (CES): CES refers to the TX BoS CoC's Coordinated Entry process that serves persons at-risk of or experiencing homelessness in the TX BoS CoC. The process includes standardized structures and protocols that streamline screening, assessment and referral processes for those experiencing homelessness.

Engagement: An activity pertaining to locating, identifying, and/or building relationships with unsheltered homeless people and engaging them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.

Enrollment: The point at which a client has formally consented to participate in a project that has availability to serve the participant.

Homeless: This document adopts the criteria of the definition of "homeless" under 24 CFR 576.2 and 24 CFR 578.3, as well as the expanded definition of Category 4 under VAWA 2022.[22] The adopted definition of "homeless" consists of four categories:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

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[22] https://www.federalregister.gov/documents/2023/01/04/2022-28073/the-violence-against-women-act-reauthorization-act-of-2022-overview-of-applicability-to-hud-programs

(i)   An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii)   An individual or family 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

(iii)   An individual who is 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 that institution

(2) An individual or family who will imminently lose their primary nighttime residence, provided that:

(i)   The primary nighttime 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, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing

(3) 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 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);

(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 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

(4) Any individual or family who:

      (i)   Is experiencing trauma or a lack of safety related to, or fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized;

      (ii)   Has no other safe residence; and

      (iii)   Lacks the resources to obtain other safe permanent housing.

Homeless Management Information System (HMIS): A database that allows agencies within the housing crisis response system to collect basic demographic information, track services, update case plans, and track outcomes at the project and participant level. It is the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD. In the TX BoS CoC, the HMIS is called ClientTrack.

Housing Case Management: Housing Case Management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's housing and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes. The case management services are voluntary, comprehensive in nature, and tailored to the varying needs of the individual and/or family.

Housing Case Management differs from traditional case management services in that its goals focus on housing goals over therapeutic goals.

The case management process includes identifying the individual and/or family's strengths and goals determined by an assessment and included in an individualized housing plan developed before and/or during housing navigation. A case manager and/or Housing Navigator works with the individual and/or family to achieve short-term and long-term goals, helping them access the necessary services. Although locating and obtaining housing should be the primary goal, this cooperative relationship addresses the following:

- Housing stabilization services that include arranging, coordinating, linking and monitoring the delivery of services that assist participants to obtain and sustain housing stability
- Monitoring program participant progress
- Assuring that the rights of participants are protected
- Development of individualized housing plans for each program participant
- Counseling, education, employment, and life skills goals, where such goals help a participant maintain independent housing

Housing Crisis Response System (HCRS): A Housing Crisis Response System (HCRS) is a systematic response to homelessness that ensures that homelessness is prevented whenever possible or, if it cannot be prevented, it is a rare, brief, and non-recurring experience. The HCRS is made up of the services and projects that work with individuals and families experiencing homelessness.

Housing First: According to the National Alliance to End Homelessness, Housing First is a homeless assistance approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible – and then providing voluntary supportive services as needed. This approach prioritizes client choice in both housing selection and in service participation. Housing First programs share critical elements:

- A focus on helping individuals and families access and sustain permanent rental housing as quickly as possible;
- A variety of services delivered to promote housing stability and individual well-being on an as-needed and entirely voluntary basis; and

- A standard lease agreement to housing – as opposed to mandated therapy or services compliance.

While all Housing First programs share these elements, program models vary significantly depending upon the population served. For people who have experienced chronic homelessness, long-term services and support may be needed. For most people experiencing homelessness, however, such long-term services are not necessary.

Utilizing the Housing First model is a requirement of TX BoS CoC Program funded projects. The TX BoS CoC will work with projects to review system- and project-level eligibility criteria to identify and remove barriers to accessing services and housing that are experienced by homeless individuals and families.

HUD: The U.S. Department of Housing and Urban Development.

TX BoS CoC: The Texas Balance of State Continuum of Care.

VI-SPDAT and F-VI-SPDAT: The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) and Family Vulnerability Index – Service Prioritization Decision Assistance Tool (F-VI-SPDAT) are the result of a combination of two tools – the Vulnerability Index (VI) survey created by Community Solutions for use in street outreach, which helps to determine the chronicity and medical vulnerability of homeless persons, and the Service Prioritization Decision Assistance Tool (SPDAT) created by OrgCode as an intake and case management tool.[23] Providers in the TX BoS CoC must use the score generated from the tool, in addition to other factors, to prioritize households for housing assistance. The VI-SPDAT is used in single-person households, whereas the F-VI-SPDAT is used to households containing more than one person, usually with minor children.

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[23] OrgCode Consulting, Inc. and Community Solutions, July 2014, The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) Manual for Single Person Households: http://www.orgcode.com/wordpress/wp-content/uploads/2014/08/VI-SPDAT-Manual-2014-v1.pdf.

Appendix B- Engagement Projects/Services Desk Guides

Street Outreach (SO)

Essential Project Elements	Eligibility Requirements	Performance Metrics
• **Engagement**- Activities that locate, identify, and build relationships with unsheltered homeless people for the purpose of providing immediate support. Should occur within and outside of business hours. • **Assessment**- Complete, at minimum, a VI-SPDAT or F-VI-SPDAT with all participants • **Navigation**- Assist homeless households to enroll in services and link to housing. • **Case Management**- Arrange, coordinate, and monitor the delivery of individualized services. Service plans should be participant- and housing-centered, and emphasize participant choice. • **Coordination**- Coordinate with other outreach teams to avoid duplication of services and optimize coverage.	• **Category 1** of the homeless definition in Appendix A of this document	• The extent to which persons who exit homelessness to permanent housing return to homelessness ▪ This measures participants who exited SO to a permanent housing destination in the date range two years prior to the report date range. • Successful placements from SO to a permanent housing destination, including some exits to temporary and institutional settings • Percent of total engagements that are with chronically homeless/highly vulnerable individuals • Participants who successfully move into emergency shelter, transitional housing, or permanent housing within 30 days after SO enrollment

Homelessness Prevention (HP)

Essential Project Elements	Eligibility Requirements	Performance Metrics
• **Assessment**- Complete individualized assessments that evaluate household needs, financial needs, and eligibility for mainstream resources. *VI-SPDATs and F-VI-SPDATs should not be used*. • **Case Management/ Navigation**- Create a housing stabilization plan and provide (or provide referrals to) needed housing stabilization services and mainstream resources using a progressive engagement approach. • **Financial Assistance**- Provided in compliance with a progressive engagement model, in order to provide the "lightest touch" intervention possible.	- If funded by any source: • **Category 2** of the homeless definition in Appendix A of this document; or, • **Category 4** of the homeless definition in Appendix A of this document -If funded by the ESG Program: • Individuals and families who meet the criteria under the "at risk of homelessness" definition per the ESG Interim Rule; or, • **Category 2** of the homeless definition in Appendix A of this document; or, • **Category 4** of the homeless definition in Appendix A of this document	• Successful exits from HP to a permanent housing destination, including maintaining current permanent housing

Diversion

Essential Project Elements	Eligibility Requirements	Performance Metrics
• **Assessment**- Complete a housing barrier assessment. If the household is literally homeless (Category 1 of the HEARTH Act definition), also complete a VI-SPDAT or F-VI-SPDAT. • **Specialized Services**- Typically conflict mediation, housing location/stabilization, and referral to mainstream resources • **Access to Flexible Financial Assistance**- A small pool of flexible funds that provide assistance for households to obtain/maintain housing (e.g., car repairs, grocery gift cards, bus tickets, child care vouchers).	Diversion can be performed with any household presenting with a housing crisis.	Not yet established.

Appendix C- Temporary Housing Desk Guides

Emergency Shelter (ES)

Essential Project Elements	Eligibility Requirements	Performance Metrics
Low-Barrier- Maintain as few barriers to entry as possible **Safety**- Provide a safe physical environment **Assessment**- Complete, at minimum, a VI-SPDAT or F-VI-SPDAT with all participants **Services**- Voluntary, housing-focused, client-centered services. Create a housing plan and provide (or provide referrals to) needed housing identification services and mainstream resources **Coordination**- Work with local service providers to provide needed services to households in ES	**Category 1** of the homeless definition in Appendix A of this document; or, **Category 4** of the homeless definition in Appendix A of this document	- Average and median length of time participants remain homeless is equal to or less than 30 days. - The extent to which participants who exit homelessness to permanent housing return to homelessness - This measures participants who exited ES to a permanent housing destination in the date range two years prior to the report date range. - Successful exits from ES to permanent housing - Percent participants age 18 or older with earned income at exit - Percent participants age 18 or older who have non-cash benefits at exit - Percent participants with 1+ source of non-cash benefits at exit - Percent participants age 18 or older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit

Inclement Weather Emergency Shelter (IWES)

Essential Project Elements	Eligibility Requirements	Performance Metrics
• **Low-Barrier**- Maintain as few barriers to entry as possible • **Safe, Adequate Shelter**- Provide a safe physical environment, including access to sleeping space, hygiene amenities, and food items. • **Services**- To the extent that funding/capacity allowed, IWES may provide case management and/or housing navigation	• **Category 1** of the homeless definition in Appendix A of this document; or, • **Category 4** of the homeless definition in Appendix A of this document	• Percent of participant households served will be entered into HMIS, in accordance with the HMIS Policies and Procedures. This metric will apply only if the IWES provider is using HMIS.

Transitional Housing (TH)

Essential Project Elements	Eligibility Requirements	Prioritization	Performance Metrics
• **Low-Barrier**- Maintain as few barriers to entry as possible • **Lease/Occupancy Agreement**- Participants must hold a valid, standard, lease/occupancy agreement with TH provider or landlord • **Rental Assistance/Occupancy Charges**- Provide free or subsidized housing units • **Safety**- Provide a safe physical environment with access to residential amenities • **Services**- Voluntary, housing-focused, client-centered services. Create a housing plan and provide (or provide referrals to) needed housing identification services and mainstream resources. Must not be disability-related.	• **Category 1** of the homeless definition in Appendix A of this document; or, • **Category 4** of the homeless definition in Appendix A of this document	Households appropriate for TH typically score between 4 and 7 on the VI-SPDAT and between 4 and 8 on the F-VI-SPDAT.	• The extent to which persons who exit homelessness to permanent housing return to homelessness ▪ This measures participants who exited TH to a permanent housing destination in the date range two years prior to the report date range. • Successful exits from TH to permanent housing destinations • Percent participants age 18 or older with earned income at exit • Percent participants age 18 or older who have non-cash benefits at exit • Percent participants with 1+ source of non-cash benefits at exit • Percent participants age 18 or older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit

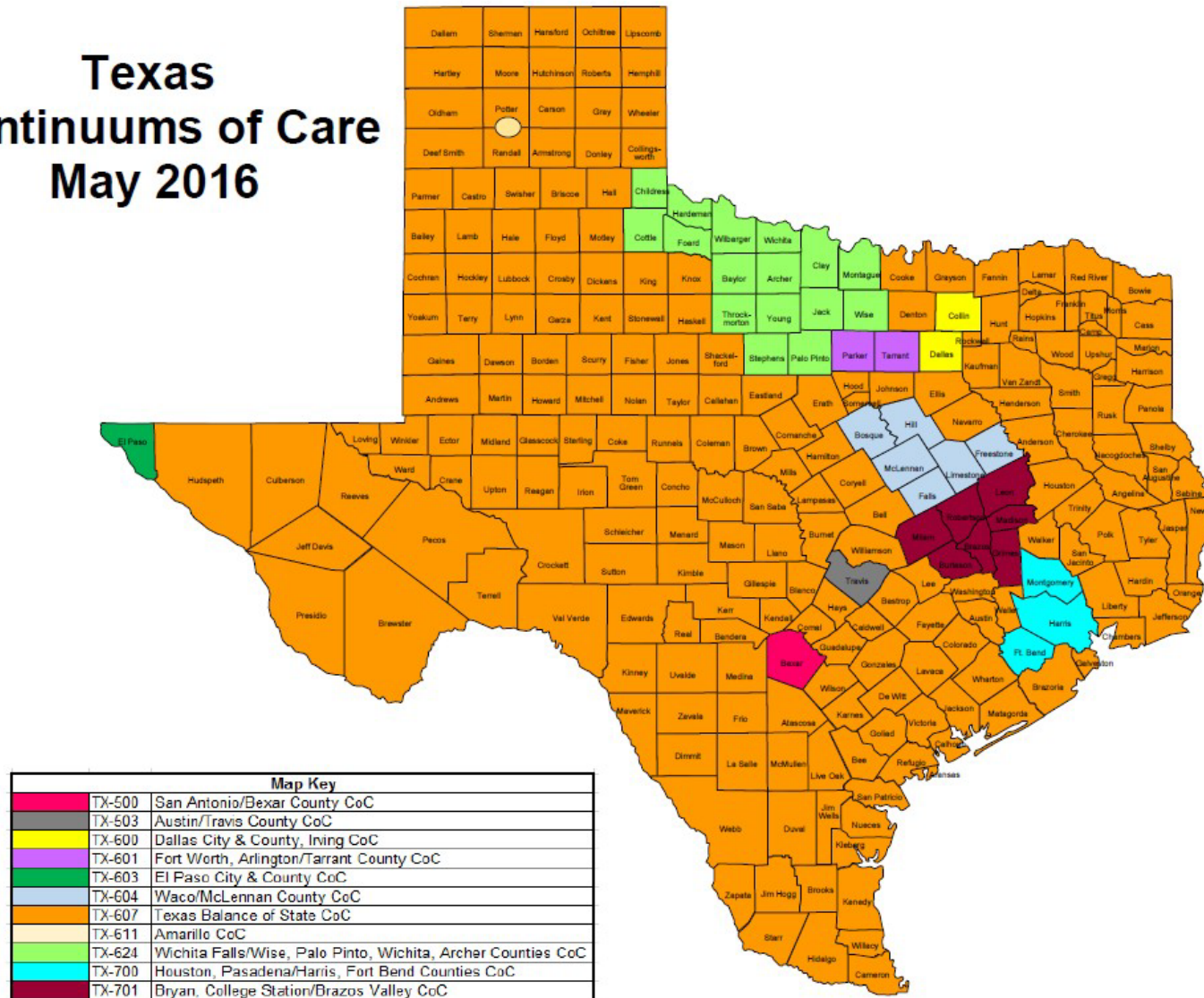## Appendix D- Permanent Housing Desk Guides

Rapid Re-Housing (RRH)

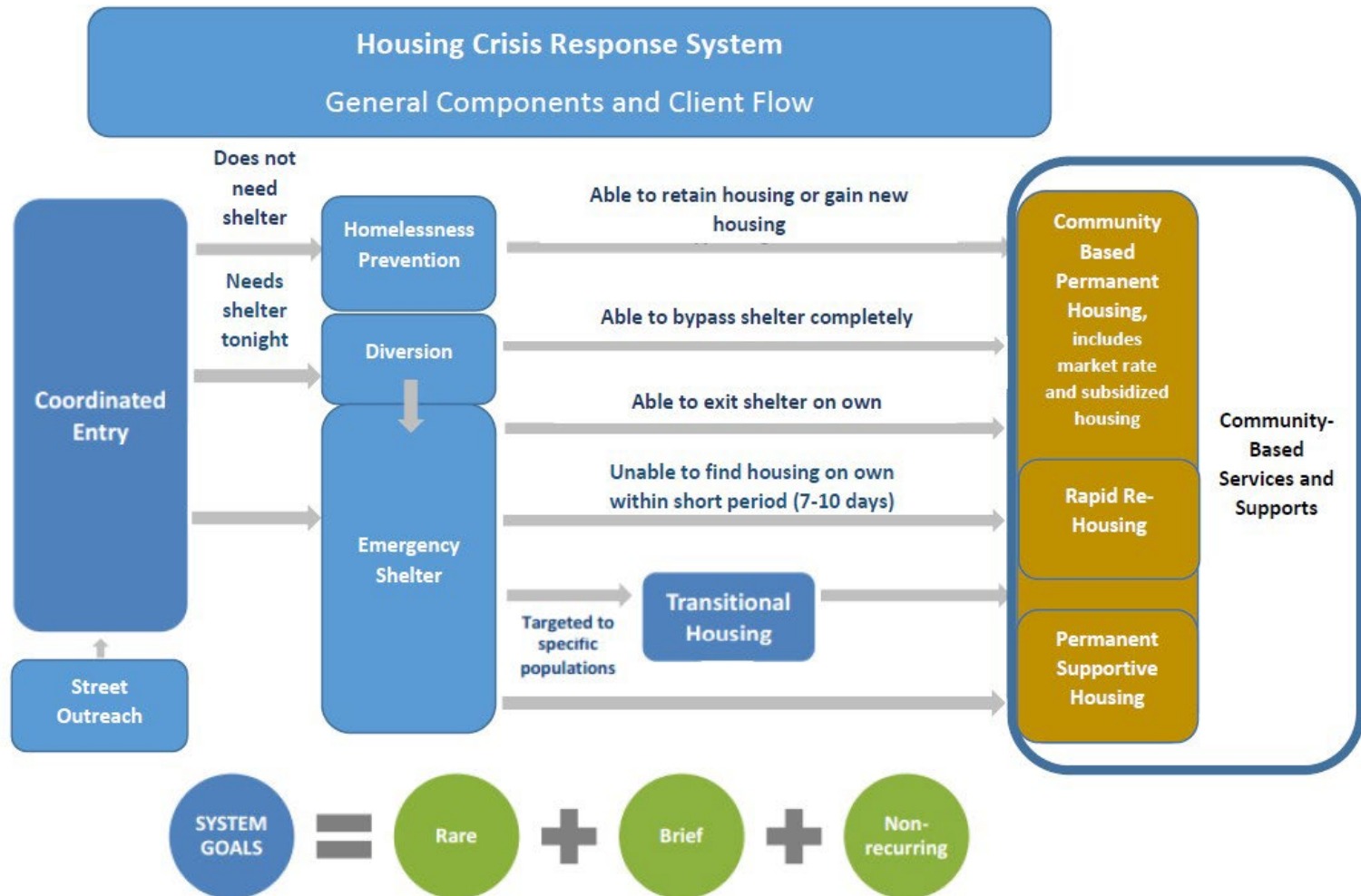| Essential Project Elements	Eligibility Requirements and Prioritization	Assistance Summary	Performance Metrics
• **Housing First**- A no-barrier project model that provides homeless people with housing quickly and then provides services, as needed • **Housing Identification**- Locate housing options that take into account the household's needs and preferences. Partner with landlords. • **Rent and Move-In Assistance (Financial)**- Utilize a progressive engagement model to provide financial assistance to allow households to move out of homelessness and into permanent housing • **Housing-Focused Case Management and Services**- Must occur at least once per month. Services focused on housing goals over therapeutic goals	• **Category 1** of the homeless definition in Appendix A of this document; or, • **Category 4** of the homeless definition in Appendix A of this document Households appropriate for RRH typically score between 4 and 7 on the VI-SPDAT and between 4 and 8 on the F-VI-SPDAT.	• Financial Assistance may be provided for up to **24 months**, though the project should aim to exit participants quickly • **Minimum rent contribution** must be the highest of: ▪ 30% monthly adjusted income ▪ 10% monthly gross income ▪ Living allotment designated in a public agency's welfare assistance	• The extent to which persons who exit homelessness to permanent housing return to homelessness ▪ This measures participants who exited RRH to a permanent housing destination in the date range two years prior to the report date range. • Successful exits from RRH to permanent housing • Percent participants age 18 or older with earned income at exit • Percent participants age 18 or older who have non-cash benefits at exit • Percent participants with 1+ source of non-cash benefits at exit • Percent participants age 18 or older who maintained or increased their total income (from all sources) • The average length of time homeless is 30 days or less. • At least 80% of households exit to a permanent housing • At least 85% of households that exited to a permanent housing destination do not become homeless again within 1 year

Permanent Supportive Housing (PSH)

Essential Project Elements	Eligibility Requirements	Prioritization	Assistance Summary	Performance Metrics

• **Housing First**- A no-barrier project model that provides homeless people with housing quickly and then provides services, as needed
• **Wraparound, Community-Based Services**- Voluntary, housing-focused, client-centered services, including assistance in accessing community-based/mainstream benefits.
• **Rental Assistance**- Unlimited rental assistance may be provided.
	• **Category 1** of the homeless definition in Appendix A of this document; or,
	• **Category 4** of the homeless definition in Appendix A of this document
	
	AND
	
	• **Meets HUD's Definition of Chronic Homelessness,** unless the project has performed a due diligence effort to locate a chronically homeless household in the project's service area and cannot find one.
		If chronically homeless...
		1) Longest history of homelessness and most severe service needs
		2) Longest history of homelessness
		3) Most severe service needs
		4) All other chronically homeless households (HHs).
		
		If not chronically homeless...
		1) HHs with disabilities and the most severe service needs
		2) HHs with disabilities and a long period of continuous or episodic homelessness
		3) HHs with disabilities coming from a place not meant for human habilitation/emergency shelters
		4) HHs with disabilities coming from TH
			• Unlimited rental assistance may be provided
			• **Minimum rent contribution** must be the highest of:
			  ▪ 30% monthly adjusted income
			  ▪ 10% monthly gross income
			  ▪ Living allotment designated in a public agency's welfare assistance
				• 80% of participants maintain or exit to permanent housing
				• The extent to which persons who exit homelessness to permanent housing return to homelessness
				  ▪ This measures participants who exited PSH to a permanent housing destination in the date range two years prior to the report date range.
				• Percent participants age 18 or older with earned income at exit
				• Percent participants age 18 or older who have non-cash benefits at exit
				• Percent participants with 1+ source of non-cash benefits at exit
				• Percent participants age 18 or older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit

Appendix E- Texas CoC Map

Texas
Continuums of Care
May 2016

	Map Key	
	TX-500	San Antonio/Bexar County CoC
	TX-503	Austin/Travis County CoC
	TX-600	Dallas City & County, Irving CoC
	TX-601	Fort Worth, Arlington/Tarrant County CoC
	TX-603	El Paso City & County CoC
	TX-604	Waco/McLennan County CoC
	TX-607	Texas Balance of State CoC
	TX-611	Amarillo CoC
	TX-624	Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties CoC
	TX-700	Houston, Pasadena/Harris, Fort Bend Counties CoC
	TX-701	Bryan, College Station/Brazos Valley CoC

Appendix F- Housing Crisis Response System (HCRS) Diagram

Based off of the Supportive the Homeless Crisis Response System Map on Slide 34, Services for Veteran Families West Coast SSVF Launch Presentation, "*The Cure:* Evidence-Based Elements to End