



HEART OF TEXAS HOMELESS COALITION

TX-604 Waco/McLennan County
Continuum of Care
Governance Charter &
Policies and Procedures

HISTORY OF CoC GOVERNANCE CHARTER & POLICIES AND PROCEDURES

AMENDMENTS AND APPROVALS BY THE CoC BOARD OF DIRECTORS

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HEART OF TEXAS
HOMELESS COALITION

Advocacy, Assistance & Acknowledgment

TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

CoC Governance Structure

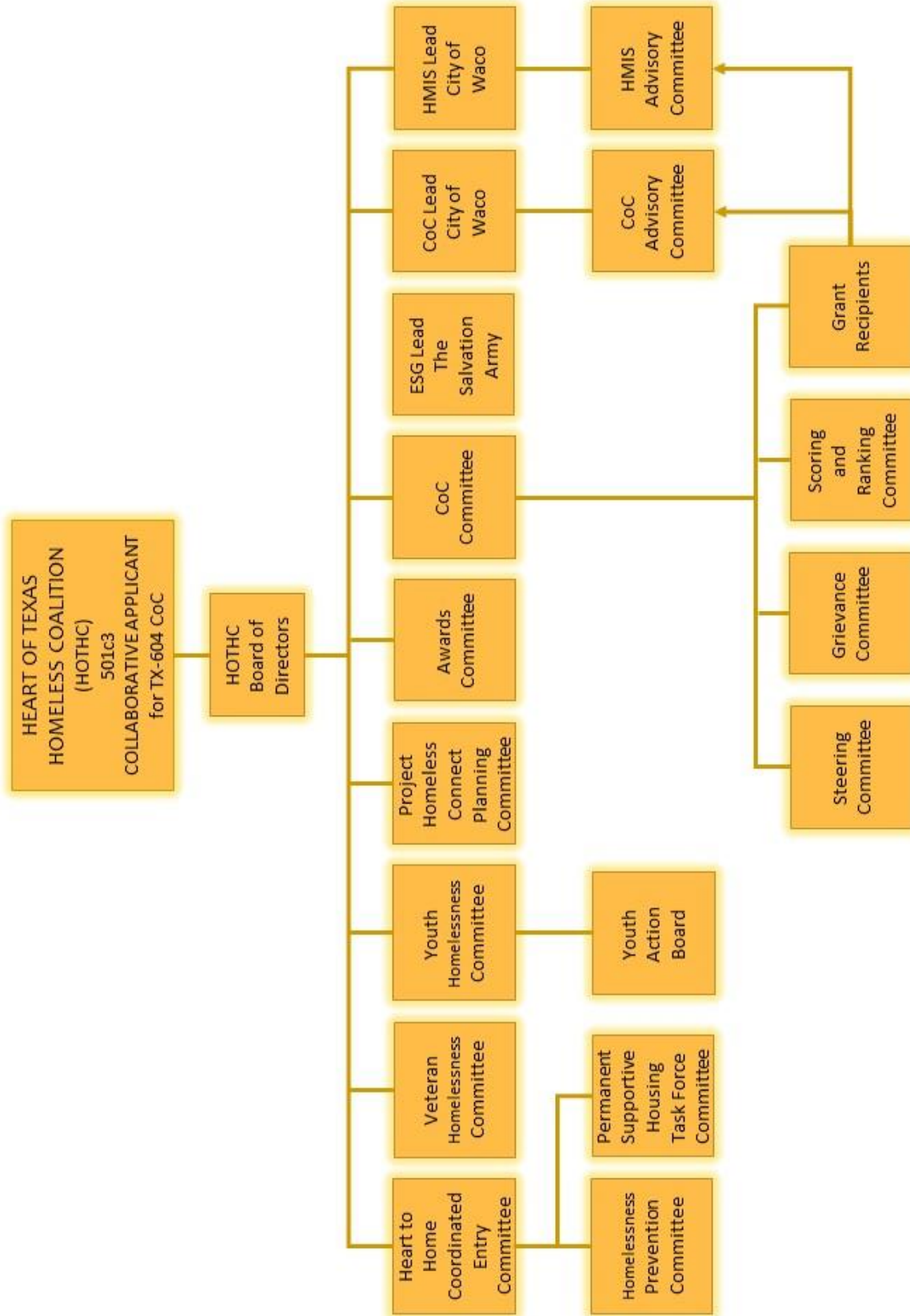
The Charter identifies the CoC's governance structure, including CoC Lead/Collaborative Applicant and HMIS Lead Agency designations and purposes. The Charter also describes the purposes of the CoC Board and other committees. The name of the affiliation is the TX-604 Waco/McLennan County Continuum of Care (CoC) which operates in concert with the Heart of Texas Homeless Coalition (HOTHc), recognized by the IRS as a 501c3 non-profit organization.

The geographic area of the TX-604 CoC includes 6 counties in the state of Texas: Bosque, Falls, Freestone, Hill, Limestone, and McLennan. Within these counties, the Heart of Texas Homeless Coalition (HOTHc) conducts local CoC planning, housing and service development and delivery, and evaluation, as well as CoC-wide activities through the general membership, HOTHc Board, and committees.

The TX-604 CoC consists of:

- CoC General Members
- HOTHc Board of Directors
- CoC Lead
- HMIS Lead
- ESG Lead
- CoC Standing Committees
- CoC Ad Hoc Committees

HEART OF TEXAS HOMELESS COALITION ORGANIZATIONAL CHART



CoC GENERAL MEMBERSHIP

The General Membership represents persons experiencing or at risk of homelessness, providers of homeless services, and other relevant organizations and community stakeholders to establish a Continuum of Care and a CoC Board, and to fulfill the CoC's responsibilities, as required by HUD. The responsibilities of the CoC may be completed by the membership at large, or through delegation to the CoC Board, CoC committees and work groups, the CoC Lead Agency, or other groups.

CoC General Members are those organizations and persons participating in local homeless planning efforts in the TX-604 CoC's geographic area, including; persons participating in the work of the HOTHHC Board, and/or committees. Homeless and/or formerly homeless individuals, organizations and other interested individuals make up the lead workgroups responsible for managing community planning, coordination, and evaluation to ensure that the system of homeless services and housing rapidly ends people's homelessness permanently. This includes planning for the use of HUD HEARTH CoC resources and coordinating these funds with other resources in their communities. General Membership includes representatives of relevant organizations, e.g., homeless services providers, victim services providers, medical services, law enforcement, school districts, and agencies serving other homeless subpopulations.

HOTHHC BOARD OF DIRECTORS

The CoC HOTHHC Board is the primary decision-making body for the TX-604 CoC. Board members determine the policy direction of the CoC and ensure that the CoC fulfills its responsibilities as assigned by HUD. Additionally, the Board oversees and approves the work of CoC committees and workgroups. The Board will consist of a minimum of nine members to a maximum of fifteen members. The CoC will ensure that the CoC HOTHHC Board, its chair, and any persons acting on behalf of the Board comply with a code of conduct and with conflict-of-interest requirements and recusal processes. The CoC HOTHHC Board will strive to ensure broad representation among the 15 positions, including community stakeholders from around the CoC's geographic area and agency staff representing the major homeless subpopulations. Individual Board members may represent multiple sectors or stakeholders. Board members and officers are elected by the full CoC membership at the CoC General Meeting held in January of each year. Board members will serve staggered terms of two years so that every year, half of the positions will stand for election. See the HOTHHC By Laws (Appendix A).

CONTINUUM OF CARE (CoC) LEAD

The City of Waco has been selected by the TX-604 CoC to serve as the CoC Lead Agency to provide staff support to the Board and committees that constitute the CoC. The lead agency performs a variety of necessary functions such as performance monitoring, engagement and education of stakeholders, planning activities to improve the housing crisis response system, and submission of the annual collaborative CoC Program grant application. The CoC Lead Agency manages all aspects of the CoC, including ensuring all federal CoC Program requirements are met.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) LEAD

The TX-604 CoC has designated the City of Waco as lead in data management. ServicePoint by Mediware is the HMIS system utilized for meeting HUD client level data collection and reporting.

EMERGENCY SOLUTIONS GRANT (ESG) LEAD

One agency, The Salvation Army, currently applies for ESG funding. Data from services provided are included in HMIS and this organization also participates in CoC strategic planning and inclusion in the Consolidated Plan. Project funding is approved by the State of Texas, HOTH, and the City of Waco. Monitoring is provided by the CoC Committee.

CoC STANDING COMMITTEES

- The **CoC Committee** is a standing committee which serves as a means for the Board, Corporation, and Membership to concentrate efforts to sustain and improve the CoC Programs. CoC Committee responsibilities include; review of CoC Policies and Procedures annually, review tools and recommend prioritization methodology for the collaborative grant application process, perform quarterly monitoring of program performance and identifies and recommends strategies for meeting community needs or gaps in services. Stakeholders representing sectors of the community comprise this committee including; non-profit homeless providers/business, public housing, school districts, unaccompanied youth, social services providers, universities, affordable housing developers, victim services, government, advocates, mental health agencies, hospitals, law enforcement, substance abuse, veteran service providers, and local foundations.
- The **Scoring and Ranking Committee** is a sub-committee of the CoC Committee which utilizes tools and policies and procedures to score and rank projects for the HUD collaborative application. This committee shall consist of an uneven number of voting members, with a minimum of five members. This committee meets annually. Members of this committee must have no direct or indirect conflict of interest and must abide by the CoC Code of Conduct, Conflict of Interest and Recusal Policies (see Appendix B)
- The **Grievance Committee** receives from the CoC Lead written grievance from applicant organizations of the collaborative grant application which has not been resolved through CoC Lead response. The Grievance Committee will review the grievance for any violation, improper application, disparity in the application of rules or process which results in the organization being adversely affected by the score and rank assigned. The committee will send a written response to the CoC Lead who will notify the organization of results of the review. Members of this committee must have no direct or indirect conflict of interest and must abide by the CoC Code of Conduct, Conflict of Interest and Recusal Policies.
- The **Steering Committee** receives from the CoC Lead written grievance from applicant organization of the collaborative grant application which has not been resolved through CoC Lead response or review and response by the Grievance Committee. The Steering Committee will review the grievance and any other additional information submitted by the applicant organization for any violation, improper application, disparity in the application of rules or process which results in the organization being adversely affected by the score and rank assigned. The committee will send a written response to the CoC Lead who will notify the organization of results of the review which are final. If not satisfied, the applicant organization may at that point submit application directly to HUD. Members of this committee must have no direct or indirect conflict of interest and must abide by the CoC Code of Conduct, Conflict of Interest and Recusal Policies.

- The **CoC Advisory Committee** provides guidance to the HOTH Board, CoC Lead, and Membership on aspects of planning, implementing, and evaluating provision of an effective crisis housing response system.
- The **HMIS Advisory Committee** provides guidance to the HOTH Board, HMIS Lead, and Membership on data management as a tool for planning, program compliance and evaluation of community needs and gaps in services.
- **Project Homeless Connect Planning Committee** plans and implements the biannual Project Homeless Connect event, as service fair with a purpose of assisting local individuals who are homeless or at risk of homelessness.
- The **Heart to Home Coordinated Entry Committee** is responsible for planning and carrying out the Coordinated Entry System for the Heart of Texas Homeless Coalition.
- The **Homeless Prevention Committee** is a sub-committee of the Heart to Home Coordinated Entry Committee. This committee is composed of community organizations that provide homeless prevention, with the goal of collaborating on existing resources and how to allocate those resources through Coordinated Entry.
- **Permanent Supportive Housing Task Force Committee** is a committee designed to carry out CoC goals of creating greater housing opportunities for individuals and families experiencing homelessness. This committee meets monthly and is a sub-committee of the Heart to Home Coordinated Entry Committee.
- The **Veteran Homelessness Committee** plans and implements strategies for ending Veteran homelessness.
- The **Youth Homelessness Committee** plans and implements strategies for ending youth homelessness.
- The **Youth Action Board** is a group of youth, age 24 and younger (of at least 3 members), at least two-thirds of whom are homeless or formerly homeless, that has full membership in the CoC and are included in policymaking decisions of the CoC, particularly on policies that relate to preventing and ending youth homelessness.
- **CoC Ad Hoc Committees** are formed by the CoC HOTH Board as short-term workgroups on an as-needed basis to accomplish certain tasks. Ad hoc committee membership will vary depending on the particular needs of the group. Each ad hoc committee will be led by a Chair and a Co-Chair. Other committee members may be other members of the HOTH Board, General members, and/or other stakeholders.

While decisions for the Continuum will be made by the CoC General Membership and/or HOTH Board, the work of the Continuum will generally be carried out by committees and, as appointed by committees, subcommittees. Committees may make recommendations regarding policies and procedures for voting approval by the CoC HOTH Board. The HOTH Board will establish standing committees as necessary to ensure all CoC responsibilities are fulfilled according to HUD regulations.



HEART OF TEXAS
HOMELESS COALITION

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TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE POLICIES AND PROCEDURES

SECTION 1: CONTINUUM OF CARE MEMBERSHIP AND RESPONSIBILITIES (24 CFR PART 578.5 AND 578.7)

POLICY:

The TX-604 Waco/McLennan Continuum of Care (CoC) will be established by representatives from relevant organizations within the geographic area of the CoC. Relevant organizations include nonprofit homeless assistance 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, and organizations that serve veterans, domestic violence victims, youth and homeless and formerly homeless individuals.

The CoC geographical area covers six counties as designated by the U.S. Department of Housing and Urban Development (HUD): McLennan, Falls, Bosque, Hill, Limestone, and Freestone.

The TX-604 Waco/McLennan County CoC will establish and follow protocols for full CoC Assembly meetings, including:

1. Provide a public means of extending the invitation within the CoC's geographic area at least annually.
2. Establish committees, subcommittees, or workgroups/taskforces to fulfill the CoC's responsibilities
3. Document and adhere to a process of appointing members to committees, subcommittees, or workgroups/taskforces

PROCEDURE:

The Heart of Texas Homeless Coalition (HOTHHC) Board and their designees will contact representatives of relevant organizations to solicit their membership in the CoC.

1. Each member of the CoC is responsible for helping to recruit new members.
2. All members will contact representatives of relevant organizations to solicit their membership in the CoC.
3. All CoC members who provide homeless services will identify and contact consumers who are or were homeless to invite their participation in the CoC.
4. Open invitation to join the CoC will remain posted on the HOTHHC website.
5. An invitation for membership will be sent from the HOTHHC listserv annually.
6. At least annually, the HOTHHC social media sites will include an invitation to join the CoC.

Membership may be on an individual or agency basis. No more than two representatives from one agency will be eligible to vote at a general membership meeting.

Individual membership dues are \$15 per year; \$25 per year for nonprofit organizations; and \$50 per year for profit entities. State agencies are exempt from paying dues. Individual employees are encouraged to register as individual; however, this will not affect voting privileges.

Current agency membership dues are not a requirement in order to be eligible to vote at general membership meetings. In order to be a voting representative, an individual or agency must attend a minimum of seven meetings during a twelve month period. Members must be present to vote and proxy voting is not allowed at General Membership meetings.

Control of this corporation shall rest with the membership. Any action of the board of directors shall be subject to review by the membership on request of any member at the regular meeting. An action of the board of directors may be altered or rescinded by two-thirds vote of the membership present at a regular meeting.

Regular meetings of the membership shall be held each month unless the board of directors shall determine otherwise. In no event shall fewer than eight (8) such meetings be held in any one fiscal year. All meetings are open meetings regardless of status of dues. CoC Assembly agendas will be posted on the Heart of Texas Homeless Coalition (HOTHc) website at www.heartoftexashomeless.org one week prior to the meetings.

The membership meeting in January shall be designated as the Annual Meeting for the election of officers and members of the board of directors.

Special meetings of the members may be called by the Chairperson, the board of directors or upon written request to the Chairperson signed by five (5) or more members.

SECTION TWO: CONTINUUM OF CARE BOARD REQUIREMENTS (24 CFR PART 578.5 AND 578.7)

POLICY:

The TX-604 Waco/McLennan County Continuum of Care (CoC) will follow written processes to select the Heart of Texas Homeless Coalition (HOTHc) Board of Directors and the CoC Committee of the Board of HOTHc to act on behalf of the CoC (see Appendix A: HOTHc Bylaws). The CoC will review, update, and approve the selection process at least once every five years.

The HOTHc Board of Directors will be representative of the relevant organizations and of projects serving homeless populations and include at least one homeless or formerly homeless individual.

The CoC will ensure that members of the HOTHc Board, CoC Committee, sub-committees and any persons acting on behalf of the CoC Committee comply with the Code of Conduct, Conflict of Interest and Recusal Policies. HOTHc Board members as well as officers, agents, staff, and any committee members with governing board delegated powers will sign a Code of Conduct, Conflict of Interest, and Recusal Policies Form annually.

The CoC Committee of the Board is a standing committee of the HOTHc Board of Directors and shall serve as a means for the Board, Corporation, and Membership to concentrate efforts to sustain and improve the CoC Programs. The CoC Committee of the Board shall consist of an uneven number of voting members, with a minimum of seven, of whom no more than five shall be members of the HOTHc Board of Directors. It shall also include at least three non-voting members.

PROCEDURES:

Membership requirements to serve on the HOTHc Board of Directors are detailed in the HOTHc Bylaws. At least once every five years, the CoC membership will schedule a review of the board selection process for the CoC's annual meeting.

To serve on the CoC Committee of the Board members must meet the following minimum requirements:

1. Members must reside or work within the CoC's geographical area.
2. The Chair and voting members of the CoC Committee shall be appointed by the HOTHc Board of Directors in collaboration with the CoC Collaborative Applicant and HMIS Lead.
3. The Chair of the CoC Committee, the Continuum of Care Lead, and the HMIS Lead shall be included among the non-voting members of the CoC Committee.
4. Each HUD CoC grant recipient may nominate 1 voting member and one alternate voting representative to this committee.
5. Must attend a minimum of 75% of the regular coalition meetings in a calendar year.
6. Must be current with membership fees each year.

7. The voting members shall be individuals who have no potential conflict of interest related to policy and financing decisions related to the CoC.
8. Must disclose potential conflicts of interest and sign a conflict of interest statement annually AND must recuse from voting on any matter that is a conflict of interest.

The CoC Committee shall execute the following duties:

1. The Committee is responsible for the review, providing guidance as needed, and approval of the following areas of recommendations for action:
 - a. The prioritization of funding needs and strategies to finance housing and services for people experiencing homelessness.
 - b. The emphasis or direction of service delivery approaches for the CoC.
 - c. The identification and prioritization of service needs or gaps in service.
 - d. Responsibilities and duties of convening the HUD Continuum of Care.
 - e. Monitoring CoC recipient and sub-recipient performance, evaluation of program outcomes, and recommendation of corrective action, as needed.
2. Develop policies and procedures conforming to the U.S. Department of Housing and Urban Development (HUD) requirements detailed in 24 CFR part 578.1 to:
 - a. Review and approve for execution the Memorandum of Understanding (MOU) for The City of Waco as the CoC Lead Agency to serve as the Collaborative Applicant to operate the Continuum of Care if The City of Waco is designated by the CoC Committee;
 - b. Review and approve for execution the Memorandum of Understanding (MOU) for The City of Waco as the CoC Administrator of the Homeless Management Information System if The City of Waco is designated by the CoC Committee; and
 - c. Conduct year-round Continuum of Care planning of homelessness and homeless prevention housing and services.
3. Planning oversight includes:
 - a. program development
 - b. implementation design
 - c. financing strategies
4. Review the responsibilities of the standing committees, or other committees, subcommittees, and workgroups/taskforces annually.
5. The Scoring/Ranking Committee, a standing sub-committee, reports to the CoC Committee of the Board with duties that include, but are not limited to, the following:
 - a. Reviews each renewing grants program and/or new project proposals, hears presentations by grant applicants and may conduct site visits with each agency.
 - b. Recommends the methodology of prioritizing the grant programs for the CoC Program NOFA Application to the CoC Committee of the Board for approval.
 - c. Determines the CoC Program NOFA Application priority rankings based on the approved prioritization methodology.
6. Continuously review CoC program performance through HMIS reporting.
7. Receive quarterly reports from all standing committees, workgroups/taskforces and HMIS program.
8. Maintain and update the CoC Policies and Procedures Manual needed to comply with requirements associated with establishing and operating a CoC and HMIS requirements prescribed by HUD.

SECTION THREE: CONTINUUM OF CARE STRUCTURE AND DELEGATION (24 CFR PART 578.5 AND 578.7)

POLICY:

The TX-604 Waco/McLennan County CoC will establish and follow protocols for full CoC Assembly meetings, including:

1. Meet at least six times annually
2. Publish the agenda prior to the meeting
3. Establish minimum standards for inviting new members to join
4. At least annually, invite new members to join
5. Provide a public means of extending the invitation within the CoC's geographic area
6. Establish committees, subcommittees, or workgroups/taskforces to fulfill the CoC's responsibilities
7. Document and adhere to a process of appointing members to committees, subcommittees, or workgroups/taskforces

PROCEDURES:

Minimum Membership Standards:

1. Membership in the CoC is open to agencies, organizations and individuals that provide or facilitate homeless services or advocate for services for those experiencing homelessness. Each agency or organization that is a recipient of HUD Continuum of Care funding will have only one voting representative and one alternate voting representative at any given time. These individuals will also serve as the official contact persons for the agency or organization that she/he represents.
2. Member agencies or organizations will notify HOTHHC, in writing, of the voting representative and alternate. Their telephone numbers and email addresses must be provided for communications. Additional agency or organization personnel email addresses can be provided to receive communications.
3. Prospective members may attend any CoC meeting as a non-voting member before joining.
4. Membership fees shall be paid each January. New members will pay the full amount of annual dues.

Agenda Publication:

1. CoC Committee agendas will be emailed to the HOTHHC listserv one week prior to the meetings.
2. CoC Assembly agendas will be posted on the Heart of Texas Homeless Coalition (HOTHHC) website at www.heartoftexashomeless.org one week prior to the meetings.
3. Each member of the CoC is responsible for helping to recruit new members.
4. All members will contact representatives of relevant organizations to solicit their membership in the CoC.

5. All CoC members who provide homeless services will identify and contact consumers who are or were homeless to invite their participation in the CoC.
6. An invitation for membership will be sent from the HOTHc listserv annually.
7. At least annually, the HOTHc social media sites will include an invitation to join the CoC.

Establishing Committees, Sub-committees and Workgroups/Taskforces:

1. All standing committees, sub-committees and workgroup/taskforce chairs are appointed by the CoC Committee Chair.
2. Committees, sub-committees and workgroups/taskforces will be established as needed to fulfill the CoC Strategic Plan.

SECTION FOUR: CONTINUUM OF CARE GOVERNANCE CHARTER (24 CFR PART 578.7)

POLICY:

In accordance with the 2009 HEARTH Act the TX-604 Waco/McLennan County CoC has established a governance structure to act on its behalf. Governance is provided by the Heart of Texas Homeless Coalition (HOTHc) as the current Collaborative Applicant.

The TX-604 Waco/McLennan County CoC's Governance Charter will:

1. Be reviewed annually and updated as needed by the CoC Committee of the Board in consultation with the HMIS Administrator and Collaborative Applicant; changes must be approved by the HOTHc Board of Directors and ratified by the CoC Committee.
2. Define the CoC's governance structure, including designating the HMIS lead and Collaborative Applicant and the responsibilities for each;
3. Define the responsibilities of committees, subcommittees, or workgroups/taskforces;
4. Specify policies and procedures needed to comply with requirements associated with establishing and operating a CoC and HMIS requirements prescribed by the U.S. Department of Housing and Urban Development (HUD);
5. Define the code of conduct and recusal process for committee, its chair(s), and any person acting on behalf of the CoC Committee of the Board.

PROCEDURES:

Heart of Texas Homeless Coalition (HOTHc) Bylaws and the CoC Policies and Procedures will be reviewed annually. The HOTHc Board will facilitate a committee of four (4) persons appointed by the HOTHc Board of Directors Chair to review the Bylaws and CoC Policies and Procedures. At least two members must be appointed from the CoC Committee.

The CoC Assembly shall select a lead agency to provide staff to the various committees and work groups that constitute the CoC. The lead agency will perform a variety of necessary functions such as performance monitoring, engagement and education of stakeholders and submission of the annual collaborative CoC grant application. The CoC Committee will maintain an MOU agreement with the lead agency that is reviewed annually and updated periodically. The lead agency will be eligible to apply for CoC planning funds through the CoC grant process when available. These funds may be used to provide dedicated staff and resources to the support of the CoC as specified by HUD guidelines.

At this time, the City of Waco has been designated as the lead agency.

The CoC Committee will select an administrator for the Homeless Management Information System (HMIS) for the CoC. The CoC Committee will maintain an HMIS Governance Agreement with the HMIS Administrator. This

agreement is reviewed annually and updated periodically. The administrator is eligible to apply for HMIS funds through the CoC grant process and other sources and will use these funds to dedicate staff and resources to the functions of the HMIS as specified by HUD guidelines.

At this time, the City of Waco has been designated as the HMIS administrator for the CoC.

The HOTHHC Bylaws and CoC Policy Procedures committee will make recommendations to the HOTHHC Board at a regular meeting. Revisions and/or additions can be made by a simple majority (at least 51%) of affirmative votes. Proposed amendments must be in written form and distributed to the members of the HOTHHC Board of Directors prior to the presentation and vote.

The responsibilities of the CoC Committee are as follows:

1. Develop policies and procedures conforming to the U.S. Department of Housing and Urban Development (HUD) requirements detailed in 24 CFR part 578.1 to:
 - a. Review and approve the execution of the Memorandum of Understanding (MOU) if the City of Waco is designated the CoC Administrator of the Homeless Management Information System; and
 - b. Conduct year-round Continuum of Care planning of homeless and homeless prevention housing and services.
2. Development and approval of annual actions plans for the CoC Strategic Plan. Planning oversight includes:
 - a. Program development
 - b. Implementation design
 - c. Financing strategies
3. Review the CoC Strategic Plan annually and adjust as needed
4. Continuous review of CoC program performance through HMIS reporting
5. Receive bi-monthly reports from all standing committees, workgroups/taskforces and HMIS program.
6. Submit and present quarterly reports to the HOTHHC Board of Directors.

The responsibilities of the Scoring and Ranking Committee, a sub-committee of the CoC Committee are as follows:

1. Scoring/Ranking Committee
 - a. Reviews each renewing grants program and/or new project proposals, hears presentations by applicants and conducts site visits with each agency.
 - b. Recommends the methodology of prioritizing the grant programs for the CoC Program NOFA Application to the CoC Committee of the Board for approval.
 - c. Recommends the CoC Program NOFA Application priority rankings based on the determined prioritization methodology for approval of the CoC Committee of the Board.

SECTION FIVE: CONTINUUM OF CARE PERFORMANCE AND MONITORING (24 CFR PART 578.7)

POLICY:

The TX-604 Waco/McLennan County CoC will:

2. Establish performance targets for each population and program type
3. Consult with CoC member agencies to establish:
 - a. Means of monitoring performance of CoC recipients and sub-recipients
 - b. Means of evaluating outcomes of both CoC and ESG recipients
 - c. Means of taking action against poor performers in an on-going fashion

PROCEDURES:

Performance targets will include priorities of the U.S. Department of Housing and Urban Development (HUD) and community priorities and needs determined by CoC Standing Committees and the CoC Assembly and will include, but not be limited to, the following:

1. Increase the number of permanent housing beds dedicated for the chronically homeless.
2. Increase the percentage of homeless persons staying in permanent housing upon program exit to more than six (6) months.
3. Increase the percentage of homeless persons moving from transitional housing to permanent housing.
4. Increase percentage of homeless persons in employed at exit.
5. Increase percentage of homeless persons receiving other income sources.
6. Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit.
7. Decrease the number of homeless households with children.
8. Provide ongoing case management with 70% of client service goals accomplished for each client.
9. Ensure timely, accurate, and complete data entry into HMIS by the provider to produce Annual Progress Report (APR) and contribute data to the Annual Homeless Assessment Report (AHAR) and annual Point In Time (PIT) reports if the agency is not prevented, by law, from entering data (i.e. Violence Against Women's Act).

Performance will be monitored by the HMIS administrator, Collaborative Applicant, and the Independent Evaluation Committee.

Monitoring will include, but will not be limited to, the following:

1. HMIS Administrator will generate Report Cards monthly that include measurement of HMIS usage and CoC program performance criteria. Report cards will be sent to Agency Administrator and CoC Lead.

2. Grantees with failing HMIS grades must attend refresher training.
3. Grantees with failing or consistently low performance grades must meet with the HMIS Administrator and Collaborative Applicant to discuss ways to improve performance.
4. Grantees with consistently failing grades will be required to document an improvement plan.
5. Grantees unable to improve HMIS usage and performance may have funds reallocated based upon a recommendation from the Independent Evaluation Committee and approval by the CoC Committee.

Per 24 CFR 578.23, the CoC will monitor to ensure that grant recipients (1) “take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children’s education, and (2) they “designate a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community.”

SECTION SIX: CONTINUUM OF CARE COORDINATED ENTRY (24 CFR PART 578.7(A))

Please refer to the Heart to Home Coordinated Entry System Policies and Procedures (see Appendix C).

POLICY:

In consultation with recipients of Emergency Solutions Grants (ESG) program funds within the geographic area, the Continuum of Care (CoC) will establish and operate a coordinated entry system that will provide initial, comprehensive assessment of needs and can be easily accessed.

The CoC's specific coordinated entry system will document the plan for addressing the needs of individual or families who are fleeing domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers.

The system will document a plan to coordinate the implementation of a housing and service system within the CoC's geographic area to meet the needs of homeless individuals (including unaccompanied youth) and families.

The system will encompass outreach, engagement and assessment; encompass shelter, housing and supportive services, and prevention strategies.

PROCEDURES:

Core system concepts include, but are not limited to, the following mechanisms and procedures:

1. A uniform needs assessment tool.
2. Inclusion of an objective instrument to assess risk/prioritization of referrals.
3. A policy that will guide all grantees towards prioritization of referrals to ensure program entry is based on need and other prioritization factors.
4. Establishment of well-advertised entry points in which households experiencing a housing crisis may obtain services.
5. The customization of the HMIS data base to include effective assessment tools, eligibility information, and collection of needs, referrals, and services provided by Coordinated Access system.
6. Orientation and training for grantees and other staff in using the new tools.
7. Increased resources in responding to all help seekers with assessments.
8. The "Piloting" of any new technology and practice prior to full roll out.
9. Training for assessment staff.

SECTION SEVEN: WRITTEN STANDARDS AROUND CoC ASSISTANCE AND ORDER OF PRIORITY (24 CFR PART 578.7)

POLICY:

In consultation with recipients of Emergency Solutions Grants (ESG) program funds within the geographic area, the Continuum of Care (CoC) has established and consistently follows written standards for providing CoC assistance. At a minimum, these written standards must include:

1. Policies and procedures for evaluating overall eligibility for CoC assistance and eligibility
2. Policies and procedures for evaluating eligibility for Transitional Housing assistance and for prioritizing which eligible individuals or families will receive TH
3. Policies and procedures for evaluating eligibility for Rapid Re-Housing (RRH) assistance and for prioritizing which eligible individuals or families will receive RRH
4. Policies and procedures for determining and prioritizing which eligible individuals or families will receive Permanent Supportive Housing assistance
5. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance

PROCEDURES:

The CoC's written standards will:

1. Be specific and detailed.
2. Address any unique eligibility requirements for assistance (e.g., disability or subpopulation).
3. Reflect the homeless population and subpopulations within the CoC.
4. Reflect the housing and service resources available within the CoC.
5. Reflect local and national targeting priorities.

To adapt written standards, the CoC Committee will review written standards on an annual basis, considering:

1. Provider feedback on the current written standards.
2. Program participant feedback on the intake process.
3. The effectiveness and appropriateness of housing and services for current program participants.
4. The CoC's success at meeting the performance standards in Section 427 of the McKinney-Vento Act.
5. Changes in the characteristics of the homeless population within the CoC.
6. Changes in the housing and service resources available within the CoC.

Overall Eligibility:

Case managers will use the Coordinated Access assessment tool and the Homeless Management Information System (HMIS) to conduct an initial evaluation to determine each individual or family's eligibility for assistance and the amount and types of assistance the individual or family may need to regain stability in permanent housing.

Determining Housing Eligibility:

1. For homeless families with children, a coordinated assessment tool will be used that will seek to mediate and/or prevent homelessness whenever possible, reduce the homeless episode for families through rapid re-housing (RRH) and shelter and/or transitional housing focused on moving families from homelessness to permanent housing as soon as possible, and permanently house the most vulnerable families, as resources are available. The uniform assessment tool will gather information to determine the appropriate intervention and assist in prioritizing families for more intensive services.
2. For individuals unaccompanied by children, a coordinated assessment tool will be used that will seek to mediate and/or prevent homelessness whenever possible, reduce the homeless episodes for the individual through rapid re-housing (RRH) and shelter/transitional housing focused on moving individuals from homelessness to permanent housing as soon as possible as resources are available. The uniform assessment tool will gather information to determine the appropriate intervention and assist in prioritizing individuals for more intensive services. If individuals are assessed and found not to be vulnerable and chronically homeless, they will be targeted for: transitional housing, permanent supportive housing, rapid re-housing, or income-based housing. Non-chronically homeless individuals who identify a substance abuse and/or mental health disorder and interest in receiving services for these concerns will be referred to the appropriate residential treatment programs.
3. For unaccompanied children, a coordinated assessment tool will be used that will seek to mediate and/or prevent homelessness whenever possible, reduce the homeless episodes through shelter and/or transitional housing focused on their needs. The uniform assessment tool will gather information to determine the appropriate intervention and assist in prioritizing the child for more intensive services.
4. For persons fleeing domestic violence, a coordinated assessment tool will be used to identify resources and provide referrals to appropriate services providers in order to prevent or limit lengths of homelessness. Victims of domestic violence that are in immediate danger or are seeking emergency shelter will be provided with the contact information and be encouraged to contact the Family Abuse Center hotline.

Permanent Supportive Housing (PSH) Prioritization:

The prioritization for PSH is consistent with HUD's *Notice CPD 16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD in its December 2015 Final Rule):

- 1st Priority: Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.

- 2nd Priority: Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.
- 3rd Priority: Chronically homeless individuals and families with the most severe service needs.
- 4th Priority: All other chronically homeless individuals and families not already included in priorities 1 through 3.
- 5th Priority: Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.
- 6th Priority: Homeless individuals and families who are not chronically homeless but do have a disability and a long period of continuous or episodic homelessness.
- 7th Priority: Homeless individuals and families who are not chronically homeless but do have a disability and are coming from places not meant for human habitation, Safe Havens, or emergency shelters.
- 8th Priority: Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.
- Tie Breaker: When two households in the same priority are scored equally on the Prioritized List, the following tiebreakers will be used in this order:
 - Veteran household
 - Longest length of homelessness
 - Lowest household income

Transitional Housing (TH) Prioritization:

The CoC will prioritize the following persons for TH:

1. Veteran households
2. Households consisting of unaccompanied youth
3. Households fleeing or experiencing domestic violence
4. Households with heavy service needs to stabilize in housing

Rapid Re-Housing (RRH) Prioritization:

The prioritization for persons who are determined to be eligible for RRH will be consistent with HOTHC's scoring range for need and vulnerability associated with RRH projects. Additionally, the CoC has opted to prioritize the following persons for RRH:

1. Veteran Households
2. Households consisting of unaccompanied youth
3. Households fleeing or experiencing domestic violence
4. Households with higher barriers to housing, and higher service needs who are waiting to obtain another permanent housing subsidy (e.g., PSH)
5. Households with a single parent and 3 or more dependent children under the age of 6
6. Households with a previous episode of homelessness within the most recent 12 months

Standards for Determining Portion of Rent Paid by Participants:

1. Participants in rapid re-housing programs may be asked to pay up to 30% of their monthly adjusted income towards their rent.
2. Rental assistance cannot be provided for a unit unless the rent for that unit is comparable to unassisted units in the same market, as established by HUD's rent reasonableness requirements.
3. The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.
4. The rental unit must meet minimum habitability standards.
5. There must be a rental assistance agreement and lease between the property manager and tenant as well as the owner of property and ESG sub-recipient.
6. No rental assistance may be made to an individual or family that is receiving rental assistance from another public source for the same time period.

SECTION EIGHT: DESIGNATE AND OPERATE HMIS (24 CFR PART 578.7(B))

Please refer to the Heart of Texas HMIS Policies and Standard Operating Procedures regarding privacy, security and data quality plans for HMIS (see Appendix D).

POLICY:

The TX-604 Waco/McLennan County CoC will:

1. Designate a single HMIS for the geographic area;
2. Designate a single eligible applicant as HMIS lead;
3. Review, revise, and approve privacy, security and data quality plans for HMIS;
4. Ensure HMIS administration is in compliance with U.S. Department of Housing and Urban Development (HUD) requirements;
5. Ensure consistent participation of program providers.

PROCEDURES:

At this time, The City of Waco has been designated as the HMIS administrator for the CoC.

The CoC Committee will select an administrator for the Homeless Management Information System (HMIS) for the CoC. The CoC Committee will maintain an HMIS Governance Agreement with the HMIS Administrator. This agreement is reviewed annually and updated periodically. The administrator is eligible to apply for HMIS funds through the CoC grant process and other sources and will use these funds to dedicate staff and resources to the functions of the HMIS as specified by HUD guidelines.

The HMIS Advisory Committee a standing committee of the Heart of Texas Homeless Coalition advises and supports the Heart of Texas HMIS's operations in the following programmatic areas: quality assurance & accountability, resource development and consumer involvement. The committee meets quarterly.

1. Responsibilities of the HMIS Advisory Committee include but are not limited to:
 - a. Brainstorming the best uses for HMIS
 - b. Identifying and prioritizing system enhancements
 - c. Development and revision of HMIS policies and procedures
 - d. Establishing mechanisms for monitoring and/or enforcing compliance with policies and procedures
 - e. User group chair/co-chairs may assist in the process of imposing sanctions on users/agencies for misuse of system
2. The Committee is fundamentally an advisory committee to the project.

The HMIS Administrator is responsible for the following:

1. Execute HMIS participation agreements
2. Monitor compliance with applicable HMIS standards on a regular basis including annual on-site monitoring with HMIS users.
3. Maintain and update as needed the files for HMIS software to include software agreements, HUD Technical Submissions, HUD executed agreements and Annual Progress Reports
4. Develop and maintain HMIS agency files to include signed participation agreements, user license agreements and all other signed agreements pertaining to HMIS
5. In conjunction with the HMIS Advisory Committee, review and update HMIS Policy and Standard Operating Procedures Manual (PSOP) annually. The PSOP manual should include: HMIS data quality plan, privacy policy, and security plan.
6. Provide new user training and quarterly refresher trainings.
7. Provide on-site technical support to agencies using HMIS for trouble-shooting and data input
8. Monthly review of HMIS data and bed lists to ensure that participating agency programs are using HMIS accurately
9. Provide assistance to agencies upon request for additional on-site training and support
10. Lead planning efforts for the annual Point In Time Count
11. Complete ,in conjunction with CoC Lead and CoC Committee, Annual Homelessness Assessment (AHAR), Point In Time (PIT), Housing Inventory (HIC), and Annual Performance Report (APR)

SECTION NINE: CONTINUUM OF CARE PLAN (24 CFR PART 578.7 (c))

POLICY:

The TX-604 Waco/McLennan County CoC will develop and maintain a plan that includes:

1. Coordinating the implementation of a housing and services system, to include:
 - a. Outreach, engagement, and assessment
 - b. Shelter, housing, and supportive services
 - c. Prevention strategies
2. An annual Housing Inventory Chart (HIC) and a point-in-time (PIT) count for homeless persons who are unsheltered and sheltered, including emergency shelters, transitional housing, permanent supportive housing and rapid re-housing.
3. An annual gaps analysis.
4. Collaborating with agencies responsible for developing Consolidated Plans.
5. Consulting with Emergency Solutions Grant (ESG) recipients about the allocation of ESG funding, evaluation of ESG grants and reporting on the performance of ESG recipients, sub-recipients and sub-sub recipients.

PROCEDURES:

The CoC provides continuous planning and coordination of services through the CoC Committee and the CoC Standing Committees whose core functions include ensuring that individuals and families experiencing homelessness have appropriate choices in the following area:

1. Unsheltered outreach
2. Emergency shelter
3. Transitional housing
4. Rapid re-housing
5. Permanent Supportive Housing
6. Safe Havens
7. Addressing the needs of subpopulations including, but not limited to, unaccompanied youth, persons with disabilities, and those fleeing domestic violence

The CoC Strategic Plan incorporates the strategies in the *Mayor's 10 Year Plan to End Chronic Homelessness* developed in 2005. Each year the CoC and HMIS Lead agency sends the Point-in-Time, Housing Inventory County, gaps analysis and unmet need data to assist with the development of the Consolidated Plan.

The CoC's Strategic Plan will be reviewed and updated as appropriate by the CoC Committee on an annual basis.

The CoC Lead will facilitate meetings with ESG recipients to recommend housing and service priorities, identified by the CoC, for funding allocation. The CoC Lead reviews ESG recipients' performance reports from the ESG sub-recipients to assess compliance with the CoC's priorities and progress toward the projects' stated goals.

SECTION TEN: CONTINUUM OF CARE ANNUAL APPLICATION (24 CFR PART 578.9)

Please refer to the CoC Competition Policies and Procedures (see Appendix E).

POLICY:

The TX-604 Waco/McLennan County CoC will document processes for the following:

1. Setting funding priorities
2. Facilitating a collaborative process for the development of applications
3. Approving the annual submission of applications

PROCEDURES:

The CoC will use an independent evaluation committee (Scoring/Ranking Committee), a CoC Standing Committee, and the CoC Lead Agency (City of Waco) staff to execute the annual CoC Program application:

1. The CoC Scoring/Ranking Committee consisting of up to 7 volunteer members, who have no direct relationship with the renewing grantees or any new proposed projects, will perform an annual review of each renewing or newly proposed program grant, hear presentations by potential grant applicants regarding programs and/or conduct site visits at each agency.
 - a. Program performance is based on assessment completed by the Scoring/Ranking committee and Collaborative Applicant staff. Scoring criteria are based on program performance measurements required by HUD and local community priorities.
 - b. Financial performance is based on a review of audited financials for the nonprofits and bond ratings of the governmental entities.
 - c. The Scoring/Ranking committee develops the methodology for use in prioritizing the grant programs and notifies the CoC Committee.
 - d. The Scoring/Ranking committee develops the grant priority ranking for the annual CoC Program grant and notifies the CoC Committee.
 - e. Scoring/Ranking and Reallocation Tools and Policies are reviewed and approved by the Scoring Ranking Committee annually.
 - f. The committee operates year round.
2. The Collaborative Applicant handles the process for developing newly proposed project applications as well as the process for renewing grants.
 - a. For a new project application the process is as follows:
 - i. Communicate verbally to CoC Committee an interest in applying for funding.
 - ii. Complete the Request for Application (RFA) and submit by the due date.
 - iii. Meets/presents to the CoC Committee.

- iv. If project is selected by the Scoring/Ranking Committee, participation in all mandatory meetings related to application process is required.
 - v. All deadlines determined by CoC Lead for submission of the Project Application in e-snaps must be met.
 - vi. Agree to full participation in the HMIS system for all clients and timely payment of HMIS fees related to HMIS use, if applicable.
- b. Renewal Project Application Submission
 - i. Participation in all mandatory meetings related to the NOFA application process is required.
 - ii. Submit all requested organizational documents.
 - iii. Provides presentation to and may host site visits for the CoC Committee as requested by the reviewers.
 - iv. All deadlines determined by CoC Lead for submission of the Project Application must be met.
- c. CoC funding priorities in priority order are:
 - i. HMIS grant
 - ii. Permanent Supportive Housing (PSH) grants
 - iii. Rapid Re-Housing (RRH) grants
 - iv. Reallocations to permanent housing (e.g., PSH or RRH) grants
 - v. Transitional Housing grants
- d. Project Ranking and Reallocation Policy

On an annual basis, the Heart of Texas Continuum of Care is required to rank all new and renewal projects submitted to HUD for funding in an order that reflects the CoC's needs and priorities. Additionally, HUD requires CoCs to review the performance of all funded projects and seek to reallocate funding away from low performing projects or those providing services that are of a lower priority in preventing and ending homelessness.

The Heart of Texas CoC is seeking to accomplish the following in the ranking and reallocation of projects:

- Incentivize all providers to focus on outcomes and to seek to achieve the performance targets specified by the CoC.
- Encourage providers to adopt evidence based practices including Housing First to more effectively employ CoC resources.
- Replace projects that are not high performing or following evidence based practices with new projects that follow CoC and HUD priorities.

All new and renewal projects will be ranked by the CoC. The primary factor controlling the ranking of projects will be the scores assigned to renewal and new projects. Scoring is based on project performance, grant

management, community outcomes, and adherence to policy priorities. Except as specified below, projects will be ranked in the NOFA competition by the scores assigned to renewal or new projects.

There are two categories of projects that will not be ranked according to performance scores:

- Projects that are essential to the operation of the CoC. This includes funding for HMIS and Coordinated Entry. These are unique projects focused on CoC operations and that cannot be readily evaluated or compared to other CoC funded projects. Failure to renew this funding would have negative consequences for the CoC and jeopardize future funding opportunities.
- First time renewal of newly funded grants. HUD requires newly funded one-year project grants to be renewed in the competition. In most instances, these projects will have not yet started operations. In other instances, the projects have just started but are far from being able to report on a full year of operations in the APR.

The two project types identified above will not be assigned scores. These projects will be ranked by the CoC to assure – to the maximum extent possible – that they will be funded in the competition. Subject to review based on the actual NOFA, these projects will be ranked at the bottom of Tier 1, with all of their funding above the Tier 1/Tier 2 demarcation.

All other CoC projects will be ranked according to scores:

- Renewal projects will be ranked according to adjusted renewal project score. Renewal scores will be adjusted as follows: if the highest scoring renewal project scores less than 200 points, then all renewal scores will be adjusted upward by the difference between the highest scoring renewal project and 200. Renewal projects that qualify for renewal based on the renewal performance evaluation will be ranked above new projects.
- New projects will be ranked according to scores.

Current CoC grantees may elect to reallocate some or all of the funding associated with their project. These reallocated projects will be scored as new projects and ranked according to score the same as all new and renewal projects. CoC grantees in good standing (no outstanding HUD or CoC monitoring findings and no open audit findings) may voluntarily reallocate their funding and will not have to compete with other organizations for that funding.

The minimum score for automatic renewal of CoC funded projects is 65% of the highest scoring project.

If the highest scoring project receives a score of 200, then all projects scoring below 130 will be reallocated unless a Project Improvement Plan has been submitted and approved by the CoC board. Should the highest scoring project receive a score of 190, then the minimum acceptable score would be 123.5.

The Project Improvement Plan must specify how the project will improve performance and meet standards in the upcoming year. If the CoC board accepts the Project Improvement Plan, the grantee will be allowed to apply for renewal funding.

Any legal applicant for CoC funds can apply for new projects from the bonus pool or the uncommitted reallocation pool. The CoC will only rank new projects for which there is sufficient funding in the new or reallocation pool to fully fund the project.

Policy on Expenditure of Grant Funds:

Funds unexpended at the completion of the grant term are recaptured by HUD. In some instances these funds are then allocated to other CoCs or in other cases are returned to the federal treasury. The Heart of Texas CoC seeks to minimize this recapture of funding and to the maximum extent possible ensure that homeless assistance funding allocated to the City of Waco is used to support homeless people in the city.

Under Expenditure Policy:

It is the policy of the Heart of Texas CoC that CoC funds granted to an applicant agency will either be fully expended to assist eligible homeless people or the CoC will recapture the unspent funding and add it to the pool of resources available for reallocation.

Heart of Texas CoC grantees that expended less than 90% of their funding in the most recent grant year will face recapture of unexpended funding that exceeds 10% of the grant funds. If, for example, the CoC grant was for \$100,000 and \$85,000 was expended, the grantee would see \$5,000 in funding recaptured. Recapture of unexpended funding that exceeds 10% of the total grant will be automatic. The Scoring/Ranking Committee may consider extenuating circumstances regarding projected expended funds. For example, an agency had staff vacancies at the beginning of the grant cycle and all vacancies have been filled later in the grant cycle altering the capability of the program to serve greater number of clientele which would increase projected expenditures. The applicant must put any considerations based on circumstance in writing to the Scoring/Ranking Committee. If the project was reallocated from in a previous competition, further reallocation will not occur until after they have operated one full year at the newly reallocated amount and have demonstrated an inability to expend at least 90% of the funds.

Grantees may also prevent this automatic recapture by submitting an appeal to the Board of the CoC. The appeal will need to: explain the reason for the under-expenditure and provide a plan for fully expended the grant in the current cycle. The Board may approve the request at its discretion. However, if the funds are restored and under-expended in the subsequent grant cycle funding will be recaptured as indicated above. All CoC board decisions can be appealed but a second appeal would require extraordinary circumstances to be approved.

CoC Lead is responsible for the review of the recommendations from the CoC Scoring/Ranking Committee related to the annual submission of the CoC Program Application and the Grant Priority Ranking. This review is to ensure CoC policies and HUD requirements are met.

SECTION ELEVEN: CONTINUUM OF CARE PLANNING (24 CFR PART 578.39 AND 578.7)

POLICY:

The TX-604 Waco/McLennan County CoC will document the following planning procedures:

1. Determining the geographic area of the CoC
2. Development and facilitation of a community-wide CoC planning process
3. Developing a CoC housing and service system
4. Evaluation of outcomes for CoC programs and ESG programs
5. Monitoring grant recipients and sub-recipients
6. Providing training and technical assistance
7. Preparing and submitting an application to the U.S. Department of Housing and Urban Development (HUD)
8. Conducting a sheltered and unsheltered Point-in-Time (PIT) Count
9. Collecting of housing data to prepare the Housing Inventory Count (HIC) report

PROCEDURES:

Establish Continuum of Care Geographic Area:

TX-604 Waco/McLennan County Continuum of Care (CoC) shall serve the geographic area of McLennan County, Falls County, Bosque County, Hill County, Limestone County, and Freestone County, Texas as recognized by the U.S. Department of Housing and Urban Development (HUD).

Community-wide CoC Planning Process & Continuum of Care System:

TX-604 Waco/McLennan County CoC promotes comprehensive and coordinated approaches to housing and community resources for individuals and families who are homeless or at risk of homelessness through, but not limited to, the following:

- Prevention
- Outreach services
- Emergency shelters and supportive services
- Transitional housing and supportive services
- Permanent supportive housing
- Rapid Re-housing
- Enrollment in mainstream resources
- Skills training
- Employment counseling
- Discharge planning

The CoC is comprised of several volunteer committees, sub-committees, and workgroups/taskforces which have various CoC planning roles and responsibilities. These include, but are not limited to, the following:

1. CoC Committee
 - a. Steering Committee
 - b. Grievance Committee
 - c. Scoring and Ranking Committee
2. Heart of Home Coordinated Entry Committee
 - a. Homelessness Prevention Committee
 - b. Permanent Supportive Housing Task Force Committee
3. Veteran Homelessness Committee
4. Youth Homelessness Committee
 - a. Youth Action Board
5. Project Homeless Connect Planning Committee
6. Awards Committee
7. CoC Advisory Committee
8. HMIS Advisory Committee

SECTION TWELVE: EMERGENCY SOLUTIONS GRANT (ESG) ADMINISTRATION (24 CFR PART 578.7)

POLICY:

The TX-604 Waco/McLennan County CoC will maintain written policies and procedures that document:

1. Budgeting the costs to the Collaborative Applicant of administering ESG funds from TDHCA
2. Allocating ESG funds, including ESG funds for administrative costs and for HMIS
3. Selecting ESG sub-sub recipients (TDHCA is the ESG recipient, the Collaborative Applicants are the sub recipients, and entities under the Collaborative Applicant are sub-sub recipients)
4. Training and monitoring sub-sub recipients
5. Collecting performance and expenditure data from sub-sub recipients and aggregating it to reflect all State ESG programs within the CoC
6. Reporting performance and expenditure data to TDHCA
7. Receiving reimbursements from TDHCA and disbursing reimbursements to sub-sub recipients

PROCEDURES:

Collaborative Applicant Costs:

The CoC's Collaborative Applicant will administer the Emergency Solutions Grant (ESG) funds that the CoC receives from the Texas Department of Housing and Community Affairs (TDHCA). In consultation with the CoC Committee, the Collaborative Applicant will develop a budget that itemizes and details grant administration costs. The Board of Directors of the Collaborative Applicant will approve the final budget.

Allocation of Emergency Solutions Grant (ESG) Funds:

Priority is given to programs that:

1. Benefit chronically homeless persons, meet the needs of local communities, are cost-effective, have participation by the public and private sector, are part of the Continuum of Care process and address problems of health, safety, and welfare.
2. Move persons experiencing homelessness from shelters and off the streets into decent, safe, and affordable housing and provide supportive services to promote housing retention and improve or maintain quality of life.

Funding allocation will include costs associated with HMIS implementation.

Selection of ESG Sub-Sub Recipients:

1. Applicants must actively participate in communitywide planning efforts to ensure the strategic use of resources by all providers of homeless services.
2. Prior to submitting an application, applicants must discuss their proposed ESG projects with their CoC and must submit with their application completed "Certificate of HMIS Usage", "Certificate of Participation", and "Certification of CoC Coordination" documents.
3. Applicants shall ensure the following housing services for individuals/families are available:
 - a. For those homeless individuals and families in need of housing, appropriate housing that meets the needs of the homeless individual or family (e.g., rapid re-housing, permanent housing, permanent supportive housing, or single-room occupancy), combined with supportive services, shall be provided to maintain residential and personal stability (e.g., subsidized rent, case management services, nursing care, mental health care management, substance abuse treatment).
 - b. For those homeless individuals or families placed in rapid re-housing, permanent housing or permanent supportive housing, ESG recipients/sub-recipients shall assist the client in locating suitable, affordable housing, assist with housing applications and lease negotiation, application fees, first and last month's rent, short-term rental subsidies, furniture stipends, utility deposits, back payments, emergency payments, start-up household supplies and furnishings, start-up food and grocery supplies, transportation assistance, and clothing, when necessary or applicable.
 - c. For homeless individuals or families placed in emergency shelters, rapid re-housing, permanent housing, permanent supportive housing, single-room occupancy, or affordable housing, ESG recipients/sub-recipients will ensure housing is safe and decent, meeting housing quality standards established by the Federal regulations.
4. Recipients/sub-recipients shall provide quality supportive services that meet accepted standards of care. At minimum, recipients/sub-recipients must provide or have access to the following supportive services:
 - a. Participate in a coordinated outreach and intake system that serves homeless individuals and families designated by the CoC;
 - b. Perform a comprehensive, coordinated assessment of current psycho-social, health (including mental health and substance use/abuse), and employment/education conditions;
 - c. Perform an individualized service/treatment plan developed for all clients describing a client's needs for supportive services and, if necessary, establishing a service/referral plan;
5. Provide minimum supportive services that will include, but not be limited to:
 - a. Comprehensive assessment upon enrolling into the ESG Program
 - b. Case management of individuals and family members enrolled in an ESG program that includes home visits to ensure housing stability and address the needs of their clients and provide the level of service expected of ESG funded case management,
 - c. Assistance for enrolling in benefit programs,

- d. Medical and mental health treatment,
 - e. Substance abuse treatment,
 - f. Education/vocational training,
 - g. Job counseling/ training/job placement,
 - h. Child care, and
 - i. Transportation necessary to maintain permanent housing;
6. All sub-recipients are expected to provide appropriate level of supportive services to clients for the full time necessary to stabilize that client and provide for the likelihood of positive housing outcomes after assistance. A client is eligible to receive assistance up to the full 24 months in a three (3) year period as determined by the certification process required for all ESG clients.

Program Training and Monitoring:

The proposed outcomes below are developed from HMIS data elements and will be used as the basis for monthly performance reporting. At minimum, applicants will be evaluated based on their performance against these outcomes.

Collecting performance and expenditure data from sub-sub recipients and aggregating it to reflect all State ESG programs within the CoC will include, but not be limited to:

- 1. Street Outreach
 - a. Number of persons placed in shelter or Safe Havens
 - b. Number of persons with more non-cash benefits at program exit
 - c. Number of persons receiving case management
- 2. Emergency Shelter
 - a. Number of persons exiting to temporary/transitional housing destinations
 - b. Number of persons exiting to permanent housing destinations
 - c. Number of persons receiving case management
- 3. Homeless Prevention
 - a. Number of persons who maintained their permanent housing for three months
 - b. Number of persons exiting to permanent housing destinations
 - c. Number of with higher income at program exit
 - d. Number of persons with more non-cash benefits at program exit
 - e. Number of persons receiving case management
- 4. Rapid Re-housing
 - a. Number of persons who maintained their permanent housing for three months
 - b. Number of persons exiting to permanent housing destinations
 - c. Number of persons with higher income at program exit
 - d. Number of persons with more non-cash benefits at program exit
 - e. Number of persons receiving case management

Monitoring will include the following which are federal requirements:

- Formal and advance notification of on-site visits
- Pre-visit preparation based on review of existing information
- Records related to monitoring reviews
- Review of sub-recipient Policy and Procedure Manual and requirements
- Assurance that ESG funds are being utilized as originally planned and are for the eligible activities
- Determination whether costs are properly classified and if spending limits on certain activities have been properly adhered to
- Review and check that financial regulations and management requirements are appropriately being followed e.g. financial records, reports or audits
- Assurance that program disbursements or drawdown funds are in compliance with all requirements
- Review of client record file
- Notation of any changes in the use of ESG fund or any other issues

Reporting performance and expenditure data to TDHCA:

TDHCA requires monthly performance and expenditure reports to be submitted in the TDHCA Community Affairs Contract System before the 15th of each month which will be submitted timely by the HMIS Administrator.

Receiving reimbursements from TDHCA and disbursing reimbursements to sub-sub recipients:

Upon approval of funding and implementation of the programs funded under ESG, HOTHHC requires that partner agencies submit invoices for funding reimbursements no later than the 10th of each month. Each request for reimbursement is reviewed for eligibility of expenditures, accuracy, and documentation of eligible homeless status per the McKinney-Vento homeless definition.

Each request for reimbursement is reviewed by the following:

Chair of HOTHHC Board of Directors
Treasurer of HOTHHC Board of Directors

Reimbursement comes via direct deposit to HOTHHC from TDHCA following approval of the expenditures reported in the Community Affairs Contract System.

HOTHHC will issue timely payments for reimbursement after receipt of funds from TDHCA.

SECTION THIRTEEN: ACCESS AND SECURITY

PROCEDURE:

1. To obtain eLOCCS access staff are required to submit:
 - a. Form HUD-27054, LOCCS Voice Response System Access Authorization Form
<https://portal.hud.gov/hudportal/documents/huddoc?id=27054.pdf>
 - b. Rules of Behavior Form (See Appendix F)
2. Forms are to be submitted to the President of the Heart of Texas Homeless Coalition.

SECTION FOURTEEN: ANTI-DISCRIMINATION POLICY-ENSURING LGBT EQUAL ACCESS

A. Regulatory Citations

- Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (2016)
- Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity

B. Background

Years of research and countless studies have repeatedly shown that discrimination threatens not only access to housing but the stability of communities. Members of the LGBT community are more likely to become homeless, and once homeless, more likely to endure discrimination and harassment that extends their homelessness. Although homelessness is hard as it is for all people who experience it, it can be twice as hard for individuals further marginalized by racism, sexism, homophobia or transphobia. It is indispensable for all service providers to ensure they are not further contributing to discrimination and marginalization and ensure individuals receive fair treatment when accessing programs. The following policies provide an overview of requirements by the U.S. Department of Housing and Urban Development (HUD) and our adopted CoC wide anti-discrimination policy.

C. Definitions

Assigned/Designated Sex at Birth: Frequently a binary designation of "male" or "female," based on the person's internal or external anatomy at birth, assigned at birth, typically by a medical professional (e.g. sex listed on birth certificate). It may or may not correspond to one's gender identity.

Cis-Gender: refers to a non-transgender person. The prefix "cis" means "matches," So, cis-gender means that one's sex assigned at birth "matches" one's gender identity.

Gender Expression: external expression of gender identity (note that many times people do not feel they can safely express their gender identity). It is exhibited through: behavior, clothing, hairstyle, body language, and voice, does not always correspond to a person's gender identity and may change over time or even day-to-day.

Gender Identity: the gender with which a person identifies, regardless of the sex assigned to that person at birth and regardless of the person's perceived gender identity. Perceived gender identity means the gender with which a person is perceived to identify based on that person's appearance, behavior, expression, other gender related characteristics, or sex assigned to the individual at birth or identified in documents.

Gender-Neutral: language used to describe "all gender" or unisex spaces, (i.e. gender-neutral or all gender bathrooms), language about relationships (spouse or partner, instead of wife/husband or boyfriend/ girlfriend), etc.

Gender Non-Conforming refers to someone who does not conform to traditional gender roles or stereotypes. Traditional roles and stereotypes vary based on different cultural and societal ideals. Individuals may be perceived as having a different gender than their outward appearances (behavior, clothing, hairstyle, body language, voice).

Transitioning (Gender Transition): Process that some (but not all) transgender people go through to begin living as the gender with which they identify, rather than the sex assigned to them at birth. Transitioning does not require medical treatment.

Transgender: Umbrella term for people whose gender identity is different from their assigned sex. Occasionally, an individual may determine they no longer identify as transgender after they transition.

Trans Woman: Someone who lives or identifies as a woman, even though they were assigned male at birth may or may not have undergone medical treatments. Sometimes referred to as “Male-to-Female” or “MTF,” but these terms may not be preferred as they can over-emphasize that the person was born male rather than her current identity.

Trans Man: Someone who lives or identifies as a man, but was assigned female at birth. May or may not have undergone medical treatments. Sometimes referred to as “Female-to-Male” or “FTM,” but these terms may not be preferred as they can over-emphasize that the person was born female rather than his current identity.

Sexual orientation means one’s emotional or physical attraction to the same and/or opposite sex (e.g., homosexuality, heterosexuality, or bisexuality). Distinct from one’s gender expression or identity.

D. Requirements for CoC Funded Programs

§5.5.105 Equal Access to HUD-assisted or insured housing

Eligibility for HUD assisted or insured housing. A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by the Federal Housing Administration shall be made in accordance with the eligibility requirements provided for such program by HUD, and such housing shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

§5.5.106 Equal Access in accordance with the individual’s gender identity in community planning and development programs

- a) Applicability. This section applies to assistance provided under Community Planning and Development (CPD) programs, including assistance under the following CPD programs: HOME Investment Partnerships program (24 CFR part 92), Housing Trust Fund program (24 CFR part 93), Community Development Block Grant program (24 CFR part 570), Housing Opportunities for Persons With AIDS program (24 CFR part 574), Emergency Solutions Grants program (24 CFR part 576), Continuum of Care program (24 CFR part 578), or Rural Housing Stability Assistance Program (24 CFR part 579). The requirements of this section apply to recipients and subrecipients, as well as to owners, operators, and managers of shelters and other buildings and facilities and providers of services funded in whole or in part by any CPD program.
- b) Equal access in accordance with gender identity. The admissions, occupancy, and operating policies and procedures of recipients, subrecipients, owners, operators, managers, and providers identified in paragraph (a) of this section, including policies and procedures to protect privacy, health, safety, and security, shall be established or amended, as necessary, and administered in a nondiscriminatory manner to ensure that:
 - 1) Equal access to CPD programs, shelters, other buildings and facilities, benefits, services, and accommodations is provided to an individual *in accordance with the individual’s gender identity*, and in a manner that affords equal access to the individual’s family;
 - 2) An individual is placed, served, and accommodated in accordance with the gender identity of the individual;
 - 3) An individual is not subjected to intrusive questioning or asked to provide anatomical information or documentary, physical, or medical evidence of the individual’s gender identity; and

- 4) Eligibility determinations are made and assisted housing is made available in CPD programs as required by §5.105(a)(2).
- c) Placement and accommodation in temporary, emergency shelters and other buildings and facilities with shared sleeping quarters or shared bathing facilities.
 - 1) Placement and accommodation. Placement and accommodation of an individual in temporary, emergency shelters and other buildings and facilities with physical limitations or configurations that require or are permitted to have shared sleeping quarters or shared bathing facilities shall be made in accordance with the individual's gender identity.
 - 2) Post-admission accommodations. A recipient, subrecipient, owner, operator, manager, or provider must take nondiscriminatory steps that may be necessary and appropriate to address privacy concerns raised by residents or occupants and, as needed, update its admissions, occupancy, and operating policies and procedures in accordance with paragraph (b) of this section.

E. Strategies to implement the Equal Access to Housing Rule

CoC and ESG funded programs must develop in writing, implement and document procedures to ensure implementation of the Equal Access Rule. Specific strategies or procedures may include but are not limited:

- Inclusive Policy Standards

Anti-discrimination policies and procedures that:

- Ensure placement and accommodation are made in accordance with an individual's gender identity.
- Ensure agency uses appropriate, inclusive language in communications, publications, trainings, personnel handbooks and other policy documents that affirms the agency's commitment to serving all eligible clients in adherence with the Equal Access Rule.
- Have an anti-harassment policy that includes transgender and non-gender conforming in the list of groups vulnerable to harassment and/or list of protected groups.
- Have a formal grievance process that is prompt, transparent and consistent in managing and resolving violations.
- Include confidentiality practices that keep's a client transgender status confidential, unless the client gives permission to share this information.
- Allows for clients to request a private space for intake and data collection.
- Outlines safety practices including respecting the client's evaluation of their own safety practice with regard to proposed housing options and accommodating reasonable clients request regarding safety.
- Communicating and Training on Policy:
Agencies must make the Equal Access Rule policies and procedures publicly available on the agencies' website and through other commonly used public notification processes. Agencies must ensure staff, volunteers and contractors are provided a copy of the Agency's policies and practices regarding Equal Access requirements and are regularly trained to comply with all anti-discrimination policies and procedures.

SECTION FIFTEEN: FAIR HOUSING & EQUAL OPPORTUNITY-

AFFIRMATIVE MARKETING AND OUTREACH

A. Regulatory Citations

- 24 § 578.93 (c)
- 24 § 578.103 (a) (14)
- 24 § 576.407 (b)
- 24 § 576.500 (S) (1)
- 24 CFR 5.105 (a)(2)
- CPD Notice-1701
- Executive Order 13166

B. Background

The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively further fair housing and market their housing and supportive services to eligible persons regardless of race, national origin, color, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities according to 24 § 578.103 (a) (14). Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(b) and its record keeping requirements at 24 § 576.500 (S)(1).

C. Definitions

Affirmatively Furthering Fair Housing

“means taking meaningful actions, in addition to combating discrimination, that overcome patterns of segregation and foster inclusive communities free from barriers that restrict access to opportunity based on protected characteristics. Specifically, affirmatively furthering fair housing means taking meaningful actions that, taken together, address significant disparities in housing needs and in access to opportunity, replacing segregated living patterns with truly integrated and balanced living patterns, transforming racially and ethnically concentrated areas of poverty into areas of opportunity, and fostering and maintaining compliance with civil rights and fair housing laws. The duty to affirmatively further fair housing extends to all of a program participant’s activities and programs relating to housing and urban development.”

Meaningful Actions

“means significant actions that are designed and can be reasonably expected to achieve a material positive change that affirmatively furthers fair housing by, for example, increasing fair housing choice or decreasing disparities in access to opportunity.”

D. Specific Requirements for CoC Funded Programs

- 24 § 578.93 (c) *Affirmatively furthering fair housing*. A recipient must implement its programs in a manner that affirmatively furthers fair housing, which means that the recipient must:

- 1) *Affirmatively market* their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and *maintain records* of those marketing activities;
 - 2) Where a recipient encounters a condition or action that impedes fair housing choice for current or prospective program participants, provide such information to the jurisdiction that provided the certification of consistency with the Consolidated Plan; and
 - 3) Provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws.
- 24 § 578.103 (a) (14) *Recordkeeping requirements*. Recipients and subrecipients must maintain copies of their marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in § 578.93(c).

E. Requirements for ESG Funded Programs

- 24 § 576.407 (b) Affirmative outreach. The recipient or subrecipient must
 - Make known that use of the facilities, assistance, and services are available to all on a nondiscriminatory basis.
 - If it is unlikely that the procedures that the recipient or subrecipient intends to use to make known the availability of the facilities, assistance, and services will reach persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for those facilities and services, the recipient or subrecipient must establish additional procedures that ensure that those persons are made aware of the facilities, assistance, and services.
 - Take appropriate steps to ensure effective communication with persons with disabilities including, but not limited to, adopting procedures that will make available to interested persons information concerning the location of assistance, services, and facilities that are accessible to persons with disabilities.
 - Consistent with Title VI and Executive Order 13166, recipients and subrecipients are also required to take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons.
- 24 § 576.500 (S)(1) Other Federal requirements. The recipient and its subrecipients must document their compliance with the Federal requirements in § 576.407, as applicable, including: (1) Records demonstrating compliance with the nondiscrimination and equal opportunity requirements under § 576.407(a), including data concerning race, ethnicity, disability status, sex, and family characteristics of persons and households who are applicants for, or program participants in, any program or activity funded in whole or in part with ESG funds and the affirmative outreach requirements in § 576.407(b).

F. Requirements for *both* CoC and ESG Funded Programs

24 CFR 5.105 (a)(2) - Equal access to HUD-assisted or insured housing. (i) Eligibility for HUD- assisted or insured housing. A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by the Federal Housing Administration shall be made in accordance with the eligibility requirements provided for such program by HUD, and such housing shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

G. Affirmative Outreach and Marketing strategies

CoC and ESG funded programs must develop in writing, implement and document procedures used to market services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability who are least likely to apply in the absence of special outreach. Specific strategies or procedures may include but are not limited:

- **Partnerships** - creating partnerships or referral relationships with diverse community based agencies or non-profits to ensure all persons including persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability status or limited English proficiency receive information about the offered services.
- **Access to persons with limited English proficiency.** To ensure meaningful access to persons with limited English proficiency programs should 1) translate documents advertising assistance, services, and contact information into other languages common in our community, including notices about participant's rights, grievance forms and other documents vital for program access and, 2) work with language services or pool of interpreters to assist persons who speak an alternate primary language other than English and need assistance communicating.
- **Inclusive Outreach** - ensuring that current methods of outreach, including street outreach are conducted on a regularly basis, and reach all potentially eligible households in our entire county geography, especially those least likely to apply for assistance and ensure efforts do not intentionally or unintentionally exclude protected groups & classes.
- **Using Data and Self-Assessment** – programs should 1) perform a self-assessment or survey a program's target population to determine its awareness of the program's services and assistance, 2) consistently evaluate a program's service data to ensure the program knows whether certain groups are under-represented, and 3) if data analysis reveals that certain groups are under-represented, determine the reasons causing the under-representation and take actions to address them.
- **Accessible documents** - making documents accessible by online tools used by persons with visual and hearing impairments, such as screen readers.
- **Client's Rights:** programs should provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws.
- **Documentation:** all programs must 1) maintain records of actions taken to affirmatively market the program including copies of all marketing & outreach materials and written strategies and 2) maintain records to assess the results of those actions.

SECTION SIXTEEN: EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

Emergency Transfers

HOT CoC and CoC/ESG Providers are concerned about the safety of its Program Participants who receive rental assistance, and such concern extends to the Program Participants who have experienced domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),¹ CoC/ESG Providers allow Program Participants who have experienced domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the Program Participant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of the CoC/ESG Provider to honor such request for Program Participants currently receiving assistance, however, may depend upon a preliminary determination that the Program Participant is or has experienced domestic violence, dating violence, sexual assault, or stalking, and on whether the CoC/ESG Provider has another dwelling unit that is available and is safe to offer the Program Participant for temporary or more permanent occupancy.

This plan identifies Program Participants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to Program Participants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that Emergency Solutions Grants is in compliance with VAWA.

Eligibility for Emergency Transfers

A Program Participant who has experienced domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: after review of pertinent information, determination is made that the Program Participant is subject to threat of imminent harm from further violence if the Program Participant remains within the same unit. If the Program Participant has experienced sexual assault, the Program Participant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

¹ 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.

² 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.

A Program Participant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Program Participants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the Program Participant shall notify HP's management office and submit a written request for a transfer to the CoC/ESG Provider. CoC/ESG Provider will provide reasonable accommodations to this policy for individuals with disabilities. The Program Participant's written request for an emergency transfer should include either:

1. A statement expressing that the Program Participant reasonably believes that there is a threat of imminent harm from further violence if the Program Participant were to remain in the same dwelling unit assisted under the CoC/ESG Provider's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

CoC/ESG Provider must keep records of all requests and outcomes of such requests.

Confidentiality

The CoC/ESG Provider will keep confidential any information that the Program Participant submits in requesting an emergency transfer, and information about the emergency transfer, unless the Program Participant gives CoC/ESG Provider written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the Program Participant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the Program Participant. See the Notice of Occupancy Rights under the Violence Against Women Act for all Program Participants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

CoC/ESG Provider cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. CoC/ESG Provider will, however, act as quickly as possible to move a Program Participant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a Program Participant reasonably believes a proposed transfer would not be safe, the Program Participant may request a transfer to a different unit. If a unit is available, the transferred Program Participant must agree to abide by the terms and conditions that govern occupancy in the unit to which the Program Participant has been transferred. CoC/ESG Provider may be unable to transfer a Program Participant to a particular unit if the Program Participant has not or cannot establish eligibility for that unit.

If CoC/ESG Provider has no safe and available units for which a Program Participant who needs an emergency is eligible, CoC/ESG Provider will assist the Program Participant in identifying other housing providers who may have safe and available units to which the Program Participant could move. At the Program Participant's request, CoC/ESG Provider will also assist Program Participants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

If CoC/ESG Provider assists through project-based rental assistance and if a Program Participant qualifies for an emergency transfer, but a safe unit is not immediately available for an internal emergency transfer, that Program Participant shall have priority over all other applicants for tenant-based rental assistance, utility assistance, and units for which project-based rental assistance is provided.

Safety and Security of Program Participants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the Program Participant is urged to take all reasonable precautions to be safe.

Program Participants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Program Participants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Program Participants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Local Resource: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking include Family Abuse Center, 800-283-8401.

For questions regarding VAWA, and/or if you need to move due to domestic violence, dating violence, sexual assault, or stalking please contact the Texas Department of Housing and Community Affairs at 512-475-3800 or 800-475-3800 (Relay Texas 800-735-2989) for assistance in locating other available housing (note, this is not a domestic violence hotline. Depending on your location, the Department may also have a listing of local service providers and advocates who can help you move to a safe and available unit. For more information regarding housing and other laws that may protect or provide additional options for survivors, call the Texas Council on Family Violence Policy Team at: 1-800-525-1978.

Domestic Violence, Sexual Assault and Stalking Resources

To speak with an advocate and receive confidential support, information and referrals regarding domestic violence 24 hours a day, every day, contact the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also visit the Texas Council on Family

Violence website for a listing or local domestic violence services providers: http://tcfv.org/service-directory/?wpbdp_view=all_listings.

For confidential support services and referral to a local sexual assault crisis center 24 hours a day, every day, contact RAINN: Rape, Abuse, & Incest National Network: Hotline: 1-800-656-HOPE. You may also visit the Texas Association Against Sexual Assault to find local crisis centers: <http://taasa.org/crisis-center-locator/>.

For information regarding stalking visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Victims of a variety of crimes may find referrals by contacting the Victim Connect Resource Center, a project of the NCVC, through calling Victim Connect Helpline: 855-4-VICTIM (855-484-2846) or searching for local providers at <http://victimconnect.org/get-help/connect-directory/>.

Legal Resources

www.texaslawhelp.org

TexasLawHelp.org is a website that provides free, reliable legal information on a variety of topics such as; family law, consumer protection and debt relief, health and benefits, employment law, housing, wills and life planning, and immigration. The website offers interactive and downloadable legal forms, self-help tools and videos on legal issues, and can assist in locating local free legal services.

Texas Advocacy Project, A VOICE 1.888. 343.4414

Advocates for Victims of Crime (A VOICE), a project of Texas Legal Services Center, provides free direct legal representation and referrals to victims of violent crime, and providing education about crime victim's rights and assistance with Crime Victims Compensation applications. Note: callers will most likely leave a message and their call will be returned by an attorney.

Legal Aid for Survivors of Sexual Assault (LASSA) 1-844-303-SAFE (7233)

The LASSA Hotline is answered by attorneys seven days a week. The Hotline attorneys provide sexual assault survivors with legal information and advice about legal issues that may arise following a sexual assault including crime victim's rights, housing, and safety planning.

Family Violence Legal Line 800-374-HOPE

Texas Advocacy Project. Offers the HOPE Line, Monday -Friday 9am-5pm, staffed by attorneys can help you with a variety of legal concerns related to domestic violence, sexual assault, and stalking.



HEART OF TEXAS HOMELESS COALITION

TX-604 Waco/McLennan County
Continuum of Care
Appendix



HEART OF TEXAS
HOMELESS COALITION
Advocacy, Assistance & Acknowledgment

TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE
APPENDIX A: HEART OF TEXAS HOMELESS COALITION BYLAWS

TX-604: WACO/McLENNAN COUNTY CONTINUUM OF CARE HEART OF TEXAS HOMELESS COALITION BYLAWS

The name of the Corporation shall be HEART OF TEXAS HOMELESS COALITION (herein referred to as the Coalition.) The principal office of the Coalition in the State of Texas shall be located in the City of Waco, County of McLennan. When incorporated the Coalition shall have and continuously maintain in the State of Texas a registered office and a registered agent whose office is identical with such registered office as required by the Texas Non-Profit Corporation Act. The registered office may be, but need not be; identical with the principal office of the Coalition in the State of Texas, and the address of the registered may be changed from time to time by the Board of Directors.

This corporation is formed for charitable and educational purposes relating to the promotion, support, development, and furtherance of rehabilitation services, resources and treatment programs for persons who are homeless in the Heart of Texas Region of the State of Texas, which includes McLennan, Falls, Bosque, Hill, Limestone, and Freestone counties. The services and programs of interest shall include, but not be limited to, housing, crisis intervention, psychosocial rehabilitation, case management, client advocacy, and family education and support. The vision of the corporation is there will be no gaps in available services to homeless individuals. The corporation is committed to developing a seamless continuum of care model that will provide all homeless individuals an opportunity to access needed services.

MISSION STATEMENT

To eliminate homelessness by fostering community awareness of the issues of homelessness and supporting a coordinated network of services for all homeless individuals in Bosque, Falls, Freestone, Hill, Limestone, and McLennan Counties.

VISION STATEMENT

A day when there are no gaps in available services to homeless individuals. The corporation is committed to developing a seamless continuum of care model that will provide all homeless individuals an opportunity to access needed services.

COALITION GOAL STATEMENT

Our goals include the following:

- Improve outreach to homeless persons.
- Increase community awareness of the problems of homelessness
- Work to eliminate duplication and improve collaboration between agencies serving the homeless
- Promote community support programs, include appropriate living arrangements linked with supportive social, vocational rehabilitation and employment programs.
- Identify gaps in services that prevent homeless persons from achieving self-sufficiency
- Develop a strategic plan to fill those gaps
- Press for quality institutional and non-institutional care and individualized treatment for the mentally ill homeless.

ARTICLE I – MEMBERSHIP

- A. Membership shall include but not be limited to: homeless assistance providers, victim service providers, veteran service providers, faith based organizations, social service providers, state agencies, federal agencies, city agencies, non-profit agencies, businesses, public housing agencies, school districts, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, homeless individuals, and advocates of persons who are homeless.
- B. Membership may be on an individual or agency basis. No more than two representatives from one agency will be eligible to vote at a general membership meeting.
- C. Individual membership dues are \$15 per year; \$25 per year for nonprofit organizations and for profit entities. State agencies are exempt from paying dues. Individual employees are encouraged to register as individual; however, this will not affect voting privileges.
- D. Membership dues must be current in order to be eligible to vote. Members in good standing shall be eligible to hold office and to vote, (but only in person) on all questions at general membership meetings. In order to be a voting representative an individual or agency must attend a minimum of seven meetings during a twelve month period.
- E. Control of this corporation shall rest with the membership. Any action of the board of directors shall be subject to review by the membership on request of any member at the regular meeting. An action of the board of directors may be altered or rescinded by two-thirds vote of the membership present at a regular meeting.
- F. Regular meetings of the membership shall be held each month unless the board of directors shall determine otherwise. In no event shall fewer than eight (8) such meetings be held in any one fiscal year. All meetings are open meetings regardless of status of dues.
- G. The last membership meeting of the calendar year shall be designated as the Annual Meeting for the election of officers and members of the board of directors.
- H. Special meetings of the members may be called by the Chairperson, the board of directors or upon written request to the Chairperson signed by five (5) or more members.
- A. The fiscal year shall run from January 1, through December 31.

ARTICLE II – FINANCE

- B. The board of directors shall by resolution authorize the execution of contracts and the delivery of any instrument in the name of and on behalf of the Coalition.
- C. Checks, drafts, or orders for the payment of money, notes, or other evidences of indebtedness, issued in the name of the Coalition in excess of \$500 shall be signed by any two (2) persons within the category of Chairperson, Vice Chairperson, Secretary or Treasurer.

- D. All funds of the Coalition shall be deposited to the credit of the Coalition in such banks, trust companies, or other depositories as the board of directors may select.
- E. The board of directors may accept, on behalf of the Coalition, any contribution, gift, bequest, or device for the general purpose of the Coalition. Similarly, the board of directors may make, on behalf of the Coalition, any contribution, gift, grant, or investment authorized by law or these Bylaws, provided such gift does not cause the Coalition to lose its tax exempt status.

ARTICLE III – MEMBERSHIP MEETINGS

- A. Regular membership meetings will be held each month unless the board of directors shall determine otherwise. In no event shall there be fewer than eight (8) such meetings be held in any one fiscal year. All meetings are open meetings regardless of status of dues.
- B. The membership meeting in January shall be designated as the Annual Meeting for the election of officers and members of the board of directors.
- C. Special meetings of the membership may be called by the Chairperson, the board of directors or upon written request to the Chairperson signed by five (5) or more members.

ARTICLE IV – BOARD OF DIRECTORS

- A. The affairs of the Corporation shall be governed by the board of directors composed of at minimum four elected members, the four officers of the Corporation, who are Chairperson, Vice Chair, Secretary and Treasurer, and the immediate past Chairperson of the Corporation. The total number of board members shall be at minimum 9 and at maximum 15.
- B. The board of directors shall be composed of individuals representing a broad spectrum of the membership. Key subpopulations such as emergency shelter, transitional housing, veterans, permanent housing, victims of domestic violence, and "street homeless" should be represented. Every effort will be made to include at least one individual with the experience of homelessness on the board of directors.
- C. The board of directors shall have the power and duty to establish policy, adopt budgets and other powers and duties necessary or appropriate for the administrative affairs of the Corporation. The directors may do all such acts as are not by law, Articles of Incorporation, or by-laws directed to be done by the entire membership.

ARTICLE V - DUTIES OF OFFICERS

- A. The Chairperson shall preside at all meetings of the corporation and of the board of directors. The Chairperson shall appoint the chairpersons and members of all committees, with the approval of the board, and supervise directly or indirectly their work, except the nominating committee. The Chairperson shall act as the executive officer of the corporation and in general, perform the duties usually associated with the office of the Chairperson.

- B. The Vice Chairperson shall succeed to the Chairperson in case of a vacancy in that office and shall perform the duties of the Chairperson in his/her absence or disability. The Vice Chairperson shall undertake such other responsibilities, as the Chairperson shall assign.
- C. The Secretary shall handle the correspondence of the corporation and maintain records of the proceedings of all meetings of the membership and the board of directors. The Secretary shall be custodian of all records of the corporation.
- D. The Treasurer shall handle all financial matters of the corporation. All financial records of the Coalition may be inspected by any member of the Board of Director or his/her agent or attorney for any proper purpose at any reasonable time.

ARTICLE VI – ELECTIONS

- A. There shall be a nominating committee composed of three members, of which one shall be a past Chairperson, appointed by the president in November.
- B. The nominating committee shall prepare a slate of candidates for election as officers and shall secure the consent of its nominees to serve if elected.
- C. At the last membership meeting of the year, unless otherwise arranged, nominations shall be permitted from the floor. All nominees, whether nominated by the committee or from the floor, shall be members in good standing (dues current and attendance requirement met) who have given consent to the nomination.
- D. The board of directors shall be elected by the membership and shall serve for two years. The Chairperson, and two members of the board of directors shall be elected to serve term(s) beginning in even numbered years; and the Vice Chairperson, Secretary/Treasurer and two members of the board of directors shall be elected to serve term(s) beginning in odd numbered years.
- E. Any vacancy, for whatever reason, of a board member shall be replaced by an appointment made by the Chairperson within thirty (30) days from the date of vacancy.
- F. A majority of the board present shall constitute a quorum.
- G. The board of directors shall meet at least twice a year at a time the board selects. Special meetings may be called by the Chairperson or by at least three board members after proper notification of all members.
- H. The affirmative vote of a majority of the board of directors present and voting except where otherwise required by law, Articles of Incorporation, or by-laws; shall decide any issues brought before such meeting.

ARTICLE VII – TERMS OF OFFICE

- A. The regular term of the office of the officers of the corporation shall be for two years continuing until the election of their successors.
- B. The immediate past Chairperson shall serve as an ex-officio member of the board of directors.
- C. The board of directors may replace any director or officer who has failed to attend three (3) successive meetings of the board if such absence is declared by the board to create a vacancy upon reasonable notice to the director or officer prior to such declaration.

ARTICLE VIII – CONFLICT OF INTEREST

I. Purpose

The purpose of the conflict of interest policy is to establish guidelines when contemplating entering into a transaction or arrangement. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

II. Procedures

An officer, member, or member of a committee with governing board delegated powers must disclose the existence of possible direct or indirect financial or material gain to the governing board or committee with governing board delegated powers.

After disclosure, he/she may choose to voluntarily relinquish voting rights or abstain from serving on a committee relevant to the transaction or arrangement. If further determination is warranted, he/she shall leave the governing board or committee meeting while determination of a possible conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

If a conflict of interest exists, the individual with the association will be required to abstain from voting or serving on a committee with governing board delegated powers.

After exercising due diligence, the governing board or committee shall determine whether the organization can obtain, with reasonable efforts, a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by majority vote of the disinterested directors whether the transaction or arrangement is in the organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

If the governing board or committee has reasonable cause to believe an officer or committee member has failed to disclose actual or possible conflicts of interest, it shall inform the individual of the basis for

such belief and afford the individual an opportunity to explain the alleged failure to disclose. If, after hearing the individual's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action which could include ensuring the individual with the association abstains from voting or serving on a committee with governing board delegated powers up to dismissal of the individual from board membership.

ARTICLE IX – DISSOLUTION POLICY

Upon the dissolution of the Coalition, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.



HEART OF TEXAS
HOMELESS COALITION
Advocacy, Assistance & Acknowledgment

TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE
APPENDIX B: CODE OF CONDUCT, CONFLICT OF INTEREST, AND
RECUSAL POLICIES AND FORM

TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE CODE OF CONDUCT, CONFLICT OF INTEREST, AND RECUSAL POLICIES

SECTION 1 – PURPOSE

The purpose of the Code of Conduct, Conflict of Interest, and Recusal Policies is to maintain high ethical standards and establish procedures which guide the recusal process and administrative or disciplinary actions for violations. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

SECTION II – PROCEDURES

CONFLICT OF INTEREST

An officer, member, member of a committee, agent or hired staff, including staff hired through MOU or Pass Through Agreement, with governing board delegated powers must disclose the existence of possible direct or indirect financial, or material gain to the governing board or committee with governing board delegated powers. This includes real or apparent conflicts of interest that may arise among officers, employees or agents, or any member of his or her immediate family, his or her partner or an organization that employs any of the indicated parties. This includes organizational conflicts of interest.

After disclosure, he/she may choose to voluntarily relinquish voting rights or abstain from serving on a committee relevant to the award of grants, provision of financial benefits, transaction or arrangement. If further determination is warranted, he/she shall leave the governing board or committee meeting while determination of a possible conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. If a conflict of interest exists, the individual with the association will be required to abstain from voting or serving on a committee with governing board delegated powers.

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ACCEPTANCE OF GIFTS OR FAVORS

An officer, member, member of a committee, agent or employee, including staff hired through MOU or Pass Through Agreement, may neither solicit nor accept gifts or gratuities, favors or anything in excess of minimum value from potential grant awardees, contractors, or parties to sub agreements where the receipt would either compromise impartial performance or give the appearance of compromising impartial performance.

If the governing board or committee has reasonable cause to believe an officer, committee member, agent or employee has violated this policy, it shall inform the individual of the basis for such belief and afford the individual an opportunity to explain the alleged violation. If, after hearing the individual's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has violated policy, it shall take appropriate disciplinary and corrective action which could include dismissal of the individual from board or committee membership.

FRAUD INTOLERANCE

The term fraud refers to, but is not limited to: intentionally entering false or erroneous information into electronic software systems; any dishonest or fraudulent act; forgery or alteration of any official document; misappropriation of funds, supplies, or Continuum of Care materials; improper handling or reporting of money or financial transactions; profiting by self or others as a result of inside knowledge; destruction or intentional disappearance of records, furniture, fixtures, or equipment; accepting or seeking anything of material value from vendors or persons providing services or materials to the Continuum of Care for personal benefit; or any similar or related irregularities. Fraudulent acts will not be tolerated and may result in termination from Board membership. Fraudulent acts will be pursued to the fullest extent and may result in criminal charges.

A Board Member who has reason to believe that there may have been an instance of fraud, improper action, or other illegal act in connection with a Continuum of Care program, function or activity shall report it immediately to the TX-604 HOTH Board. Improper actions are actions undertaken by a Board Member in the performance of their official duties that: (a) are in violation of any federal, state, or local law; or (b) constitute an abuse of authority; or (c) create a substantial, specific danger to public health or safety; or (d) misuse of Continuum of Care funds; or (e) represent a conflict of interest. Reported incidences will be investigated as expeditiously as possible by the Governance Committee and/or Governance Committee Co-Chair members as appropriate. When an investigation confirms that fraud or an illegal act(s) has occurred, appropriate corrective action will be taken.

The Code of Conduct, Conflict of Interest and Recusal Policies form will be signed annually by HOTH Board members, and committee and sub-committee members with board delegated decision-making responsibilities.

I attest the Code of Conduct, Conflict of Interest and Recusal Policies were revised and adopted on 6/7/18 by the TX-604 HOTH Board.



Melinda Bonds, Chairman
Heart of Texas Homeless Coalition
Melinda.Bonds@hotrmhmr.org
P. O. Box 23025, Waco, TX 7670
254-752-3451

TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE CODE OF CONDUCT, CONFLICT OF INTEREST, AND RECUSAL POLICIES FORM

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Fraudulent acts will not be tolerated and may result in termination from Board membership. Fraudulent acts will be pursued to the fullest extent and may result in criminal charges.

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Improper actions are actions undertaken by a Board Member in the performance of their official duties that: (a) are in violation of any federal, state, or local law; or (b) constitute an abuse of authority; or (c) create a substantial, specific danger to public health or safety; or (d) misuse of Continuum of Care funds; or (e) represent a conflict of interest.

Reported incidences will be investigated as expeditiously as possible by the Governance Committee and/or Governance Committee Co-Chair members as appropriate. When an investigation confirms that fraud or an illegal act(s) has occurred, appropriate corrective action will be taken.

I accept the terms of this Code of Conduct, Conflict of Interest and Recusal Policies and understand that failure to comply with it may result in dismissal from the Board and appropriate legal action.

Signature

Date



HEART OF TEXAS
HOMELESS COALITION
Advocacy, Assistance & Acknowledgment

TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE
APPENDIX C: HEART TO HOME COORDINATED ENTRY POLICIES
AND PROCEDURES



HEART OF TEXAS HOMELESS COALITION

TX-604 Waco/McLennan County
Continuum of Care
Heart to Home
Coordinated Entry
Policies and Procedures

Coordinated Entry Overview and Acknowledgements

In 2017, the Heart of Texas Homeless Coalition (HOTHc) initiated the process to improve the delivery of housing and crisis response services and assistance to households who are homeless or at imminent risk of homelessness throughout Bosque, Falls, Freestone, Hill, Limestone, and McLennan Counties by redesigning the community's process for access, assessment, and referrals within its homeless assistance system. National research has highlighted Coordinated Entry as a key factor in the success of ending homelessness, and HOTHc is committed to supporting a coordinated network of services for all homeless individuals and families.

In an effort to capitalize on the excellent work being done locally and nationally to improve homeless housing and service systems for individuals and families, this plan relies heavily on the research and tools produced in our community and in communities across the country. Particular thanks are due to the members of the Coordinated Entry Committee of the HOTHc for their contributions and time, HUD, OrgCode, and the National Alliance to End Homelessness.

This process, the HOTHc **Coordinated Entry System**, institutes consistent and uniform access, assessment, prioritization, and referral processes to determine the most appropriate response to each household's immediate housing needs. This new system of Coordinated Entry is not only mandated by HUD and many other funders, but is recognized nationally as a best practice which can improve efficiency within systems, provide clarity for households experiencing homelessness, and can help serve more people quickly and efficiently with assistance targeted to address their housing needs.

This Coordinated Entry Policies and Procedures document is an operational manual, providing guidance and direction for the day to day operation, management, oversight, and evaluation of HOTHc's coordinated entry approach. This manual will be updated and revised on an ongoing basis as the actual application and practical experience of Coordinated Entry System design principles are refined and improved.

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Introduction and Purpose

As a result of the HEARTH Act, HUD published the *Continuum of Care (CoC) Program Interim Rule* and the *Emergency Solutions Grants (ESG) Program Interim Rule*, and in 2017, they published the *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*. These documents require that the CoC establish and consistently follow written standards for providing CoC assistance, in consultation with recipients of the ESG program.

The goals of the written standards are to:

- Ensure program accountability to households experiencing homelessness; specifically those who are experiencing chronic homelessness or are high-need/high-acuity.
- Establish community-wide expectations on the operations of projects within the community.
- Ensure that the system is transparent to users and operators.
- Establish a minimum set of standards and expectations in terms of the quality expected of projects.
- Make the local priorities transparent to recipients and sub-recipients of funds.
- Create consistency and coordination between recipients' and sub-recipients' projects within the CoC.
- Maintain standards that are in accordance with Violence Against Women Act (VAWA) regulations.
- Ensure program compliance with HUD Rules and guidance.
- Establish adequate program staff competence and training to create an environment through the CoC region of coordination, consistency and speed in housing placement.
- Reinforce a person-centered approach throughout the coordinated entry process that is informed by participants' choices.
- Include sensitivity to participants' lived experiences in every aspect of coordinated entry.
- Develop clear referral expectations and a commitment to referral success.
- Create system access, prioritization, and housing placement consistency.

Coordinated Entry is HOTHc's approach to organizing and providing services and assistance to households experiencing a housing crisis throughout the Continuum of Care. Households who are seeking homeless or homelessness prevention assistance are directed to Access Points, assessed in a uniform and consistent manner, prioritized for housing and services, and then linked to available interventions in the HOTHc. Each service participant's acuity level and housing needs are aligned with a set of service and program strategies that represent the appropriate intensity and scope of services needed to resolve the housing crisis.

Guiding Principles of Coordinated Entry

Coordinated Entry is a process designed to coordinate program participant intake, assessment, and provision of referrals. It covers the geographic area, is easily accessed by households seeking housing and services, is well advertised, and includes a comprehensive and standardized assessment tool. The terms “Coordinated Access”, “Coordinated Intake”, “Coordinated Entry” and “Coordinated Assessment” are often used interchangeably, and more or less mean the same thing: **transitioning from a “first come, first served” mentality to a mentality that says “now that you are here, let’s determine, together, what might be your next step”**. The HOTHC will refer to the system as “Coordinated Entry.” Coordinated Entry, when implemented correctly, can help to prioritize households who need housing the most across the community. Beyond program confinement and silos, Coordinated Entry can create a collaborative, objective environment across a community that can provide an informed way to target housing and supportive services.

HOTHC establishes the following guiding principles for its Coordinated Entry System:

1. Greatly reduce the length of homelessness by moving people quickly into the appropriate housing.
2. Greatly increase the possibility of housing stability by targeting the appropriate housing intervention to the corresponding needs.
3. Divert people away from the system who can solve their own homelessness.
4. Target the correct housing intervention to the correct household, particularly for those with high acuity and high need.
5. Create a defined and effective role for emergency shelters and transitional housing.
6. Create an environment of less time, effort, and frustration on the part of case managers by targeting efforts.
7. End homelessness across communities, versus program by program.
8. Operate with a person-centered approach and with person-centered outcomes.
9. Reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant’s immediate housing crisis.
10. Incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
11. Implement standard assessment tools and practices, and capture only the limited information necessary to determine severity of the participant’s needs and the best referral strategy for them.
12. Integrate mainstream service providers into the system, including local Public Housing Authorities and VA Medical Center.
13. Utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC and ESG resources.

Coordinated Entry Roles and Participation Responsibilities

HOTHC COORDINATED ENTRY COMMITTEE

The HOTHC Coordinated Entry Committee is the work group from the HOTHC that plans and implements the Coordinated Entry System. This group is made up of providers who receive CoC and ESG grants, providers in the area that serve the homeless, Veteran partners, Victim Service Providers, street outreach workers, McKinney-Vento Homeless Liaisons, and other relevant mainstream service providers. After implementation of the Coordinated Entry System, the Committee will meet quarterly for monitoring and evaluation of the Coordinated Entry System, at least once per month for Case Conferencing, and will conduct an annual training of all Coordinated Entry Access Points and assessors. In Case Conferencing, referral to transitional housing, rapid re-housing and permanent supportive housing interventions will be intentionally and primarily made in a de-centralized manner, following the Order of Priority outlined in these policies and procedures. As needed, the Committee will review cases of households with high vulnerability who are unable or unwilling to complete a VI-SPDAT assessment, and households where the VI-SPDAT did not reveal the full depth and/or urgency of the situation.

The HOTHC Coordinated Entry Committee shall be responsible for the revision, review, and approval of the CE Policies and Procedures. The revision process will be completed at least once annually, and anyone who is interested in submitting suggestions for revisions to the document should submit them to nicolew@wacotx.gov.

ACCESS POINTS AND ASSESSORS

Access Points are designated areas located throughout the CoC region (physical and phone-based) where households can go to for intake and assessment of homeless prevention and housing services for which they may qualify. A current list of Access Points can be found in Appendix C. Each Access Point must offer the same assessment approach and all Access Points are usable by all people who may be experiencing homelessness or at risk of homelessness. All households encountered by street outreach workers will be offered the same standardized process as persons who access Coordinated Entry through one of the physical Access Points. Access Points are responsible for being accessible to individuals with disabilities and those with Limited English Proficiency, as well as, being a safe and confidential space to allow for individuals to identify sensitive information or safety issues in a private and secure setting.

Access Points and assessors are prohibited from screening out households from the Coordinated Entry process due to perceived barriers to housing or services, including but not limited to, too little or no income, current or past history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions, poor credit, lease violations, history of not being a leaseholder, or criminal record.

HOTHC is committed to ensuring that all staff who assist with CE operations receive sufficient training to implement the CE system in a manner consistent with the vision and framework of CE, as well as in accordance with the policies and procedures of its CE system. HOTHC will provide at least one annual training for persons who manage access point processes and conduct assessments for CE. Training will be offered at no

cost to the agency or staff. All assessors must annually complete training on the functions of Coordinated Entry, conducting a trauma-informed assessment, utilizing the VI-SPDAT, a review of the CE policies and procedures, prioritization, safety planning, cultural and linguistic competency, confidentiality, and how to input assessment results into the Homeless Management Information System (HMIS). This training will be provided annually by the HOTHHC Coordinated Entry Committee and community partners. Access Point staff will also assist the Coordinated Entry Committee in completing annual monitoring and evaluation of the Coordinated Entry System and the policies and procedures found within this document.

HMIS Lead Agency

The HMIS Lead agency operates the Homeless Management Information System on the CoC's behalf. They will ensure that the CE system has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by Coordinated Entry. The City of Waco is the entity designated by the CoC in accordance with HUD's CoC Program interim rule to operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS.

HOTHHC Service Providers

Below are the expectations of service providers participating in Coordinated Entry:

1. Adopt and follow the Coordinated Entry System policies and procedures.
2. Maintain low barriers to enrollment.
3. Maintain Fair and Equal Access to housing.
4. Provide appropriate safety planning and security protections for households fleeing or attempting to flee violence within the household, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.
5. Create and share annually any written guidance for household eligibility and enrollment determinations.
6. Communicate project vacancies, either bed, unit, or voucher, to the CE Committee for Case Conferencing.
7. Limit enrollment to participants referred through the defined Coordinated Entry System access point(s).
8. Participate in Coordinated Entry System planning and Case Conferencing.
9. Contribute data to HMIS per federal, state, county, or other funder requirements.
10. Ensure that staff who participate in Coordinated Entry attend annual training provided by HOTHHC.
11. Post a public notice (provided by CE Committee) that describes Coordinated Entry and how to access it.
12. Provide a report, as part of the annual monitoring, that identifies the number of participants its project referred, accepted, rejected, and/or served from the CE process.
13. Ensure household rights are protected and households are informed of their rights and responsibilities. Households shall have rights explained to them verbally and in writing when completing an initial intake. At a minimum household rights will include:

- The right to be treated with dignity and respect.
- The right to appeal Coordinated Entry System decisions.
- The right to be treated with cultural sensitivity.
- The right to have an advocate present.

- The right to request a reasonable accommodation in accordance with the project's tenant/client selection process.
- The right to accept housing/services offered or to reject housing/services.
- The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

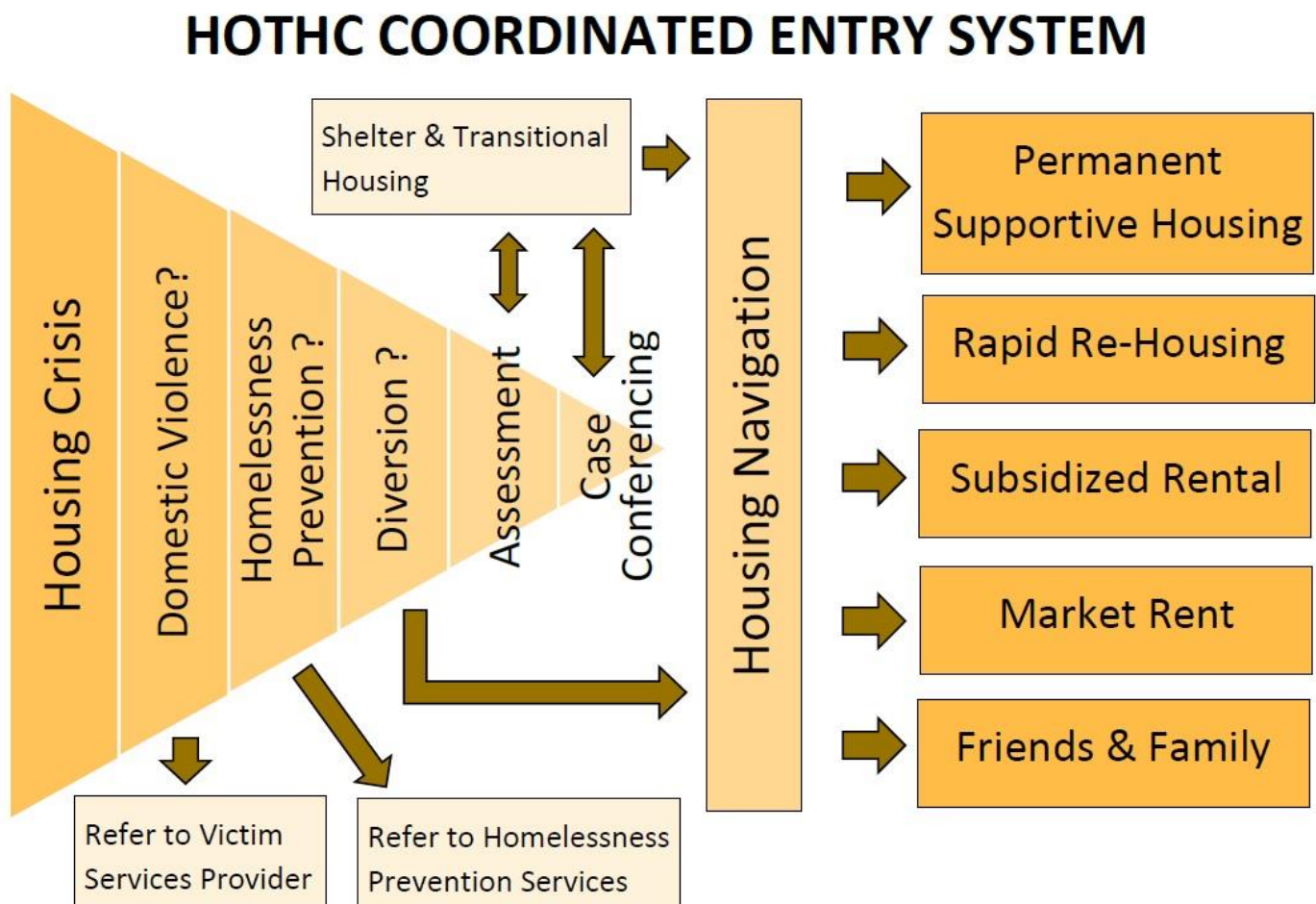
CE process partners and all participating agencies contributing data to CE must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose. Participants must complete a Release of information form prior to the collection of data for CE. The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing). Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in HUD's HMIS Data Standards Manual.

Coordinated Entry System Work Flow

Coordinated Entry Workflow Overview

The HOTHCo Coordinated Entry System takes a hybrid approach by using physical Access Points in Waco and a 24 hour phone line, to assist with reaching the entire Heart of Texas region. Street outreach teams will function as access points in the CE process, and will seek to engage persons who may be served through CE but who are not seeking assistance or are unable to seek assistance via projects that offer crisis housing or emergency shelter. HUD programs (CoC and ESG-funded) are required to participate in the process. Veteran Administration Programs (SSVF, GPD, and HCHV) are encouraged to participate. HOTHCo will work with all local projects and funders in its geographic area to facilitate their participation in the Coordinated Entry System. Each CoC and ESG recipient operating within the HOTHCo CoC geographic region area must work together to ensure the Coordinated Entry System allows for coordinated screening, assessment, and referrals for ESG-funded and CoC-funded projects.

HOTHCo Coordinated Entry Work Flow Diagram



Steps of Engagement

Below are the steps of engagement for the HOTHHC Coordinated Entry System:

1. At the Access Points, assessors will determine if the household being served would be best served through a Victim Service Provider, Homelessness Prevention Assessment and Services, Diversion Assistance, or Assessment for Housing.
2. Assessor will obtain an HMIS Release of Information and Consent (or comparable document for Victim Service Providers).
3. Assessor will conduct a Coordinated Entry Assessment, utilizing the VI-SPDAT as the triage tool, to screen households experiencing homelessness or at imminent risk of homelessness.
4. After being assessed, participants will be put on the Prioritization List and matched to housing programs (as openings become available within the Continuum of Care region) through case conferencing conducted by the Coordinated Entry Committee.
5. Participants will be contacted by the housing program if they are found eligible for entry into the housing program they were referred to via the Coordinated Entry process.

Step 1 – Determine if Appropriate for Coordinated Entry

Pre-Screening Questions

Once a household presents, they should be assessed to determine what housing needs they have. At the beginning, it needs to be determined if the household would be best served through a Victim Service Provider or Coordinated Entry. Below is a sample script to help determine this:

"One thing I'd like to do before we begin is see if you'd like information about our local domestic violence program? Have you experienced domestic violence? For instance, has a partner threatened to hurt you, or made you afraid, or hit, kicked, or otherwise physically hurt you or made you do something sexual you did not want to? If so, are you currently fleeing domestic violence? It might be helpful for you to talk to someone confidentially. Our local domestic violence program can help you fill out this survey, the answers you give will be kept confidential and not become part of the shared database. Would you like to speak to someone at that program, and perhaps fill out the survey with them, or would you like to be assisted by non-victim services through Coordinated Entry?"

All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to available crisis services within the defined CE geographic area. If they would like to be assisted by victim services then the assessor will provide the household with the phone number (1-800-283-8401) to the local Victim Service Provider so that the program can continue the assessment in a manner that is sensitive to survivors' needs and offer additional services. If the household chooses to be assisted by non-victim services, the assessor will continue.

Diversion and Prevention

According to the National Alliance to End Homelessness, many people seeking homeless assistance still have an opportunity to remain in their current housing situation, whether it's their own housing or the housing of a friend, relative, acquaintance, or coworker. In light of this, prevention and shelter diversion are key interventions in the fight to end homelessness. Immediate screening for these possibilities at entry is an important tactic, and can preserve emergency beds for households that truly have nowhere else to go. Access to rental subsidies and case management at entry is often enough to ensure the households successfully remain housed. The CE system will ensure that all potentially eligible homelessness prevention participants will be screened for homelessness prevention assistance, regardless of the access point at which they initially seek assistance. Those individuals determined to be best served through Homelessness Prevention will be referred by the assessor to the ESG recipient to be screened for eligibility to their programs, and provided with additional community resource information and referrals to aid their situation.

While prevention and diversion are two separate concepts, they are utilized almost interchangeably in this strategy, as they both focus on preventing homelessness. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into the shelter, and rapid re-housing/permanent supportive housing targets people who are already homeless. After asking initial questions to determine participant need, if the household would be best served through diversion or prevention, they should then be referred to a provider who can assist with these needs, rather than be assessed for Coordinated Entry.

To help determine if the household would be better served by diversion or prevention, start with the following questions:

- **Are you safe?**
- **Why do you think you need shelter?**
- **Where did you sleep last night?** *If they slept somewhere safe where they could potentially stay again, this might mean they are good candidates for diversion.*
- **Do you have any money you can use for temporary accommodation?**
- **What other options do you have for the next few days or weeks?** *Even if there is an option outside of shelter that is only available for a very short time, it is worth exploring if this housing resource can be used.*
- **Do you have any family or friends you can stay with, even temporarily, that would be safe?**
- **(If staying in someone else's housing) What issues exist with you remaining in your current housing situation? Can those issues be resolved with financial assistance, case management, etc?** *If the issues can be solved with case management, mediation, or financial assistance (or all of the above) diversion is a good option.*
- **(If coming from their own unit) Is it possible/safe to stay in your current housing unit? What resources would you need to do that (financial assistance, case management, mediation, transportation, etc)?** *If the household could stay in their current housing with some assistance, the system should focus on a quick prevention-oriented solution that will keep the household in their unit.*

Step 2 – Obtain Consent

If it has been determined the household would be best served through Coordinated Entry, then use an introduction at the beginning of the assessment process such as:

“My name is [interviewer name] and I am conducting this on behalf of [the Heart of Texas Homeless Coalition Coordinated Entry System]. I know you are in crisis, and I want to assist you in connecting to resources that can provide emergency solutions, as well as, get you on a priority list to eventually provide permanent housing solutions. Would you like to start this process? It may take 15 minutes. To begin, I have a short survey that I would like to complete with you. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No. Some questions require a one word answer. All I need from you is to be honest in responding, so there isn’t a “correct” or preferred answer that you need to provide, or information you need to withhold. I’ll be honest, some questions are personal in nature, but know you can skip or refuse any question. If you do not understand a question, let me know and I would be happy to clarify.

The information collected goes into the Homeless Management Information System. Other providers conducting this assessment, and the housing providers connected to the Coordinated Entry System, such as MHMR, Mission Waco, and The Salvation Army, will have access to the information so that you do not need to complete the assessment multiple times. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs, determine what resources I can refer you to, and put you on the prioritization list, which is used by Coalition partners to fill openings in housing programs with those most in need. Please note that the Waco Housing Authority, who administers Section 8 and Public Housing, is a separate provider that will require an additional separate application. If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this survey. If you do not have a case manager, and would like to be referred to one, I can help you with that at the end of the survey. Would you like to take the survey with me?”

HMIS Data, Release of Information, and HIPAA Disclosure

A household must provide informed consent prior to beginning the assessment. Throughout the assessment process, participants must not be pressured or forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information. You **cannot** complete an assessment with a household without their knowledge and explicit agreement. You also **cannot** complete the assessment solely through observation or using known information within your organization. The HOTHCMIS Release of Information and HIPAA Disclosure Form will need to be completed by all households prior to assessment. These forms allow for the input of assessments within the HMIS and sharing of that protected data with community partners, in accordance to the HOTHCMIS Policies and Procedures Manual. With households who choose not to complete these forms, an assessment cannot be conducted. Households who are not able to complete an assessment may be referred to the Coordinated Entry Committee for Case Conferencing.

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

Step 3 – Conduct the Assessment

Coordinated Entry Assessment Tool – VI-SPDAT

The HOTHHC CE process will provide a standardized assessment process to all CE participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis. All persons served by CE will be assessed using the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT). All access points must use this tool to ensure that all persons served are assessed in a consistent manner, using the same process. The VI-SPDAT documents a set of participant conditions, attributes, need level, and vulnerability, allowing the access point and/or assessment staff to identify a service strategy to the CE staffer who manages the CoC's prioritization list. The VI-SPDAT was developed and is owned by OrgCode (the assessment can be downloaded from <http://www.orgcode.com/products>). It is a triage tool that assists in informing an appropriate 'match' to a housing intervention to households based on their acuity in several core areas. It is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability across four components: (a) history of housing and homelessness, (b) risks, (c) socialization and daily functioning, and (d) wellness - including chronic health conditions, substance usage, mental illness and trauma. HOTHHC Coordinated Entry System has agreed to use the VI-SPDAT 2.0. HOTHHC will shift to future updated version of the tool as the Coordinated Entry Committee decides by consensus.

Conducting the VI-SPDAT

Households engaged by assessors representing the Coordinated Entry System should receive the same information regarding what that process involves. Assessors should communicate the survey process and its results clearly and consistently across the community. This ensures both that the benefits to participating in a survey are described clearly to encourage people to participate, but is equally important to make sure that households understand that participating does not guarantee (and may not result in) housing. It is also important that households receive a clear understanding of where their information will be shared. Before each assessment, households should be informed of:

- The name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc).
- The purpose of the VI-SPDAT being completed.
- That it usually takes less than 10 minutes to complete.

- Only “Yes,” “No,” or one-word answers are being sought.
- Any question can be skipped or refused.
- The information is going to be stored in the HMIS.
- Other providers conducting assessments and the housing providers connected to the Coordinated Entry System will have access to the information so that the household does not need to complete the assessment multiple times.
- Housing providers can identify people to target for housing resources as they come available, and for planning purposes.
- That if the participant does not understand a question, clarification can be provided.
- The importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal.

Whether the VI-SPDAT is first conducted on paper or directly inputted within the HOTHM HMIS, all VI-SPDATs must be recorded into HMIS within 1 business day of when the information was first collected for inclusion on the Prioritization List. The Coordinated Entry Committee will have access to this information. This access will help facilitate and streamline the Coordinated Entry System.

Survey Refusals

For limited instances when households refuse specific questions throughout the assessment process, the assessor may request permission to ask additional questions in order to utilize their conversation with the household, surveyor observation, documentation and information from other professionals in order to provide responses. The assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for the purposes of determining program eligibility to make appropriate referrals.

When staff encounter households who do not provide a response to any of the first questions, they should stop and acknowledge that the assessment will not provide useful information if the household being assessed does not want to participate. Staff should utilize continued progressive engagement and rapport building with these households until they are willing to be assessed. The VI-SPDAT should be completed in one engagement (although not necessarily at first contact).

Concluding the Engagement

Upon completion of the VI-SPDAT, the Assessor may ask if the household is currently working with a provider towards one of the forms of housing assistance. If so, the household receiving the survey should be encouraged to continue to engage with their existing case management supports. If not, assessors can provide a referral to the appropriate mainstream and/or community-based emergency services and resources currently available within the community, and ask if the household is interested in any specific forms of housing assistance.

Assessors should emphasize the importance of having reliable and comprehensive information regarding the best time and place to contact the household. Staff should collect information on whereabouts across a 24 hour period, beginning with where they wake up until they bed down at night, with notations for days when location patterns changed, and record that information within the VI-SPDAT. This includes where meals are

obtained, transportation methods, times to and from meal and shelter providers, cross streets of locations where they receive services, outside agency names and staff with whom they engage, etc. Assessors may emphasize that while completion of the assessment does not make them the household's case manager, it remains critically important that the assessor possesses the most reliable methods possible for locating the household being assessed, especially if that includes an outside agency or staff attempting to contact the household at a later date.

Once the VI-SPDAT is completed, staff should quantify which essential documents the household currently possesses, store a copy of them into HMIS, and then begin working with them to collect missing documents, as staff time and resources allow. Assessors should emphasize that specific documentation is required for many programs, including but not limited to government issued photo identification, social security card, birth certificate, proof of income or zero income, verification of homelessness, and DD-214 for individuals who have served in the United States Armed Forces.

Step 4 – Prioritization and Referral

Getting Connected

Upon successful VI-SPDAT completion, Continuum of Care providers, including transitional housing, rapid re-housing and permanent supportive housing will fill their case load (for services only programs) and/or beds/units (for housing programs) from the Coordinated Entry System according to the following prioritization criteria. HOTHc's Coordinated Entry System employs a Housing First process, which is focused on rapidly housing participants without preconditions. Emergency service programs such as emergency shelters, domestic violence shelters, homeless prevention, and street outreach will receive referral through Coordinated Entry, but due to the emergent nature of these programs, are able to function independent of the operating hours of the Coordinated Entry System's intake and assessment process. These households should be connected to Coordinated Entry as soon as the intake and assessment processes are operating. Emergency service program interventions will not be prioritized based on severity of service need or vulnerability, allowing for an immediate crisis response.

The HOTHc Coordinated Entry Committee will meet to conduct Case Conferencing at a minimum of once a month. Providers will notify the Committee of openings in their programs. Once a referral is made, following the prioritization criteria outlined below, the provider will contact the household to verify if the housing referral provides a good match and to set up an intake appointment. The provider will document any unsuccessful matches and provide both the (A) reason(s) why they were not housed, (B) date of unsuccessful match/"unassignment" and (C) name of the project being unassigned within HMIS so that the household can be reassigned to an additional provider at Case Conferencing. The provider will also document when each match does lead to successful program entry and provide the date the household moves into housing within HMIS. If a household cannot be reached for referral placement, they will be dropped from the Prioritization List after 90 days if multiple attempts to contact and engage the household have been unsuccessful.

Prioritization Process

One of the main purposes of Coordinated Entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. HOTHHC will use data collected through the CE process to prioritize homeless persons within the HOTHHC's geography. The VI-SPDAT will be the only tool used to assess households at the point of entry. The VI-SPDAT scores will be used to triage households into the appropriate category of intervention. HUD has released the following criteria to consider how to prioritize households for housing and homeless assistance:

- Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.
- High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities to meet basic needs.
- The extent which households, especially youth and children, are unsheltered.
- Vulnerability to illness or death.
- Risk of continued homelessness.
- Vulnerability to victimization, including physical assault or engaging in trafficking or sex work.

The following represents the uniform process to be used across the community for assessing households, matching them to an appropriate housing intervention, and within each category, prioritizing placement into housing. This will eliminate the need to complete multiple assessments on households, which is burdensome both for the person being assessed and those conducting the assessment. The HOTHHC Coordinated Entry Committee will maintain a community-wide list of all known homeless persons who are seeking or may need CoC or ESG housing and services to resolve their housing crisis. This community-wide list generated during the prioritization process, called the "Prioritization List," provides an effective way to manage an accountable and transparent prioritization process. The Prioritization List will be organized according to participant need, vulnerability, and risk. New participants will be added to the prioritization list and existing participants' rank order on the prioritization list will be managed according to the prioritization principles as established by the CoC's written policies and procedures governing CE operations and decision-making. The Prioritization List will have the same data privacy and security protections that are applied to HMIS, as described in the HOTHHC HMIS Policies and Procedures Manual. The HOTHHC Coordinated Entry Committee maintains a Prioritization List such that households wait no longer than 60 days for a referral to housing or services. If the CoC cannot offer a housing resource to every prioritized household experiencing homelessness within 60 days or less, then the HOTHHC Coordinated Entry Committee will adjust the prioritization standards in order to more precisely differentiate and identify resources for those households with the most needs and highest vulnerabilities.

VI-SPDAT Score Breakdown

Intervention Recommendation	VI-SPDAT Prescreen Score for Household
Permanent Supportive Housing	8+
Rapid Re-Housing	4-7
Diversion	0-3

Permanent Supportive Housing (PSH) Prioritization

The prioritization for PSH is consistent with HUD's *Notice CPD 16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD in its December 2015 Final Rule):

- **1st Priority:** Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.
- **2nd Priority:** Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.
- **3rd Priority:** Chronically homeless individuals and families with the most severe service needs.
- **4th Priority:** All other chronically homeless individuals and families not already included in priorities 1 through 3.
- **5th Priority:** Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.
- **6th Priority:** Homeless individuals and families who are not chronically homeless but do have a disability and a long period of continuous or episodic homelessness.
- **7th Priority:** Homeless individuals and families who are not chronically homeless but do have a disability and are coming from places not meant for human habitation, Safe Havens, or emergency shelters.
- **8th Priority:** Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.
- **Tie Breaker:** When two households in the same priority are scored equally on the Prioritized List, the following tiebreakers will be used in this order:
 - Veteran household
 - Longest length of homelessness
 - Lowest household income

Rapid Re-Housing (RRH) Prioritization

The prioritization for persons who are determined to be eligible for RRH will be consistent with HOTHC's scoring range for need and vulnerability associated with RRH projects. Additionally, the CoC has opted to prioritize the following persons for RRH:

- Veteran Households
- Households consisting of unaccompanied youth
- Households fleeing or experiencing domestic violence
- Households with higher barriers to housing, and higher service needs who are waiting to obtain another permanent housing subsidy (e.g., PSH)
- Households with a single parent and 3 or more dependent children under the age of 6
- Households with a previous episode of homelessness within the most recent 12 months

Transitional Housing (TH) Prioritization

The CoC will prioritize the following persons for TH:

1. Veteran households
2. Households consisting of unaccompanied youth
3. Households fleeing or experiencing domestic violence
4. Households with heavy service needs to stabilize in housing

Housing Referrals

The Coordinated Entry Committee refers households to fill provider openings in accordance with the adopted Order of Priority. If a household is prioritized for permanent supportive housing but no PSH resources are available, that household is offered any other CoC resource available in the CoC's geographic area. All CE participating providers will enroll new participants only from the CoC's CE referral process. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CE coordinating entity of any known and anticipated upcoming vacancies. Providers are responsible for ensuring that referred households meet any eligibility requirements. Upon receiving a referral from the Coordinated Entry Committee, providers must contact or attempt to contact the referred household within **two (2) business days**. The Coordinated Entry Committee will respond to each vacancy by referring an eligible household through Case Conferencing. Provider expectations include:

1. Providers will be an active member of the Coordinated Entry System.
2. Providers will have minimal entry requirements to ensure the most vulnerable of the population are being served.
3. Providers for each CoC project will establish and make publicly available the specific eligibility criteria the project uses to make enrollment determinations.
4. Providers will ensure active client participation and informed consent.
5. Providers may require participants to meet only additional program eligibility requirements as they relate specifically to their funding source guidelines.
6. The only reasons providers may have the option to disqualify a household from program entry are: all program beds full and/or if the housing has in residence at least one household with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the same housing facility. (CFR 578.93).
7. Providers may not disqualify a household from program entry based on perceived barriers related to housing or services, lack of income or employment status, or because of evictions or poor rental history.
8. The provider explains the services that are available and encourages each adult household member to participate in program services, but does not make service usage a requirement or the denial of services a reason for disqualification or eviction.
9. The provider will maintain Release of Information, case notes, and all pertinent demographic and identifying data in HMIS. Paper files can also be kept as long as they are stored in a secure location.
10. Providers must comply with equal access and nondiscrimination provisions of Federal civil rights laws.

One of the guiding principles of CE is participant choice. This principle must be evident throughout the CE process, including the referral phase. Individuals and families will be given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to. Participants in CE are allowed to reject service strategies and housing options offered to them, without repercussion.

Unsuccessful Matches Process

By Household

Households may reject a referral due to the health, safety or wellbeing of the household being compromised by the potential referral. Respecting household choice and preference, households may also reject a housing referral due to not being willing to work with the housing provider to which they are referred. Rejections of referrals by households should be infrequent and must be documented in HMIS. If a household rejects a referral, the household will be placed back onto the Prioritization List and a new referral will be made at Case Conferencing. Households have the right to appeal referrals to the Coordinated Entry Committee. These appeals should be directed to:

Nicole Wiscombe, Continuum of Care Administrator

City of Waco, Department of Housing and Economic Development

Call 254-750-5777, email nicolew@wacotx.gov, or write to PO Box 2570, Waco, TX 76702.

By Housing Provider

HOTHC providers may deny or reject referrals from the Coordinated Entry System, although service denials should be infrequent and must be documented in HMIS. When a provider agency declines to accept a referred prioritized household into its project, the agency must notify the CE Committee of the denial and the reason for the denial within 3 business days of making the refusal. The specific allowable criteria for denying a referral shall be published by each project and be reviewed and updated annually or as they change, whichever happens first. All participating projects shall provide the reason for service denial, what alternative resources were made available to the participant, and may be subject to a limit on the number of service denials.

Providers who would like to deny a referral that is incompatible with their programming must include details about the reason for denial. Documentation should include communication attempts with the household, specific criminal or housing history that prevents acceptance of referral, or other similar details. Some examples of denials that will need additional details or documentation include the following:

- Household confirmed as moving out of CoC area
- Household does not meet required criteria for program eligibility
- Household unable to be located after multiple communication attempts
- Individual confirmed as incarcerated
- The program cannot address household needs or safety (the household's needs, health, or well-being would be negatively impacted because the program does not offer the services, staffing, location, and/or housing supports necessary to successfully serve the household)
- Individual would be a danger to self or others if allowed to stay at the particular project

- Services available through the project are not sufficient to address the intensity and scope of participant need.
- Property management denial (with specific reason cited by property manager)
- Conflict of interest
- Individual confirmed as deceased
- The project is at capacity and is not available to accept referrals at this time.

Re-Screening

While households generally do not need to be surveyed multiple times with the VI-SPDAT, there are circumstance under which they may qualify to be re-screened, including the following:

1. A household has not had contact with the homeless services system for one year or more since the initial VI-SPDAT screening.
2. A household has encountered a significant life change defined as one of the following items: a second adult member added to or removed from their household, re-unification with a child, significant household composition change, or serious and persistent mental illness identified by a credentialed professional.
3. In rare occurrences, a household who is screened and referred to a housing program may be eligible for re-screening if the program identifies, after extensive efforts, the household needs a higher level of support than can be offered in that level of intervention.
4. A household who has known extensive history within the shelter and other emergency systems but whose acuity is not accurately depicted on their first screening.

Transfers

There are circumstances under which a household enrolled with one housing provider may benefit from transferring to another program or provider. For example, a household that has lost several scattered-site housing placements due to problems with visitors, or a household in a site-based setting is unable to comply with rules around sobriety or the environment is not conducive to their mental or physical well-being. The Coordinated Entry System seeks to minimize the number of households who are exited back to homelessness, only to have to be re-screened, and re-prioritized, and wait again for supportive housing. If the current provider is unable to continue serving a household, staff should contact the HOTHCo Coordinated Entry Committee to discuss options besides exiting to homelessness.

If a transfer within the same level of service intervention (i.e., one PSH provider to another PSH provider) is being considered, the referral should come through the Coordinated Entry System process. To do so, the current housing provider must contact the Coordinated Entry Committee in order to determine what other housing providers have available capacity. Housing programs shall not initiate transfers between providers without the involvement and permission of the Coordinated Entry Committee. Providers are prohibited from transferring a household from one service intervention to another (i.e., TH to PSH, internally or externally) without permission from the Coordinated Entry Committee. If a provider has an opening in a PSH program, they **MUST** receive the referral through the Coordinated Entry System, and may not fill that opening internally via transfer from a lower service intervention program. Additionally, if it is identified that a household may

need a higher intervention than what was determined initially, the provider should discuss this with the Coordinated Entry Committee.

Universal Access

HOTHc's Coordinated Entry process allows emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, to operate with as few barriers to entry as possible. Households are able to access emergency services independent of the operating hours of the Coordinated Entry System's intake and assessment processes. HOTHc Continuum of Care providers shall provide directly or plan through other means to ensure universal access to crisis response services, including shelter for households seeking emergency assistance, at all hours of the day and all days of the year. HOTHc Continuum of Care providers shall document planned after-hours emergency services and publish hours of operation in an easily accessible location or posted publicly on the Internet. After hours' crisis response access may include telephone crisis hotline access, coordination with police and/or emergency medical care. In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access emergency shelter without first receiving an assessment through Coordinated Entry. CE screening and assessment will be completed on all ES participants within 3 days after entry to ES.

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

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

Termination of Participation in Coordinated Entry

Any provider may terminate their participation in the Coordinated Entry System by giving written notice. Providers that are required to participate due to HUD guidelines will need HUD approval to terminate participation.

Subpopulation Considerations

Veterans

The HOTHC Coordinated Entry Committee will work with and make housing placement referrals to various Veteran Providers in the region. Veteran referrals identified through Case Conferencing should be referred to Veteran Providers for housing placement prior to being placed into CoC/ESG funded housing. If a Veteran referral is not eligible for Veteran specific housing resources, they may remain on the Prioritization List for possible housing placement.

Survivors of Domestic Violence

While households currently experiencing homelessness have often previously survived domestic violence, the Violence Against Women Act (VAWA) prevents providers dedicated to serving this subpopulation from inputting their personally identifiable information within a Homeless Management Information System (HMIS) because of the additional safety precautions specific for these households. While the VI-SPDAT is not primarily a domestic violence-specific triage tool, providers dedicated to serving survivors of domestic violence can assess households that desire access to the broader range of housing options dedicated to households experiencing homelessness. Those results will need to be stored within a VAWA-compliant electronic system or in paper files secured according to the full requirements of the law. It is the responsibility of each domestic violence program to assure confidentiality of information. Each program must maintain a written policy and accompanying procedures that reflect security measures.

HOTHC Coordinated Entry System assessors shall be trained on the complexity of responding to households fleeing domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at Access Points. Assessors shall make safety referrals to Victim Service Providers as determined to be clinically appropriate or at the request of the household. Providers dedicated to serving the Coordinated Entry System will work in partnership with advocacy organizations/shelters serving survivors of domestic violence to ensure considerations are made to address the specific safety and privacy needs of victims. This includes households having the ability to decline housing in neighborhoods that would compromise their location, the choice to be entered anonymously into a separate database, and have full access to housing options.

Households who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking have the right to seek shelter or services from non-victim specific providers. If they request non-victim shelter or services, they will be served through the HOTHC Coordinated Entry System, instead of the crisis response system conducted by the local Victim Service Providers. Households may not be denied access to the Coordinated Entry process on the basis that the household is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

Unaccompanied Youth and Young Adults

The Department of Health and Human Services Administration for Children, Youth and Families emphasizes that youth who run away from home are often mistakenly portrayed as juvenile delinquents. In contrast, such behaviors reflect society's failure to develop adequate support which includes homeless services.

Unaccompanied youths are one of the fastest growing and most underserved sub-populations. In addition, it is important to note that Lesbian, Gay, Bisexual, Transgendered, Questioning, and Intersexed, as well as African-American youth and young adults are disproportionately impacted when compared to other groups.

Unaccompanied youth and young adults are defined as youth (ages 13-17) and young adults (ages 18-24) who are unaccompanied by a parent or guardian and are without shelter where appropriate care and supervision are available, whose parent or guardian is unable or unwilling to provide shelter and care, or who lack a fixed, regular, adequate nighttime residence. Providers of services for unaccompanied youth and young adults should be able to provide safe and high quality housing (scattered-site independent apartments, host homes, and shared housing) and supportive services to youth and young adults experiencing homelessness that involve an integrated constellation of affordable housing, intensive strengths-based case management, self-sufficiency services, trauma informed care, and positive youth development approaches. Whenever possible, unaccompanied youth should be re-housed within the catchment area of their school of origin and connected with their school district's homeless liaison.

Coordinated Entry System Monitoring and Evaluation

HOTHC Continuum of Care providers shall adhere to HUD-defined monitoring and reporting plans for the Coordinated Entry System. The monitoring will report on performance objectives related to Coordinated Entry System utilization, efficiency, and effectiveness. HUD has developed the following system-level performance measures to help communities gauge their progress in preventing and ending homelessness:

1. Length of time persons remain homeless.
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness.
3. Number of homeless persons.
4. Jobs and income growth for homeless persons in CoC Program-funded projects.
5. Number of persons who become homeless for the first time.
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects.
7. Successful housing placement.

The purpose of these measures is to provide a more complete picture of how well a community is preventing and ending homelessness. The “number of homeless persons” measure directly assesses a CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed. The performance measures are interrelated and, when analyzed relative to each other, provide a more complete picture of system performance and allow us to evaluate the factors more comprehensively that contribute to ending homelessness.

Regular and ongoing evaluation of the CE system will be conducted to ensure that improvement opportunities are identified, that results are shared and understood, and that the CE system is held accountable. The HOTHC Coordinated Entry Committee will conduct an annual evaluation of the effectiveness of the Coordinated Entry System. HOTHC will solicit feedback via survey from stakeholders, participating projects, and from households that participated in Coordinated Entry during the previous year. Households will be selected for feedback from each of the participating projects in the CoC to evaluate appropriateness of questions asked on the assessment, effectiveness of the process to find and secure referrals, and satisfaction with placement. Annual monitoring and evaluation of the Coordinated Entry System will inform updates, as needed, to the HOTHC Coordinated Entry Policies and Procedures. These Policies and Procedures can be amended at any time by comment from a CoC member and/or issue of HUD notice upon review and approval from the HOTHC Board. If there are grievances that are related to the Coordinated Entry System policies and procedures, these grievances shall be addressed by the HOTHC Grievance Committee. Appeals of referrals will be directed to the Coordinated Entry Committee. Any such grievances, appeals, or questions about these Coordinated Entry Policies and Procedures, can be directed to:

Nicole Wiscombe, Continuum of Care Administrator
Call 254-750-5777 or email nicolew@wacotx.gov.

Fair Housing & Other Statutory and Regulatory Requirements

All providers in HOTHc's Coordinated Entry System must include a strategy to ensure CoC resources and Coordinated Entry System referral options are eligible to all households regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. Special outreach to households who might be or identify with one or more of these attributes ensures the Coordinated Entry System is accessible to all. All providers in HOTHc's Coordinated Entry System must ensure that all people in different populations and subpopulations throughout the geographic area, including people experiencing chronic homelessness, veterans, households with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the crisis response system. The CE process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options. Access points must be accessible to individuals with disabilities, as well as, take steps to ensure effective communication with individuals with disabilities and those with Limited English Proficiency.

The CE system must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations. Providers must give the household information, in writing, of their rights and remedies under applicable federal, state, and local fair housing and civil rights laws. If the provider encounters a condition or action that impedes fair housing choice, the provider shall work with the applicable jurisdiction(s) that provide the Certification of Consistency with the Consolidated Plan to address and remedy the violation(s). Providers must give reasonable accommodations and modifications to persons with disabilities to ensure equal access to housing. The duty to provide reasonable accommodation requires providers to make changes to rules, policies, and procedures to allow a person with a disability to use and enjoy a dwelling. Providers, however, are not required to undergo an undue financial burden and administrative hardship or make a fundamental alteration in the nature of the programs. If a participant has a grievance with a provider, these grievances shall be directed back to the provider to follow the provider's grievance policies and procedures.

For additional information on Fair Housing laws, contact:

Volunteers of America Dispute Resolution Center (DRC)

- They DO NOT investigate Fair Housing complaints. Contact at 425-339-1335 or at <https://www.voaww.org/fairhousing>.

To file a formal Fair Housing complaint, contact:

U.S. Department of Housing and Urban Development

- Contact at 800-877-0246, TTY 800-300-7525, or at https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint.

Texas Department of Housing and Community Affairs

- Contact at 888-452-4778, TTY 512-371-7473, or at <https://tdhca.state.tx.us/fair-housing/complaint-how-to.htm>.

Appendix A – Coordinated Entry Key Terms

Access Points

For the purpose of this document, Access Points are designated areas located within our continuum (physical and phone-based) where households go to for intake and assessment of homeless prevention and housing services for which they may qualify.

Acuity

When utilizing the VI-SPDAT, acuity speaks to the presence of a presenting issue based on the prescreen score. In the case of an evidence-informed common assessment tool like the VI-SPDAT, acuity is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.

Case Conferencing

Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.

Chronically Homeless

HUD defines a chronically homeless person as follows:

A “homeless individual with a disability,” as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who:

- i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND
- ii. Has been homeless continuously for at least 12 months or on at least four 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 (i) above.

Common Assessment Tool

A comprehensive and standardized assessment tool used for the purposes of housing prioritization and placement within a CoC Coordinated Entry System. HOTHHC has adopted the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool) as the Common Assessment Tool.

Continuum of Care (CoC)

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

Continuum of Care (CoC) Program

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

Coordinated Entry

“A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The system covers the geographic area (designated by the CoC), is easily accessed by households seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.” 24 CFR Section 578.7. It is the responsibility of each CoC to implement Coordinated Entry in their geographic area. Within our community, coordinated entry is defined as an interconnected network of systems that service homeless and at risk households, and consists of coordinated intake and assessment, diversion, prevention, rapid re-housing, transitional housing, emergency shelters, permanent supportive housing, other tailored programs and services, and linkages to mainstream services.

Coordinated Entry Committee

The Coordinated Entry Committee of HOTHHC is comprised of CoC and ESG funded agencies, Veteran Service Providers, Homeless Street Outreach, and Victim Service Providers. It is best practice to invite as many service providers and non CoC and ESG funded agencies to the table in order to identify and serve as many households experiencing homelessness as possible, (i.e. community mental health providers, law enforcement, non HUD funded shelters, faith based organizations, school district homeless liaisons, etc). The Committee makes and takes referrals to/from the Prioritization List of eligible, high acuity households seeking CoC and ESG funded housing interventions (such as rapid re-housing and permanent supportive housing). The Committee plans, implements, and evaluates the effectiveness of the Coordinated Entry System for HOTHHC, and conducts Case Conferencing for the HOTHHC. The Committee must adhere to priorities set forth by HUD and this document.

Disability

HUD defines a person with disabilities as a person who:

1. Has a disability as defined in Section 223 of the Social Security Act (42 U.S.C.423), or
2. Is determined by HUD regulations to have a physical, mental, or emotional impairment that:
 - a. Is expected to be of long, continued, and indefinite duration;
 - b. Substantially impedes his or her ability to live independently; and
 - c. Is of such a nature that more suitable housing conditions could improve such ability, or
3. Has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15002(8)), or
4. Has the disease acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome (HIV)?

For qualifying for low income housing under HUD public housing and Section 8 programs, the definition does not include a person whose disability is based solely on any drug or alcohol dependence.

Diversion

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of households becoming homeless, the demand for shelter beds, and the size of program prioritization lists. The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing/permanent supportive housing targets people who are already homeless.

Emergency Shelter

Short-term emergency housing available to persons experiencing homelessness.

Emergency Solutions Grant (ESG) Program

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

HEARTH

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 that includes the Emergency Solutions Grant (ESG) and the Continuum of Care (CoC) Grants.

Homeless

1. Category 1: Literally Homeless

A household who lacks a fixed, regular, and adequate nighttime residence, meaning:

- i. A household 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. A household 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 households);
- iii. A household 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. Category 2: Imminent Risk of Homelessness

A household 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 household lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
3. **Category 3: Homeless Under Other Statutes**
Unaccompanied youth under 25 years of age, or households 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. 832), 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; or
4. **Category 4: Fleeing or Attempting to Flee Domestic Violence**
Any household who:
- i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against a member of the household that has either taken place within the household's primary nighttime residence or has made a member of the household afraid to return to their primary nighttime residence;
 - ii. Has no other residence; and
 - iii. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing. 24 CFR 578.3

Homeless Management Information System (HMIS)

Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. The HOTHM Homeless Management Information System (HMIS) uses a software program from Mediware called ServicePoint. Usage of HMIS is mandated by HUD for any person experiencing homelessness served by CoC or ESG funded projects.

Household

Includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such

group includes, but is not limited to: (i) A household with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the household); (ii) An elderly household; (iii) A near-elderly household; (iv) A disabled household; (v) A displaced household; and (vi) The remaining member of a tenant household. 24 CFR 5.403.

Housing First

An approach to quickly and successfully connect households experiencing homelessness to permanent housing *without preconditions* and barriers to program/housing entry, such as sobriety, treatment, or service participation requirements. Supportive services such as housing-focused case management are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Housing Navigator

The role of the Housing Navigator is to assist low-income and homeless households, in need of affordable, safe and quality housing, obtain the highest quality housing that meets their needs. They help households identify and address barriers to finding housing, as well as, work towards building relationships with landlords and property owners to encourage landlord participation.

HUD (The Department of Housing and Urban Development)

The United States federal department that administers federal programs dealing with homelessness. HUD oversees HEARTH-funded programs.

Permanent Supportive Housing (PSH)

Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

Prioritization List

A list generated by VI-SPDAT entry into the HOTHM HMIS. Coordinated Entry assessors will receive access via HMIS to enter completed VI-SPDATs for inclusion on the list for purposes of prioritization and housing placement. CoC and ESG funded agencies must make and take referrals off of this list for their programs.

Projects for Assistance in Transition from Homelessness (PATH)

Substance Abuse and Mental Health Services Administration (SAMHSA)–funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in shelter or on the street, or at imminent risk of homelessness.

Provider

For the purposes of this document, any agency or program who provides housing or support services in the HOTHM.

Public Housing Authority (PHA)

Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).

Rapid Re-Housing (RRH)

Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

Release of Information (ROI)

Written documentation signed by a participant to release his/her personal information to authorized partners.

Severity of Service Needs

1. For the purposes of Notice (CPD-16-11), this means a household for whom at least one of the following is true:
 - a. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
 - b. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
 - c. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
 - d. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.
2. Severe service needs as defined in paragraphs above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the household. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

Transitional Housing (TH)

Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool)

The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) developed and owned by OrgCode and Community Solutions is a triage tool that assists in informing an appropriate 'match' to a particular housing intervention to households based on their acuity in several core areas. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability across these components: (A) history of housing and homelessness, (B) risks, (C) socialization and daily functioning, and (D) wellness - including chronic health conditions, substance usage, mental illness and trauma. Please note that the VI-SPDAT is a different tool than the Full SPDAT. The VI-SPDAT is a prescreen triage tool, while the Full SPDAT can be used as an ongoing case management tool and requires training through OrgCode/Community Solutions.

Appendix B - Program Component Definitions

Component definitions provide a description of each the various types of programs available through the HOTHM Coordinated Entry System.

Street Outreach

Component Type	Essential Elements	Target Population
Emergency services and engagement intended to link unsheltered households who are homeless and in need of shelter, housing, and support services.	Low-demand, street and community-based services that address basic needs (e.g., food, clothing) and seek to build relationships with the goal of moving people into housing and engaging them in services over time. Outreach staff link them to case management and support services.	Homeless households on the streets, frequently targeting those living with mental illness(es), severe addiction(s), or dual-diagnoses.

Homeless Prevention

Component Type	Essential Elements	Target Population
Prevention from homelessness includes financial assistance and services to prevent households from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized. The funds under this program are intended to target households who would be homeless but for this assistance.	Programs can provide a variety of assistance, including: short-term or medium-term rental assistance and housing relocation and stabilization services, including such activities as mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance, and case management.	Households who are at risk of homelessness.

Emergency Shelter

Component Type	Essential Elements	Target Population
Emergency Shelter programs providing stabilization and assessment; focusing on quickly moving all households to housing, regardless of disability or background. Short-term shelter that provides a safe, temporary place to stay, with a focus on initial housing assessment and linkage to other services.	Entry point shelter with: <ul style="list-style-type: none">• showers,• laundry,• meals,• other basic services,• and linkage to case manager and/or housing counselor, with the goal of helping households move into stable housing.	Homeless households.

Transitional Housing

Component Type	Essential Elements	Target Population
Safe, temporary apartments located in project-based or scattered-site housing that focuses on housing planning, addictions treatment, stabilization, and recovery for households with temporary barriers to self-sufficiency.	Safe units located in site-based or scattered site housing that focuses on housing planning, stabilization, and recovery for households with temporary barriers to self-sufficiency. Housing assistance may be provided for up to two years, including rental assistance, housing stabilization services, landlord mediation, case management, budgeting, life skills, parenting support, and child welfare preventive services.	Homeless households contemplating recovery or newly in recovery, youth, ex-offenders, single-parent females younger than 25 with children under six years old, Veterans (utilizing GPD), and households who are actively fleeing domestic violence.

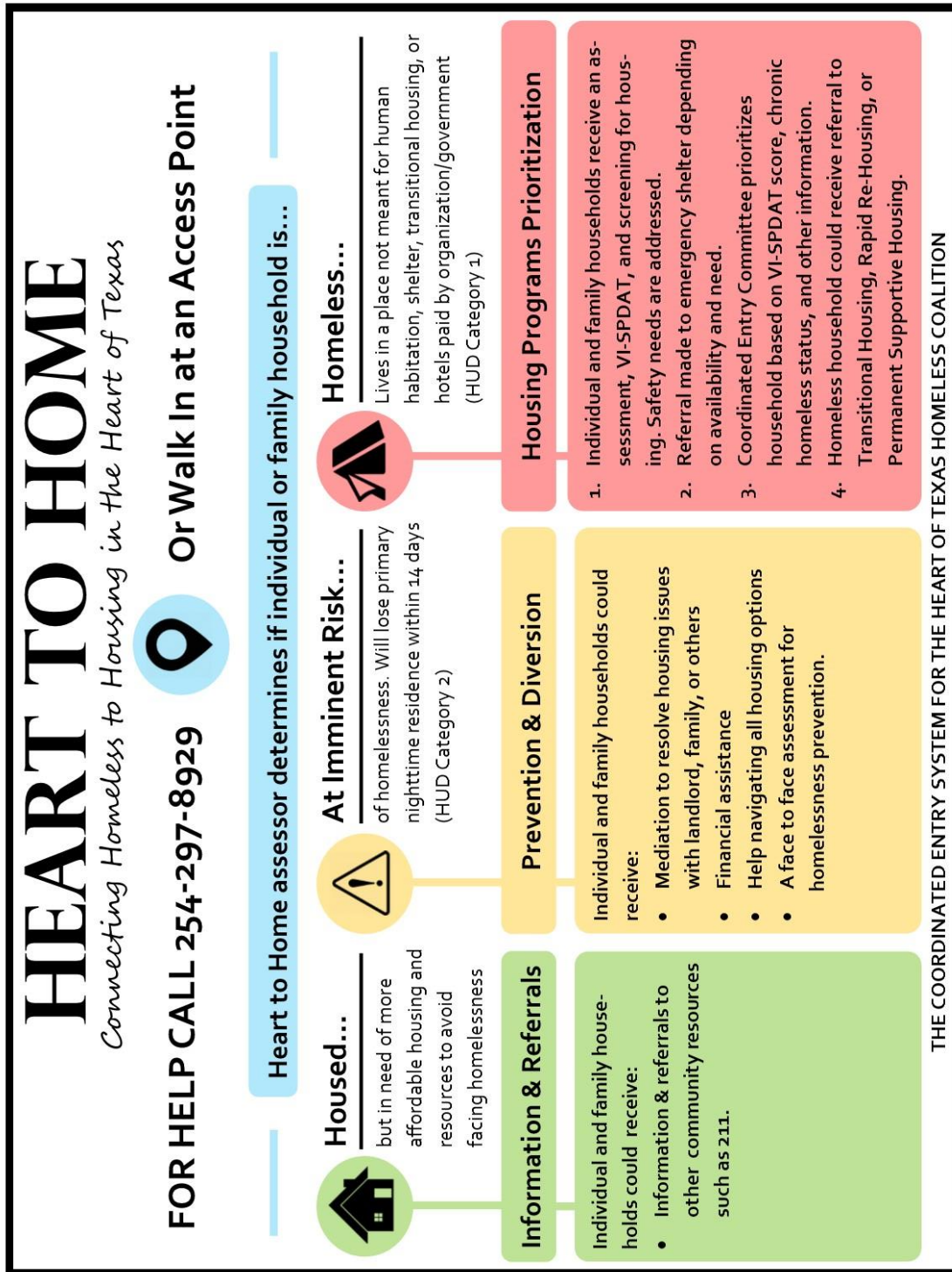
Rapid Re-Housing

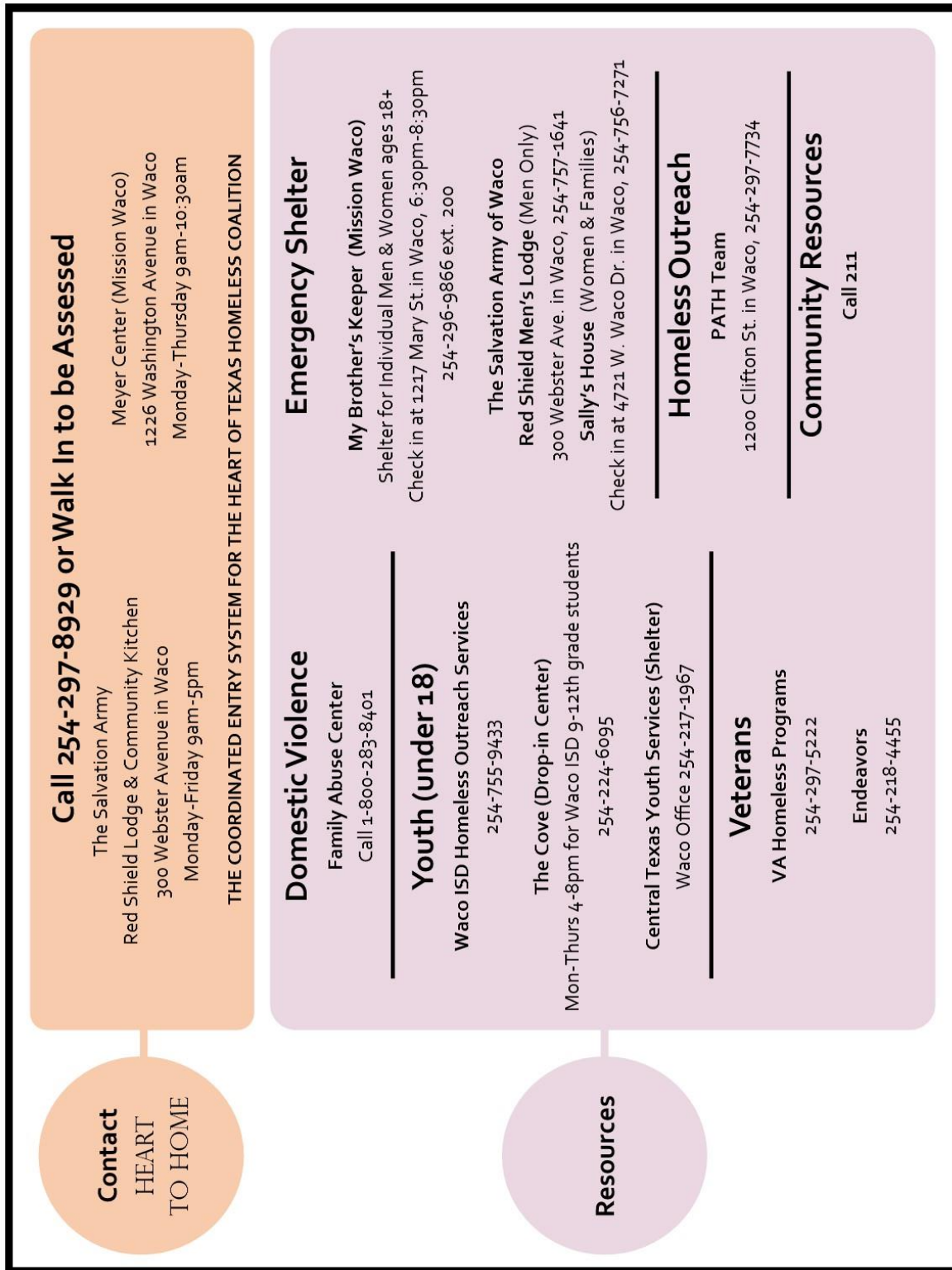
Component Type	Essential Elements	Target Population
Rapid re-housing is an intervention designed to help households exit homelessness quickly and return to permanent housing. Rapid re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household.	Provide assistance to cover move-in costs, deposits, and rental and/or utility assistance necessary to allow households to move out of homelessness and stabilize in permanent housing. Help households experiencing homelessness address issues/barriers that may impede access to housing and help find and secure appropriate rental housing. Make appropriate and time-limited services and supports available to households to allow them to stabilize quickly into and maintain permanent housing.	Homeless households with temporary barriers to self-sufficiency.

Permanent Supportive Housing

Component Type	Essential Elements	Target Population
Project-based, clustered and scattered site permanent housing linked with supportive services that help residents maintain housing.	Permanent housing with supports that help households maintain housing and address barriers to self-sufficiency. PSH programs should provide subsidized housing or rental assistance; tenant support services. While in PSH, households should receive supportive services appropriate to their needs from their case manager.	Households experiencing long-term homelessness, living with disabilities, and significant barriers to self-sufficiency.

Appendix C – Heart to Home Access Point & Emergency Handout







HEART OF TEXAS
HOMELESS COALITION
Advocacy, Assistance & Acknowledgment

TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE

APPENDIX D: HEART OF TEXAS HOMELESS MANAGEMENT
INFORMATION SYSTEM POLICIES AND STANDARD OPERATING
PROCEDURES



HEART OF TEXAS HOMELESS MANAGEMENT INFORMATION SYSTEM

Policies and
Standard Operating Procedures

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SUMMARY OF POLICIES AND PROCEDURES FOR USERS

Policy	Procedure	Section Reference for Description
User Licenses: All users must sign a User Confidentiality Agreement before accessing the HoT HMIS.	<p>The Agency Administrator must give each user a copy of the HoT HMIS Policies & Standard Operating Procedures and ensure that the user has been properly trained in both the Policies & Standard Operating Procedures and the HoT HMIS software before a user is granted access to the system.</p> <p>A signed copy of the user agreement is to be kept on file at the office of the HoT HMIS Administrator.</p> <p>The Agency Administrator is required to revoke the user license and access of any user upon termination of employment and immediately notify HoT HMIS Administrator.</p>	<p>User access Levels Section A.4</p> <p>Ethical Use of Data User Agreements Section A.9</p> <p>User Licenses Section B.2</p>
Communication: Users are responsible for communicating any and all problems or concerns about the HoT HMIS to his/her Agency Administrator.	<p>It is required that each agency designate a staff person to act as the Agency Administrator. The Agency Administrator, who receives special training, should receive questions from his/her users. When a question cannot be answered by the Agency Administrator or if the Agency Administrator is unavailable, he/she may call upon the HMIS Administrator.</p>	<p>Communication Sections A.5 and A.6</p>
Data Sharing: HoT HMIS is operated under an open data sharing system.	<p>HoT HMIS operates as an open system; electronic data sharing between agencies is permitted and encouraged. Therefore, a Release of Information (ROI) is required for each client entered into the system.</p> <p>Users that are found to be inappropriately accessing and/or sharing client records will have their</p>	<p>Data Sharing Section A.8</p> <p>Profile Information Section C.4</p>

	access to the HoT HMIS immediately terminated.	
Client Rights, Consent, and Ethical Use of Data: Each agency and user must abide by the terms of the agency privacy policy and the HoT HMIS Policy & Standard Operating Procedures.	Personal information collected about the persons served within programs should be protected at all times. Misuse of this data can result in the termination of access to the HoT HMIS and/or personnel action by the agency or client. Each agency must have a privacy posting at the point of intake for review by clients. The HoT HMIS also requires the client to read and sign the ROI. Client refusal to provide information or otherwise participate in HMIS shall not be reason to deny eligibility or services.	Ethical Use of Data Client Rights and Consent Sections A.9 and A.11 Client Consent Section D.2 (Attachment C)
Data Removal, Review and Grievances: A client may request to see their HMIS data or may request that personally identifying information be removed from the HMIS.	Clients may follow the Agency's Grievance policy on issues related to HMIS. Grievances related to HMIS that cannot be addressed at the agency level may be escalated in writing to the HoT HMIS Committee or HoT Homeless Coalition. In response to a legitimate request from a client to remove his/her personally identifying information from the HMIS, the agency should remove such data from the client record within 72 hours. A record of these transactions must be kept by the Agency Administrator. In response to requests to view his/her data in the HMIS, the agency administrator or case manager must provide a copy of the requested data within a reasonable time frame to the client. Requests for changes to client information are considered on a case by case basis.	Client Grievances Section A.13 Data Retrieval, Client Section D.11

Security and User Access: Each user is provided with a unique user name and password.	Sharing of user names and passwords is prohibited in the HoT HMIS. Sharing of user name and/or passwords is considered a serious breach of the user agreement and could result in sanctions and/or appropriate personnel action.	Security Section B.1 (Attachment B)
Security and Data Retrieval: Agencies must protect identified data that is downloaded or retrieved from the HMIS onto local computers and/or networks.	Once identified data has been retrieved from the HMIS and saved to a PC, network or disk, the data must be kept secure through encryption and/or password protection. Storing identified data on floppy disks, CDs, flash drives or unprotected laptops is not recommended unless proper security precautions have been taken. Unencrypted or unprotected data from the HMIS may not be sent via email.	Extracted Data Section B.5
Security Requirements for Agencies: Because the HoT HMIS is accessed over the internet and contains personal data that must be protected, each agency is required to follow a minimum set of guidelines to ensure security of the entire system.	Each agency must have appropriate protections in place on the network and/or stand-alone PC that accesses the HoT HMIS.	Data Access Computer Requirements Section B.6
Training: User training on a variety of HMIS topics is offered on a quarterly basis.	Although initial user training is to be conducted by the HMIS Administrator, a schedule of user training sessions on a quarterly basis in a classroom style setting is offered. Contact the HoT HMIS Administrator for the schedule of trainings available.	Training: Section C.5

<p>Data Collection and Data Quality:</p> <p>Each program is required to collect a series of data elements depending on the type of program it operates. The HoT data elements are based on HUD's Data and Technical Standards. Data entry must meet the data quality thresholds to be considered complete.</p>	<p>Each program must have all the required data elements in the HoT HMIS weekly. Data entry for the previous week must be completed on the following Monday.</p> <p>Data quality and integrity is expected of all HMIS users. The HMIS Administrator may perform data quality reviews and require corrective action if data quality does not meet required standards. HUD-funded programs are required to submit an HMIS- generated APR every quarter.</p>	<p>Required Data Collection: Section D.1. (Attachment E)</p> <p>https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf</p>
<p>Program-specific HMIS Manuals</p>		<p>PATH Program HMIS Manual: https://www.hudexchange.info/resources/documents/PATH-Program-HMIS-Manual.pdf</p> <p>CoC Program HMIS Manual: https://www.hudexchange.info/resources/documents/CoC-Program-HMIS-Manual.pdf</p> <p>ESG Program HMIS Manual: https://www.hudexchange.info/resources/documents/ESG-Program-HMIS-Manual.pdf</p> <p>RHY Program HMIS Manual: https://www.hudexchange.info/resources/documents/RHY-Program-HMIS-Manual.pdf</p> <p>HOPWA Program HMIS Manual: https://www.hudexchange.info/resources/documents/HOPWA-Program-HMIS-Manual.pdf</p> <p>VA Programs HMIS Manual: https://www.hudexchange.info/resources/documents/VA-Programs-HMIS-Manual.pdf</p>

Policies and Standard Operating Procedures Introduction

This document details the policies, procedures, guidelines, and standards that govern the operations of the Heart of Texas Homeless Management Information System (HoT HMIS). It outlines the roles and responsibilities of all agencies and persons with access to HoT HMIS data, and it contains important and useful information about the ways in which HoT HMIS data is secured and protected. All Providers using the HoT HMIS should read this document in full and train every end user within its agency and programs to understand its contents as necessary. Attachment B is a user license agreement, which includes a statement that the user has read and understands these operating procedures.

INTRODUCTION

The Heart of Texas Homeless Coalition (HoTHC) is a non-profit organization whose vision is stated as: “There will be no gaps in available services to homeless or otherwise qualifying individuals.” The Coalition is committed to developing a seamless Continuum of Care model that will provide all homeless individuals an opportunity to access needed services. The City of Waco is the entity that provides HMIS support to the Heart of Texas Homeless Coalition and homeless provider agencies. The HoTHC and the City of Waco have established a Memorandum of Understanding (MOU) to provide and manage the HMIS for the HoT. The HoTHC and the HMIS Administrator in conjunction with the local Continuum of Care (CoC) strive to meet or exceed HUD standards in data accuracy.

HUD requires unduplicated statistical demographic reports on the numbers and characteristics of clients served as well as on program outcomes. In order to address the reporting requirements mandated by HUD, the HoT has implemented an electronic management information system that will provide the necessary demographic information and reports. This system is called the Heart of Texas Homeless Management Information System (HoT HMIS). Mediware Information Systems, Inc. is the vendor of the web-based software known as *ServicePoint*, which was selected in 2001 as part of a competitive process. The HMIS Administrator provides training and technical assistance to users of the HoT HMIS. All Providers funded by the City of Waco’s Community Development Block Grant (CDBG) or that receive certain HUD grants are required to participate in the HoT HMIS. The only exception being domestic violence shelters which are prohibited by law from HMIS participation.

Providers participating in the HoT HMIS are required to collect and record certain data elements for all new and continuing clients in the HMIS weekly. Data entry should be completed weekly. All records should be up to date every Monday for clients served during the prior week. All Providers using the HoT HMIS are also required to comply with HUD’s *HMIS Data and Technical Standards* (see Attachment E for an UDE overview and access to a full copy of HUD’s Standards).

Maintaining confidential client records in a secure environment to ensure that the information is not misused or accessed by unauthorized people is of the utmost importance. The following Policies and Standard Operating Procedures have been developed to establish standards for the collection, storage and dissemination of confidential information by the users of the HoT HMIS. The HoT HMIS is an open system which does allow for sharing of electronic data between agencies. Programs can share information entered into the HoT HMIS. The HMIS Administrator is the only entity able to access all the client-level information,

including personal identifiers, contained in the HoT HMIS. Acceptable uses and disclosures of the data are outlined in this manual. For example, City of Waco may disclose data that is required under a court order issued by a judge, to protect the health and safety of those being served in its programs, and could use de-identified data for research and analysis purposes. Neither the City of Waco nor HUD requires client-level information from the HoT HMIS for the programs it funds. Thus only de-identified and/or aggregate-level data is shared with HUD.

HoT HMIS GOALS

The goals of the HoT HMIS are to support and improve the delivery of homeless services in the Heart of Texas. Inclusive in these goals is the improvement of the knowledge base about homelessness that contributes to an enlightened and effective public response to homelessness. The HoT HMIS is a tool that facilitates the following:

- Improvements in service delivery for clients as case managers assess the client's needs, inform the client about available services on site or through referral, help the client find and keep permanent housing, and improve service coordination when information is shared between programs and among agencies that are serving the same client
- A confidential and secure environment that protects the collection and use of all client data including personal identifiers
- The automatic generation of standard reports required by HUD, including participation in the national Annual Homelessness Assessment Report (AHAR)
- Generation of system-level data and analysis of resources, service delivery needs and program outcomes for the HoT homeless population
- A data collection and management tool for Partners to administer and supervise their programs

All users are required to recognize the need to maintain each client's confidentiality, and will treat the personal data contained within the HoT HMIS with respect and care. As the guardians entrusted with this personal data, each user has both an ethical and a legal obligation to ensure that data is collected, accessed and used appropriately. Of primary concern are issues of security and the policies governing the release of this information to the public, government, and funders. Meeting the needs of homeless persons served by HoT HMIS and its Providers is the underlying and most basic reason for having the HoT HMIS, and employing it for continued improvements in program quality.

DEFINITIONS

Many of the terms used in this Policies and Standard Operating Procedures Handbook may be new to many users. Definitions of some of these terms are as follows:

Agency Administrator

The person responsible for system administration at the agency level and for notifying the HMIS Administrator of needed changes.

Authentication

The process of identifying a user in order to grant access to a system or resource; usually based on a username and password.

City of Waco (lead agency)

The entity that provides Homeless Management Information Systems (HMIS) support to the Heart of Texas Homeless Coalition and homeless provider agencies.

Client

Any recipient of services offered by a Provider or Partner.

Client-level Data

Data collected or maintained about a specific person, this type of data can be de-identified for purposes of data analysis, which means that personally identifying information is removed from the record.

Continuum of Care (CoC)

Governing entity to oversee the implementation of HMIS.

Database

An electronic system for organizing data, usually organized by fields and records, so it can easily be searched and retrieved.

De-identified Data

Data that has been stripped of personally identifying information.

Encryption

Translation of data from plain text to a coded format, only those with the “key” have the ability to correctly read the data; encryption is used to protect data as it moves over the internet and at the database level through the use of special software.

Firewall

A method of controlling access to a private network to provide security of data; firewalls can use software, hardware, or a combination of both to control access.

Heart of Texas Homeless Coalition (HOTH)

Heart of Texas Homeless Coalition is the Collaborative Applicant for the TX-604 Waco/McLennan County Continuum of Care.

Heart of Texas Homeless Management Information System (HoT HMIS)

The specific HMIS utilized in the Heart of Texas, currently the HoT HMIS uses software produced by Mediware Information Systems, Inc. called *ServicePoint*.

Homeless Management Information System (HMIS)

Homeless Management Information System; this is a generic term for any system used to manage data about homelessness and housing.

HoT HMIS Administrator

The job title of the person who provides technical support and training to HMIS users, this person has the

highest level of user access in *ServicePoint* and has full access to all user and administrative functions.

HUD HMIS Data and Technical Standards

The HUD HMIS Data and Technical Standards were updated and made effective on October 1, 2017. These standards can be viewed at <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>.

Identifying Information

Information that is unique to an individual and that may be used to identify a specific person; examples of identifying information are name and social security number.

Mediware Information Systems, Inc.

Aka Mediware, the company that wrote the software used for the HoT HMIS; Mediware Information Systems, Inc. also houses and maintains the server that holds our HMIS database.

Module

The ServicePoint software has several sections that focus on different types of functions related to HMIS, these sections, known as “modules,” include ClientPoint (for entering client data & services), ResourcePoint (for looking up homeless services), and ShelterPoint (for checking clients in and out of beds).

Partner

Any agency, organization or group who has an HMIS Agency Agreement and/or contract with HoT HMIS and that is allowed access to the HoT HMIS database, these Agencies connect independently to the database via the Internet.

Provider

Any organization under contract with HoT HMIS to provide outreach, shelter, housing, employment and/or social services to homeless people.

Release of Information (ROI)

A Release of Information indicates that a *ServicePoint* client has given their permission for your provider/organization/program to share their information with other providers outside of your agency.

Server

A computer on a network that manages resources for use by other computers in the network; for example, a file server stores files that other computers (with appropriate permissions) can access, one file server can “serve” many files to many client computers, a database server stores a data file and performs database queries for client computers.

ServicePoint

A web-based software package developed by Mediware Information Systems, Inc. which tracks data about people in housing crisis in order to determine individual needs and provide aggregate data for reporting and planning.

User

An individual who uses a particular software package; in the case of the HoT HMIS, the *ServicePoint* software

User License

An agreement with a software company that allows an individual to use the product, in the case of ServicePoint, user licenses are agreements between the City of Waco and Mediware Information Systems, Inc. that govern individual connections to the HoT HMIS, user licenses cannot be shared.

A. Organization and Management of the HoT HMIS

A.1. PROJECT MANAGEMENT

Policy

The City of Waco is responsible for project management and coordination of the HoT HMIS. The City of Waco employs the HoT HMIS Administrator who is responsible for all system-wide policies, procedures, communication, performance measurement reporting and coordination. The HMIS Administrator is the primary contact with Mediware Information Systems, Inc. and works with Mediware to implement any necessary or desired system-wide changes and updates. In this role as HMIS Administrator, the City of Waco endeavors to provide a uniform HoT HMIS that yields the most consistent data for client management, agency reporting and service planning.

Procedure

All concerns relating to the policies and procedures of the HMIS should be addressed with the HMIS Administrator, the CoC and/or the HoTHC.

A.2. SYSTEM ADMINISTRATION

Policy

The City of Waco employs the HMIS Administrator whose primary responsibility is the coordination and administration of the HoT HMIS.

Procedure

The HoT HMIS Administrator manages day-to-day operations of the HoT HMIS and is governed by a confidentially agreement that allows access to client level data. All system-wide questions and issues should be directed to the HoT HMIS Administrator.

These operations include:

- Release of Information (ROI) for HMIS client data sharing
- Memorandum of Understanding (MOU) between City of Waco and Participating Agencies
- Data Quality Assurance Plan for Participating Agencies in HMIS
- License and support fees charged to Participating Agencies
- Reviews Technical Data Standards as published by HUD
- Organizing training and technical assistance to participating agencies on all HMIS policies and procedures related to authorizing access to the system, including agency setup, questions from users, network questions and system functionality questions;
- Overseeing system administration with concentration on internal and external security protocols;
- Monitoring access to the web based application through automated queries and software application protocols;
- Provide periodic reports from Mediware on data security and test results;
- Coordinating assistance with data analysis, findings, and report writing;
- Coordinating implementation of software enhancements; and

- Conducting training and supervising system administration functions in a way that respects the dignity of the people whose data is being collected.

HUD reports that are reviewed by the body would include:

- Point-In-Time (PIT)
- Housing Inventory Chart (HIC)
- Annual Homeless Assessment Report (AHAR)
- System Performance Report (Sys PM)

A.3. PARTICIPATING AGENCY

Policy

Each Partner must designate a staff member to be the HMIS Agency Administrator who is responsible on a day-to-day basis for enforcing the data and office security requirements under these Policies and Standard Operating Procedures.

Procedure

The Executive Director of the Partner Agency must identify an appropriate Agency Administrator and provide that person's name and contact information to the HoT HMIS Administrator. Changes to that information over time should be reported immediately to the HoT HMIS Administrator. The HoT HMIS Administrator is responsible for maintaining a current list of Agency Administrators.

Agency Administrators are responsible for the following:

- Attends required Agency Administrator training. Must have an email address and be a licensed user
- Are responsible for the removal of licensed users from the HMIS immediately upon their employee's termination from agency, placement on disciplinary probation, or upon any change in duties not necessitating access to HMIS information, or inform the HoT HMIS Administrator immediately of the change in status.
- Is responsible for all activity associated with agency staff access and use of the HMIS data system
- Provides agency HMIS Users support and clarification on system functionality. Ensures that all authorized persons complete all required steps before obtaining access to the system and adhere to the responsibilities of an HMIS User as outlined in the Policies and Procedures Manual.
- Has access to all client data, user data and agency administration information for the Partner; thus is responsible for the quality and accuracy of this data.
- Ensures the stability of the agency connection to the Internet and *ServicePoint*, either directly or in communication with other technical professionals.
- Provides support for the generation of agency reports.
- Monitors and enforces compliance with standards of client confidentiality and ethical data collection, entry, and retrieval at the agency level.
- Reports system problems and data-related inconsistencies to HMIS System Administrator.

The Agency also oversees the implementation of data security policies and standards and will:

- Assume responsibility for integrity and protection of client-level data entered into the HMIS system;

- Ensure organizational adherence to the HMIS Policies and Procedures;
- Communicate control and protection requirements to agency custodians and users;
- Authorize data access to agency staff and assign responsibility for custody of the data;
- Ensure that data is collected in a way that respects the dignity of the participants;
- Ensure that all data collected must be relevant to the purpose for which it is used, that the data is entered accurately and on time; and
- Provide prompt and timely communications of data, changes in license assignments, and user accounts and software to the HMIS Administrator.

A.4. AGENCY ADMINISTRATOR

Policy

Every Participating Agency must designate one person to be the Agency Administrator /who holds responsibility for the coordination of the system software at the agency.

Procedure

The Agency Administrator/Data Security Officer will be responsible for duties including:

- Editing and updating agency information;
- Ensuring that access to the HMIS is requested for authorized staff members only after they have: received training; for all user levels; satisfactorily demonstrated proficiency in use of the software; and demonstrated an understanding of the HMIS Policies and Procedures and agency policies;
- Granting technical access to the software system for persons authorized by the Agency's leadership by requesting the system administrator to create passwords needed to enter the system;
- Designating each individual's level of access;
- Ensuring new staff persons are trained on the uses of the HMIS software system, including review of the Policies and Procedures in this document and any agency policies which impact the security and integrity of client information;
- Notifying all users in their agency of interruptions in service;
- Serving as point-person in communicating with the HMIS Administrator;
- Facilitating timely reporting from the Agency;
- Working cooperatively with HMIS technical staff and consultants.

The Agency Administrator/Data Security Officer is also responsible for implementation of data security policy and standards, including:

- Administering agency-specified business and data protection controls;
- Administering and monitoring access control;
- Providing assistance in and/or coordinating the recovery of data, when necessary; and
- Detecting and responding to violations of the Policies and Procedures or agency procedures.
- Maintaining records of background checks for all persons who have been given access to the HMIS in accordance with Texas Administrative Code. (see appendix)

HMIS staff will coordinate training and technical assistance for Agency Administrator.

A.5. USER ACCESS LEVELS

Policy

All HoT HMIS Users will have a level of access to HMIS data that is appropriate to the duties of their position so that information is recorded and accessed on a “need to know” basis. All users should have the level of access that allows efficient job performance without compromising the security of the HoT HMIS or the integrity of client information.

Procedure

Each Agency Administrator (and/or its Executive Director) will identify the level of access each licensed user will have to the HMIS database.

Responsibilities:

- The HMIS Administrator agrees to authorize use of the HMIS only to users who have received appropriate training, and who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out HMIS responsibilities.
- The Participating Agency agrees to authorize use of the HMIS only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

Users are any persons who use the HMIS software for data processing services. They must be aware of the data’s sensitivity and take appropriate measures to prevent unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with the data security policy and standards as described and stated by the Agency. Users are accountable for their actions and for any actions undertaken with their usernames and passwords. Users must advise the Agency Administrator (or HMIS Administrator) if their passwords are compromised.

Contractors, volunteers, interns and others who function as staff, whether paid or not, are bound by the same User responsibilities and rules set forth in this manual.

User Levels: There are several levels of access to *ServicePoint*. These levels should be reflective of the access a user has to client level paper records and should be determined by a staff person’s position in the organization, their direct interaction with clients and their data entry responsibilities.

ServicePoint access levels are described in the following table:

SERVICEPOINT ACCESS LEVELS											
	Resource Specialist 1	Resource Specialist 2	Resource Specialist 3	Volunteer	Agency Staff	Case Managers 1 & 2	Agency Admins	Executive Directors	System Operators	System Admins 1	System Admins 2
ClientPoint											
Profiles				X	X	X	X	X		X	X
Assessments						X	X	X		X	X
Case Notes						X	X	X		X	X
Case Plans						X	X	X		X	X
Service Records				X	X	X	X	X		X	X
ServicePoint											
Referrals				X	X	X	X	X		X	X
Services Provided					X	X	X	X		X	X
ResourcePoint	X	X	X	X	X	X	X	X	X	X	X
ShelterPoint				X	X	X	X	X		X	X
Reports											
Audit Reports											
Client/Service Information							X	X		X	X
User Information			X				X	X		X	X
Client/Service Access Information											
Provider Reports											
Client Served Report						X	X	X		X	&
Daily Bed Report			X			x	X	X		X	X
Entry/Exit Report						X	X	X		X	&
Exhibit 1 Report											&
HUD 40118 APR						X	X	X		X	&
PATH Report						X	X	X		X	&
Outstanding Referral Report			X			X	X	X		X	X
Service Transaction Report						X	X	X		X	X
Needs Report						X	X	X		X	&
ReportWriter						X	X	X		X	X
Administration											
Add/Edit Users							X	X	X	X	X
Reset Passwords							X	X	X	X	X

	Resource Specialist 1	Resource Specialist 2	Resource Specialist 3	Volunteer	Agency Staff	Case Managers 1 & 2	Agency Admins	Executive Directors	System Operators	System Admins 1	System Admins 2
Add Provider			X						X	X	X
Agency News		X	X		X	X	X	X	X	X	X
System News			X						X	X	X
Provider Groups											
Picklist Data									X	X	X
Licenses									X	X	X
Assessment Admin									X	X	X
Shadow Mode											X
System Preferences											X

X - Users have access to this section of ServicePoint

O - Users can neither delete the Provider they belong to, nor any of their Parent Providers.

- Users cannot edit their Parent Provider, they may edit their own Provider or their Child Providers only.

+ - Users can run the report for Provider Groups.

A.6. TRAINING SCHEDULE

HMIS staff will coordinate ongoing training schedules for Systems Administrators, Agency Administrators and End Users. Training will occur on a regular basis. The schedule of trainings will be published by HOTH/ HMIS Staff.

Training schedule

Ethics and Compliance Training:

- Mandatory
- Review of Ethics
- Review of Compliance around Privacy and HIPAA laws and regulations

New User Training - Introduction to the HMIS System (End User Training):

- Introduction to the HMIS Project
- Review of applicable policies and procedures each year
- Logging on to the HMIS System
- Entering client information including Universal Data Elements, Program specific elements, demographics, Entry/Exits, and service transactions

Job Function Training:

- Intake Worker
- Resource Specialist
- Activity Specialist
- Case Manager
- Program Manager
- Executive Director

Agency Administrator Training:

- Six hours mandatory
- Review of agency roles and responsibilities
- Review of security policies and procedures
- Overview of system administrative functions
- Entering and updating information pertaining to the participating agency
- Review of HMIS technical infrastructure
- Reporting

Annual recertification of training required based on job/administration function.

A.7. COMMUNICATION WITH PARTNERS

Policy

The HoT HMIS Administrator is responsible for relevant and timely communication with each agency regarding the HoT HMIS. The HoT HMIS Administrator will communicate system-wide changes and other relevant information to Agencies as needed. He/she will also maintain a high level of availability to Partners. Good

communication is essential to the proper functionality of any system, electronic or otherwise. Providing a single point of communication simplifies and speeds communications within the HoT HMIS. The HoT HMIS Administrator will also develop and maintain a listserv to facilitate communication with agency administrators.

Procedure

General communications from the HoT HMIS Administrator will be directed towards the Agency Administrator. Specific communications will be addressed to the person or people involved. The HoT HMIS Administrator will be available via email, phone, and mail. The message board (NewsFlash) function in ServicePoint will also be used to distribute HMIS information. While specific problem resolution may take longer, the HoT HMIS Administrator will strive to respond to Partner questions and issues within three business days of receipt. In the event of planned unavailability, the HoT HMIS Administrator will notify Partners in advance and designate a backup contact.

Information affecting all users will be directed to the Agency Administrators. Agency Administrators are responsible for distributing that information to any additional people at their agency who may need to receive it, including, but not limited to, Executive Directors, client intake workers, and data entry staff. Agency Administrators are responsible for communication with all of their agency's users. If an Agency is needing help there the agency will need to submit a HMIS Help Desk Ticket that will be address by HMIS administrator within 72 hours. If received on a weekend or Holiday the 72 hours will begin on the next regular business work day.

A.8. COMMUNICATION WITH HoT HMIS ADMINISTRATOR**Policy**

Partner Agencies are responsible for communicating needs and questions regarding the HoT HMIS directly to the HoT HMIS Administrator. In order to foster clarity both for HoT HMIS users and for Mediware Information Systems, Inc. ALL communications with Mediware regarding the HoT HMIS must go through the HoT HMIS Administrator. The City of Waco holds the contract with Mediware, and is therefore responsible for acting as the primary contact for the HoT HMIS. Designated points of communication within Partners and within the City of Waco to simplify and speed communications about the HoT HMIS.

Procedure

Users at Partner Agencies will communicate needs, issues and questions to the Agency Administrator. If the Agency Administrator is unable to resolve the issue, the Agency Administrator will contact the HoT HMIS Administrator via email, phone or mail. The HoT HMIS Administrator will attempt to respond to Partner needs within three business days of the first contact. If the HoT HMIS Administrator cannot resolve the issue, he/she may contact Mediware Information Systems, Inc. for technical assistance.

A.9. SYSTEM AVAILABILITY**Policy**

The City of Waco and Mediware Information Systems, Inc. will provide a highly available database server and will inform users in advance of any planned interruption in service. A highly available database affords agencies the opportunity to plan data entry, management, and reporting according to their own internal schedules. Availability is the key element in maintaining an HMIS that is a useful tool for Partners to use in managing programs and services.

Procedure

No computer system achieves 100% uptime. Downtime may be experienced for routine maintenance, in the event of a disaster or due to systems failures beyond the control of Mediware Information Systems, Inc. or the City of Waco. In the event of disaster or routine planned server downtime, Mediware Information Systems, Inc. will contact the HoT HMIS Administrator. The HoT HMIS Administrator will contact Agency Administrators and inform them of the cause and duration of the interruption in service. The HoT HMIS Administrator will log all downtime for purposes of system evaluation. In the event that it is needed, Mediware Information Systems, Inc. is required to have redundant systems in place so that connection to the server can be restored as quickly as possible.

A.10. INTER-AGENCY DATA SHARING**Policy**

The HoT HMIS is an open data sharing system. This means that clients' data will be shared among Partners within the HoT HMIS. A Release of Information (ROI) is required to be signed by each client before the information is entered into the HMIS. The ROI must be established in *ServicePoint* on the same day (or a previous date) the demographic data is entered into the system. Fields such as medical, mental health and legal stay closed at all times. Other fields, such as case management, can be closed upon request.

Procedure

When new clients and new service records are entered into *ServicePoint*, the initiating user must maintain the default setting of each record as "open" to users from other Partners.

A.11. ETHICAL DATA USE**Policy**

Data contained in the HoT HMIS will only be used to support or report on the delivery of homeless and housing services in the Heart of Texas. Each HMIS User will affirm the principles of ethical data use and client confidentiality contained in the HoT HMIS Policies and Standard Operating Procedures Manual and the HoT HMIS User Agreement. The data collected in the HoT HMIS is the personal information of people in the Heart of Texas community who are experiencing a housing or financial crisis. It is the user's responsibility as the guardian of that data to ensure that it is only used to the ends to which it was collected and in the manner to which the individual client has given consent.

Procedure

All HoT HMIS users will sign a HoT HMIS User Agreement before being given access to the HoT HMIS. Any individual or Partner misusing, or attempting to misuse HMIS data will be denied access to the database, and his/her/its relationship HoT HMIS may be terminated.

A.12. ACCESS TO HoT HMIS DATABASE**Policy**

No one but Mediware Information Systems, Inc. will have direct access to the HoT HMIS database through any means other than the *ServicePoint* software.

Procedure

Under its contract with the City of Waco, Mediware Information Systems, Inc. will monitor both our web application server and our database server and employ updated security methods to prevent unauthorized database access. Any party who has access to the HoT HMIS database must sign a User Agreement prior to system access.

A.13. CLIENT RIGHTS AND CONFIDENTIALITY OF RECORDS**Policy**

The HoT HMIS operates under a protocol based on the Release of Information (ROI) to include client data in the HMIS. Each Partner is required to post a HoT HMIS Discloser in a place where clients may easily view it such as the point of intake, on a clipboard for outreach providers, in a case management office, etc. The HoT HMIS Disclosure includes a statement about the uses and disclosures of client data as outlined in this document (See Attachment D). An ROI is required in order for a client's information to be shared with other participating agencies within the HoT HMIS. Clients may opt out of HMIS or be unable to provide basic personal information. Clients have the right of refusal to provide personally identifiable information to the HMIS, except in cases where such information is required to determine program eligibility or is required by the program's funders. Such refusal or inability to produce the information shall not be a reason to deny eligibility or services to a client. When a client exercises his/her right of refusal, de-identified demographic information will be entered into the HMIS. Each Partner shall take appropriate steps to ensure that authorized users only gain access to confidential information on a "need-to-know" basis. The data in the HoT HMIS is personal data, collected from people in a vulnerable situation. The City of Waco and Partners are ethically and legally responsible to protect the confidentiality of this information. The HoT HMIS will be a confidential and secure environment protecting the collection and use of client data.

Procedure

Access to client data will be controlled using security technology and restrictive access policies. Each Partner must make available a privacy policy related to client data captured in HMIS. The HoT HMIS Disclosure must be placed in an area easily viewed by clients. Only individuals authorized to view or edit individual client data in accordance with the stated privacy policies and these Standard Operating Procedures will have access to that data. The HoT HMIS will employ a variety of technical and procedural methods to ensure that only authorized individuals have access to individual client data.

A.14. PARTNER GRIEVANCES**Policy**

Partners will contact the HoT HMIS Administrator to resolve HMIS problems including but not limited to operation or policy issues. If an issue needs to be escalated, Partners may also contact the HMIS Program Planner or Director of Housing and Economic Development at the City of Waco.

Procedure

Partners will bring HMIS problems or concerns to the attention of the HoT HMIS Administrator, who may ask for these issues to be stated in writing. If problems, concerns or grievances cannot be resolved by the HoT HMIS Administrator, or if it is not appropriate to raise the issue with the HoT HMIS Administrator, the issue

can be directed to the Director of Housing and Economic Development. If the grievance requires further attention, the HoTHC and CoC may be notified.

A.15. CLIENT GRIEVANCES

Policy

Clients must contact the Partner with which they have a grievance for resolution of HoT HMIS problems. Partners will report all HMIS-related client grievances to the HoT HMIS Administrator. If the Partner's grievance process has been followed without resolution, the Partner may escalate the grievance to HoT HMIS Administrator as outlined in Section A.12. At any time, clients may request that their personally- identifying information be removed from the HoT HMIS.

Procedure

Each Partner is responsible for answering questions, complaints and issues from their own clients regarding the HoT HMIS. Partners will provide a copy of their privacy policy and/or of the HoT HMIS Policies and Standard Operating Procedures Manual upon client request. Client complaints should be handled in accordance with the Partner's internal grievance procedure, and then escalated to HoT HMIS Administrator in writing if no resolution is reached. HoT HMIS Administrator is responsible for the overall use of the HoT HMIS, and will respond if users or Partners fail to follow the terms of the HoT HMIS Agency Agreement, breach client confidentiality or misuse client data. Partners are obligated to report all HMIS-related client problems and complaints to HoT HMIS Administrator, which will determine the need for further action. The HoT HMIS Administrator will record all grievances and will report these complaints to the CoC. Resulting actions might include further investigation of incidents, clarification or review of policies or sanctioning of users and Agencies if users or Agencies are found to have violated standards set forth in HoT HMIS Agency Agreements or the Policies and Standard Operating Procedures Manual. Upon the client's request for data removal from the HoT HMIS, the Agency Administrator will delete all personal identifiers of client data within 72 hours. A record of these transactions will be kept by the Agency Administrator.

A.16. HARDWARE, CONNECTIVITY AND COMPUTER SECURITY REQUIREMENTS

Policy

Partners will provide their own computer and method of connecting to the Internet, and thus to the HoT HMIS. The City of Waco understands the cost and difficulty of acquiring and maintaining computers and Internet access.

Procedure

Contact the HoT HMIS Administrator for the current status of assistance. Hardware/Software Requirements: ServicePoint is web-enabled software; all that is required to use the database is a computer, a valid username and password, and the ability to connect to the Internet. There is no unusual hardware or additional ServicePoint-related software or other software installation required. Mediware guidelines state the following workstation specifications.

Workstation Specifications

The minimum desktop specifications for ServicePoint 5 are:

- Computer – PC only (Mediware does NOT officially support Macintosh).

- Mobile Devices – The only mobile device that is officially supported by Mediware is the Apple iPad running the latest version of iOS. At the time of this writing, testing has been completed with version 8.1.2. However, many mobile devices may be able to run ServicePoint, but if the device does not support Java, or does not run Java version 7 release 76, then it will not run ART. ServicePoint will not display correctly on a screen smaller 1024 pixels wide, and may be too small to on screens less than 7 inches.
- OS/Memory
 - Windows Vista
 - As of April 11, 2017 Microsoft has ended all support for Windows Vista. As a result of the discontinued support, Microsoft is no longer providing updates to this operating system. This can result in security vulnerabilities that could render the installation unstable or even insecure. Because Microsoft is no longer supporting Windows Vista, Mediware cannot recommend using Windows Vista with ServicePoint.
 - Windows 7 – 8 GB recommended (4 GB minimum)
 - Currently, Windows 7 is the most stable operating system for both ServicePoint and ART. Both architectures, 32bit and 64bit, run ServicePoint very well. However, if running the 64bit version of Windows 7 with Chrome, be sure to use the 32bit version of Java (see Java in Browsers Section). Chrome will not run 64bit Java.
 - Windows 8 – 8 GB recommended (4 GB minimum)
 - There should be no issue with running Windows 8 as long as the most current version of Java that is installed is version Java 7 release 76. Be aware that within windows 8, there are 2 different versions of Internet Explorer. There is the "Modern" version of the browser as well as the classic "Desktop" version. The "Modern" version, that runs from the Live Tile interface, is not compatible with ART, however the classic desktop version is, as long as the proper version of Java is installed. Internet Explorer "Modern" version can cause the pop-ups to appear in difficult to read locations while in split screen mode as well as causing the browser to close unexpectedly. This is not a complete incompatibility issue, but it is a bug that can cause frustration. If the window unexpectedly closes before data can be saved, the data will have to be re-entered into the system upon re-load.
 - Windows 8 RT -- 8 GB recommended (4 GB minimum)
 - Windows 8 RT, which is a version of Windows 8 for tablet devices, is not compatible with ART. This is because there is no other browser on the operating system except for the incompatible "Modern" version of Internet Explorer. Windows 8 RT only allows apps to be installed that are available in the Windows App store. Currently, no other browser is allowed in the Microsoft App store, making the incompatible version of Internet Explorer the only browser allowed to run on Windows 8 RT. Microsoft has begun to phase out Windows RT and it is being replaced with Windows 8.1.
 - Windows 10 – 8 GB recommended (4 GB minimum)
 - Windows 10 is supported.
- Java
 - Java is a required component for the Advanced Reporting Tool (ART). However, not all versions of Java are compatible with ART. Currently, Java version 7 release 76 (32 bit) is the only version of Java that is recommended by Mediware in order to run ART. If you need to download the

correct version of Java, open a ticket with NH HMIS. Earlier versions of Java are not recommended due to other issues with Java itself that make it unstable, but versions back to version 6 release 45 can be used, although they are not recommended. If newer versions of Java are installed on your system, we recommend that they be uninstalled, and Java version 7 release 76 (32 bit) be installed. We also recommend disabling the "automatic update" feature to prevent unwanted updates to an incompatible version.

- Monitor
 - Screen Display - 1024 x 768 (XGA)
- Processor
 - A Dual-Core processor is recommended. Avoid machines with single core processors, which are usually much older computers.
- Internet Connection
 - Broadband
- Browser
 - ServicePoint is designed to be compatible with the newest versions of Google Chrome, Mozilla Firefox, and Apple Safari
 - Browser Performance: In the context of ServicePoint 5, there are three factors that outweigh all others: data transfer efficiency, memory management, and machine speed.
 - Data Transfer - We have observed that transfer efficiency may quickly become an issue if the user's machine's internet connection or their browser has abnormalities. A very bad internet connection will have different effects in different browsers.
 - How to find out if you have data transfer problems:
 - If things are fast, you don't have data transfer problems. If pages seem to load slowly or not at all, you may have data transfer problems; or you may have browser problems. At this point, a transfer problem is not certain, but may be possible.
 - Memory Management - Some browsers handle memory differently than others. The best practice for determining the best browser is to see if you experience any of the following issues.
 - Effects of poor memory management:
 - Your overall system performance may degrade.
 - Your browser may suddenly seem to completely stop working. Blank pages may appear or certain page components won't work.
 - Your browser may run more and more slowly.
 - What to do:
 - If you suspect that you may have poor browser memory management, try updating your browser to a more recent version before switching to a different brand of browser. More than likely, any major issue will have been fixed with a more current release. If you still have issues, try switching to one of the other 3 major browsers. If you need help updating your browser, contact your IT Department.
 - Machine Speed - Avoid machines with single core processors, which are usually much older computers. If your computer is a single-core machine operating at less than 2 GHZ, and you are not content with its performance:

- Switch to one of the fastest browsers. Chrome is recommended, Firefox is a good alternate; Internet Explorer versions 8, 9 and 10 are acceptable (see below for information regarding Internet Explorer version 11).
- Run no unnecessary programs while using ServicePoint.
- Monitor your CPU usage in Task Manager. If it is frequently at 100%, you need a more capable machine.
- Think about getting more RAM. But before you buy enough RAM to max out your computer, consider replacing your old computer with a new or used dual-core machine. Even an old dual core tends to outperform a fully-upgraded, single-core in ServicePoint 5. Buying a used computer may actually cost less than buying a gigabyte or two of obsolete RAM for an older machine.

Note: Mediware is working on a new version 6; it is expected to be a replacement reporting tool that will not require JAVA. Release date TBD.

- ART Users
 - The Advanced Reporting Tool (ART) only supports Java 7 release 7 (32 bit). Any higher versions of Java are not currently supported. We do not recommend the 64-bit version of Java because Chrome is a 32 bit only browser and the 64-bit version of Java does not function in Chrome.

Internet Connectivity

Participating Program must have Internet connectivity for each workstation accessing the HMIS. To optimize performance, all agencies are encouraged to secure a high speed Internet connection with a cable modem, DSL, FiOS, or T1 line.

Security Hardware/Software

All workstations accessing the HMIS need to be protected by a Firewall. If the workstations are part of an Agency computer network, the Firewall may be installed at a point between the network and the Internet or other systems rather than at each workstation. Each workstation also needs to have anti-virus and anti-spyware programs in use and properly maintained with automatic installation of all critical software updates. Good examples of anti-virus software include McAfee and Symantec (Norton) Security systems, among others.

Agency Workstation Access Control

Access to the HMIS will be allowed only from computers specifically identified by the Participating Agency's Executive Director or authorized designee and HMIS Agency Administrator. Laptop computers will require an additional security statement indicating that they will not be used for unauthorized purposes from unauthorized locations. Access to these workstations will be controlled through both physical security measures and a password. Each Agency's HMIS Agency Administrator will determine the physical access controls appropriate for their organizational setting based on HMIS security policies, standards and guidelines. Each workstation, including laptops used off-site, should have appropriate and current firewall, and virus protection as specified above, see *Security Hardware/Software* section. Devices must only access secured, password-protected Wi-Fi with non-public access.

A.17. TECHNICAL SUPPORT/ASSISTANCE

Policy

The City of Waco will provide technical assistance including ongoing software support for users of the HoT HMIS. Internal hardware and internet connectivity issues should be addressed by the Partner's internal IT staff. Even though the equipment and internet connection used to connect to the HoT HMIS is owned by the Partner, the City of Waco will provide technical assistance when possible and as resources allow.

Procedure

Hardware and connectivity issues not related to the HMIS software should be addressed by the Partner's internal IT staff. Partners may contact the HoT HMIS Administrator for technical support of the components necessary to connect to the HoT HMIS.

Technical Assistance Request from Participating Agency

End user contacts Agency Administrator with question or concern.

Agency Administrator Staff attempts to resolve issue. If unable to resolve, agency staff will contact the HMIS Administrator via electronic Technical Assistance Request (available on THE HOTHMIS website). If the issue is of an urgent nature HMIS staff can be contacted directly in order to request expedited service. Receipt of all requests will be sent within one business day and resolved as quickly as possible.

HMIS Administrator determines resources needed for service and if necessary, contacts software vendor for support.

Chain of communication

(Problems should be resolved at the lowest possible level to assure minimum time to resolution).

- End User
- Agency Administrator
- HMIS Administrator

A.18. TRAINING MANUAL

Policy

A HoT HMIS Training Manual will be given to each new user upon initial training along with The Heart of Texas HMIS Policy and Standard Operating Procedures Manual. Technical assistance is offered throughout the duration of a user's employment with a Partner. The HoT HMIS Training Manual will provide specific technical instruction to HoT HMIS Users about how to use ServicePoint. The manual will be revised and redistributed as significant updates are performed on *ServicePoint*.

Procedure

The HoT HMIS Administrator will create, distribute and update the HoT HMIS Training Manual. This will include procedures that are held in common for all Partners, as well as forms for customizing the Training Manual for each Partner.

A.19. MONITORING AND EVALUATION

Policy

HoT HMIS Administrator will regularly monitor and evaluate the effectiveness of the HoT HMIS and, based on the information received, will continue to make enhancements to the HoT HMIS and the Policies and Standard

Operating Procedures as necessary. This may include compliance with the HMIS Standard Operating Procedures and with HUD's Data and Technical Standards. Monitoring and evaluation helps ensure security and proper usage of the HoT HMIS.

Procedure

The HoT HMIS Administrator will conduct internal system monitoring and may contact Agency Administrators to schedule monitoring and evaluation visits. HoT HMIS Administrator's back up personnel of the City of Waco may also contact Agency Administrators or other Partner staff in relation to the HMIS portion of standard monitoring visits conducted by HoT HMIS Administrator over the course of each year.

Each quarter, the HMIS Administrator will generate Report Cards that include measurements of HMIS usage and CoC program performance criteria

1. Partner Agencies with failing HMIS grades will be required to attend refresher training.
2. CoC Agencies with consistent low performance or failing HMIS grades will be required to meet with the HMIS Administrator and Collaborative Applicant to discuss ways to improve data collection.
3. CoC Agencies with consistent failing grades will be required to document an improvement plan.
4. CoC Agencies unable to improve HMIS usage and performance may have funds reallocated based upon a recommendation from the Independent Evaluation Committee and approval by the CoC Committee.

B. Security and Access

B.1. USER ACCESS

Policy

The HoT HMIS Administrator will provide unique user names and initial passwords to each Partner user. User names will be unique for each user and will not be exchanged or shared with other users. The HoT HMIS Administrator will have access to the list of user names for the HoT HMIS and will track user name distribution and use. Only the City of Waco will be authorized to purchase or grant additional user licenses to an Agency that has utilized all current licenses. Unique user names and passwords are the most basic building block of data security. Not only is each user name assigned a specific access level, but in order to provide to clients or program management an accurate record of who has altered a client record, when it was altered, and what the changes were it is necessary to log a user name with every change. Exchanging or sharing user names seriously compromises the security of the HoT HMIS, and will be considered a breach of the user agreement and will trigger appropriate repercussions and/or sanctions for the user and agency.

Procedure

The HoT HMIS Administrator will provide unique user names and initial passwords to each user upon completion of training, signing of a confidentiality agreement and receipt of the Policies and Standard Operating Procedures Manual. The sharing of user names will be considered a breach of the user agreement. The HoT HMIS Administrator is responsible for distributing user names and initial passwords to agency users and can also provide current users with a new password if he/she requires one.

B.2. USER CHANGES

Policy

The HoT HMIS Administrator will make any necessary changes to the Partner user accounts. This includes issuance of new passwords and managing access levels, etc. The Agency Administrator is required to contact the HoT HMIS Administrator immediately upon a change in status of any user within their Partner Agency. Upon receipt of this change in status the HoT HMIS Administrator will take action to produce the needed changes in access for the specified user if the Agency Administrator has not already done so. The HoT HMIS Administrator has the ability to change user names and redistribute user licenses to accommodate the Partner organization.

Procedure

The HoT HMIS Administrator will make any necessary changes to the list of Partner users. Changes in Agency Administrators must be reported to the HoT HMIS Administrator. The Agency Administrator is required to notify the HoT HMIS Administrator of a terminated employee immediately upon termination of employment. For employees with user access otherwise leaving the agency, the user license should be revoked at the end of business on the person's last day of employment.

B.3. PASSWORDS

Policy

Users will have access to the HoT HMIS via a user name and password. Passwords must be changed a minimum of once every 45 days. Users will keep their passwords confidential. Under no circumstances shall a

licensed user share a password nor shall they post their password in an unsecured location. These methods of access are unique to each user and are confidential. Users are responsible for keeping their passwords confidential. For security reasons, passwords will automatically be reset every 45 days.

Procedure

The HoT HMIS Administrator will issue a user name and temporary password to each new user who has completed training. Upon sign in with the user name and temporary password, the user will be required by the software to select a unique password that will be known only to that specified user. Every 45 days, passwords are reset automatically by the HoT HMIS software.

B.4. PASSWORD RECOVERY**Policy**

The HoT HMIS Administrator will reset a user's password in the event the password is lost or forgotten. Agency Administrators also have the capability to reset a user's password. Either Administrator must validate the authenticity of the request if the request is not made in person.

Procedure

In the event of a lost or forgotten password, the user whose password is lost will contact the Agency Administrator or the HoT HMIS Administrator. The Administrator will reset the user password, and issue a temporary password to allow the user to login and choose a new password. The new password will be valid from that time forward, until the next 45-day forced change. Administrators must validate the authenticity of the request if the request is not made in person. In other words, neither Agency Administrators nor the HoT HMIS Administrator shall issue a new password without ensuring that the person requesting it is, in fact, the person with the authorization to use it. For example, if a request is made by phone or email, the Agency Administrator or System Administrator should call the user back at his/her desk (using the contact number on file) before issuing a new password.

B.5. EXTRACTED DATA**Policy**

HoT HMIS users will maintain the security of any client data extracted from the database and stored locally, including all data used in custom reporting. HoT HMIS users will not electronically transmit any unencrypted client data across a public network. The custom report-writer function of ServicePoint allows client data to be downloaded to an encrypted file on the local computer. Once that file is unencrypted by the user, confidential client data is left vulnerable on the local computer, unless additional measures are taken. Such measures include restricting access to the file by adding password protection. For security reasons, unencrypted data may not be sent over a network that is open to the public. Unencrypted data may not be sent via email. HMIS users should apply the same standards of security to local files containing client data as to the HMIS database itself.

Procedure

Data extracted from the database and stored locally will be stored in a secure location (not on floppy disks/CDs or other temporary storage mechanisms like flash drives or on unprotected laptop computers, for example) and will not be transmitted outside of the private local area network unless it is properly protected via encryption or by adding a file-level password. The HoT HMIS Administrator will provide help in determining

the appropriate handling of electronic files. All security questions will be addressed to the HoT HMIS Administrator. Breach of this security policy will be considered a violation of the user agreement, which may result in personnel action and/or agency sanctions.

B.6. DATA ACCESS COMPUTER REQUIREMENTS

Policy

Users will ensure the confidentiality of client data, following all security policies in the HoT HMIS Policies and Standard Operating Procedures Manual and adhering to the standards of ethical data use, regardless of the location of the connecting computer. All Policies and Procedures and security standards will be enforced regardless of the location of the connecting computer. HMIS Administrator may restrict access to the HoT HMIS to specific computers in the future. Because ServicePoint is web-enabled software users could conceivably connect to the database from locations other than the Partner itself, using computers other than agency-owned computers. Connecting from a non-agency location may introduce additional threats to data security, such as the ability for non-*ServicePoint* users to view client data on the computer screen or the introduction of a virus. If such a connection is made, the highest levels of security must be applied, and client confidentiality must still be maintained. This includes only accessing the HoT HMIS via a computer that has virus protection software installed and updated.

Procedure

Each Partner and Agency Administrator is responsible for:

1. **Physical Space.** Partners must take reasonable steps to ensure client confidentiality when licensed users are accessing the HoT HMIS. Licensed users are required to conduct data entry in a protected physical space to prevent unauthorized access to the computer monitor while confidential client information is accessible.
2. **Use of a non-agency computer located in a public space (i.e. Internet café, public library) to connect to HMIS is prohibited.**
3. **Time-Out Routines.** Each Agency Administrator will be required to enable time-out (login/logout) routines on every computer to shut down access to the HoT HMIS when a computer is unattended. Time-out routines will be engaged at a minimum after 10 minutes of inactivity or at other intervals as determined.
4. **Each computer that accesses HMIS must have current virus software that updates automatically installed.**
5. **If the HMIS is accessed over a network, the network must be protected by a hardware or software firewall at the server. A stand-alone machine that accesses HMIS must also have a hardware or software firewall installed and active. This may be the firewall protection included as part of the operating system or the virus protection software installed on the computer.**

Questions about security of the HoT HMIS should be referred to the HoT HMIS Administrator.

C. Agency Participation Requirements

C.1. HOT HMIS AGENCY AGREEMENTS

Policy

Only Partners will be granted licenses to access the HoT HMIS system. The City of Waco shall make the sole determination to identify Partners. The Executive Director (or appropriate designee) will be required to sign the “HMIS Partner Agreement” (Attachment A) binding their organization to the HoT HMIS Policies and Standard Operating Procedures and all applicable laws and regulations regarding the handling of client data before access is granted. The City of Waco has final authority over the HoT HMIS. In order to ensure the integrity and security of sensitive data, City of Waco will regulate access to this data. Only Agencies that have agreed to the terms set out in the HMIS Agency Agreement will be allowed access to the HoT HMIS. The agency agreements will include terms of access, an acknowledgement of receipt of the Policies and Standard Operating Procedures Manual, and an agreement to abide by all provisions contained therein.

Participating Agencies shall sign a Memorandum of Understanding and comply with the stated requirements. Agencies will be granted access to the HMIS software system after:

- The MOU has been signed with the City of Waco, and
- Agencies put into place the stated requirements in the MOU.

Procedure

Partners will be given a copy of the HMIS Agency Agreement, the Policies and Standard Operating Procedures Manual, and any other relevant paperwork in time for adequate review and signature. Once that paperwork has been reviewed and signed by the Executive Director (or appropriate designee), the HoT HMIS Administrator will issue a certain number of licenses for use by the agency and assist with the set-up of an Agency Administrator. Agency users will be trained to use ServicePoint by the HoT HMIS Administrator. Once training has been completed, each user will be issued a user name and password by HOT HMIS Administrator.

Agencies agree to comply with these policies and procedures.

C.2. USER LICENSES

Policy

In order to obtain a license, a user must successfully complete training by the HoT HMIS Administrator and must sign a User License Agreement (Attachment B) upon completing training. Sharing of licenses, User IDs or passwords is strictly prohibited. If necessary, Partners may purchase additional User Licenses from Mediware Information Systems, Inc. through the City of Waco. The cost for User Licenses will be determined by the City of Waco based on Mediware charges and funding availability. The City of Waco purchases a number of user licenses on behalf of the HoT HMIS and determines the number of users appropriate for participating agencies. Partners may need to purchase additional User Licenses. This purchase can be made at any time.

Procedure

Each Agency Administrator (or Executive Director) will identify the staff designated to be the licensed users of the HoT HMIS and submit the names to the HoT HMIS Administrator. The City of Waco determines the number of users appropriate for participating agencies based on the list provided and other factors. Partners wishing to purchase additional User Licenses will notify the HoT HMIS Administrator. The HoT HMIS Administrator will purchase the User Licenses from Mediware Information Systems, Inc. and bill the Partner accordingly. The HoT HMIS Administrator purchases licenses online, through the ServicePoint program. The HoT HMIS Administrator will then notify the Partner when the additional Licenses are available. Mediware invoices The City of Waco for the cost of the licenses. Then, in turn, the City of Waco invoices the responsible Agency accordingly.

C.3. USER ACTIVATION**Policy**

Each new user will be issued a user name and password to access the HoT HMIS upon approval by the Agency Administrator or System Administrator, completion of ServicePoint training and signing of the HMIS User Agreement. Every user must receive appropriate ServicePoint training before being issued a user name and password.

Procedure

The HoT HMIS Administrator will distribute user licenses for Partners. Agency Administrators are responsible for notifying the HoT HMIS Administrator of user changes. The HoT HMIS Administrator will be responsible for training all new users. The HoT HMIS Administrator will provide training to Agency Administrators and all users in the Partner Agency and will supplement this training as necessary.

C.4. HMIS USER AGREEMENTS**Policy**

Each Partner User will sign the HoT HMIS User Agreement before being granted access to the HoT HMIS. Clients' confidential information is not to be accessed or shared for any reason other than job performance. User names and passwords are not to be shared under any circumstances. Any breach in this contract will result in immediate action. Before being granted access to the HoT HMIS, each user must sign an HMIS User Agreement, stating that he or she has received or is in the process of training, will abide by the HoT HMIS Policies and Standard Operating Procedures Manual, will appropriately maintain the confidentiality of client data, and will only collect, enter and retrieve data in the HoT HMIS relevant to the delivery of services to people in housing crisis in the Heart of Texas.

Procedure

The Agency Administrator or HoT HMIS Administrator will distribute HMIS User Agreements to new HMIS Users for signature. The HoT HMIS Administrator will file signed HMIS User Agreements for all users. Allowing a user access to the HoT HMIS without a signed user agreement is a violation of the HoT HMIS Policy & Standard Operating Procedures and may result in program sanctions.

C.5. TRAINING

Policy

The HMIS Administrator is responsible for defining training needs and organizing training sessions for system users. The HoT HMIS Administrator will provide various training options, to the extent possible, based on the needs of HMIS users. The HoT HMIS Administrator will provide for adequate and timely *ServicePoint* training. The training schedule may be obtained from the HoT HMIS Administrator. In order for the HoT HMIS to be a benefit to clients, a tool for Authorized Agencies and a guide for planners, all users must be adequately trained to collect, enter and extract data.

The agency admin is also responsible for making sure the proper training has occurred for the users in their agency and that HMIS policies are being followed. Agency admins must also notify the HMIS administrator if any changes have occurred to their program.

Procedure

The HMIS Administrator will provide access to training for all HMIS users. Agency Administrators will be given additional training relevant to their position.

Each end user will be required to attend a refresher each year. Each Agency Admin will be required to attend an Agency Admin training and a report training each year.

New User/Refresher Training: (Offered Quarterly)

New User Training is designed for staff members who will need to start using ServicePoint. This training is required of all new ServicePoint users before access to the protected ServicePoint website. This training will cover history, importance of data, ethics, and basic ServicePoint overview.

Agency Admin Training: (Offered Bi-Annual)

Agency admin training is required of all current or new ServicePoint users who are stepping up into the role of Agency Admin. The agency admin at each agency is our point of contact at each agency in regards to ServicePoint and is required to submit certain reports to our HMIS team each month, train new users in agency specific ServicePoint workflow, and attend HMIS Advisory meetings. The Agency Admin must go through a New User training prior to completing the Agency Admin training.

Reporting Tool:

Training dates will be added as necessary when a new Agency Admin comes on board or someone gets a reporting license.

C.6. CONTRACT TERMINATION INITIATED BY PARTNER

Policy

Partners may terminate the HMIS Agency Agreement with or without cause upon 30 days written notice to the City of Waco and according to the terms specified in the HMIS Agency Agreement. The termination of the HMIS Agency Agreement by the Partner may affect contracts issued by HUD. In the event of termination of the HMIS Agency Agreement, all data entered into the HoT HMIS will remain an active part of the HoT HMIS. While Partners may terminate relationships with the HoT HMIS, the data entered prior to that termination

would remain part of the database. This is necessary for the database to provide accurate information over time and information that can be used to guide planning for community services in the Heart of Texas.

Procedure

Certain Provider Agencies are required to participate in the HoT HMIS as a condition of their funding. For all non-HUD Funded Partners terminating the HMIS Agency Agreement, the person signing the HMIS Agency Agreement (or a person in the same position within the agency) will notify HMIS Administrator 30 days or more from the date of termination. In all cases of termination of HMIS Agency Agreements, the HoT HMIS Administrator will inactivate all users from that Partner on the date of termination of agreement.

C.7. CONTRACT TERMINATION INITIATED BY THE CITY OF WACO**Policy**

On behalf of the City of Waco the HoT HMIS Administrator may terminate the HMIS Agency Agreement for non-compliance with the terms of the agreement or with the HMIS Policies and Standard Operating Procedures with written notice to the Partner. The HMIS Administrator may also terminate the HMIS Agency Agreement with or without cause with 15 days written notice to the Partner and according to the terms specified in the HMIS Agency Agreement. If a Partner's contract is terminated under the terms of that contract, the agreement for HMIS access for that program will also be terminated. In that case, access will be renegotiated by the HoT HMIS Administrator and the agency in accordance with these standard operating procedures. The termination of the HMIS Agency Agreement may affect contractual relationships with HUD. In the event of termination of the HMIS Agency Agreement, all data entered into the HoT HMIS will remain a part of the HoT HMIS. If termination of the HMIS Agency Agreement occurs, all Partner users will be inactivated on the date the HMIS Agency Agreement or contract is terminated. While the HMIS Administrator may terminate the HMIS Agency Agreement with the Partner, the data entered by that Partner prior to termination of contract would remain part of the database. This is necessary for the database to provide accurate information over time and information that can be used to guide planning for community services in the Heart of Texas.

Procedure

When terminating the HMIS Agency Agreement, the HMIS Administrator of the City of Waco will notify the person from the Partner Agency who signed the HMIS Agency Agreement (or a person in the same or higher position within the agency) 15 days or more prior the date of termination of contract, unless the termination is due to non-compliance with the Standard Operating Procedures. Willful neglect or disregard of the Standard Operating Procedures may result in immediate termination of a Partner Agency from the HoT HMIS. In all cases of termination of HMIS Agency Agreements, the HoT HMIS Administrator will inactivate all users from that Partner Agency on the date of termination of contract.

D.Data Collection, Quality Assurance, and Reporting

D.1. REQUIRED DATA COLLECTION

Policy

Providers funded by HUD through the Supportive Housing Program, Shelter Plus Care, Section 8 Moderate Rehabilitation and the Emergency Shelter Grant are required to participate in HMIS by HUD. All Partners that participate in HMIS are considered “Covered Homeless Organizations” (CHO) and are required to comply with HUD’s *HMIS Data and Technical Standards* unless those standards are in conflict with local laws.

This includes the collection of required data elements.

Providers shall attempt to collect basic information on every client served by the Provider upon intake into the Provider’s facility or program. If client refuses or is unable to provide basic information, providers shall, at a minimum, enter each client as an Anonymous Entry into the HoT HMIS system. Partners may choose to collect more client information for their own case management and planning purposes.

Assessment Data Collection

Providers of certain programs shall attempt to conduct detailed assessments on each client who has gone through the intake process and has been accepted into the Provider’s facility or program. At a minimum, providers shall attempt to collect the assessment information required as part of HUD’s Data and Technical Standards.

Timeliness of Data Entry

Providers are required to enter basic client intake data into the HoT HMIS weekly. All data entry must be completed on or before the following Monday for clients served during the prior week. Exceptions to these data collection policies are in place for domestic violence shelters. DV shelters by law are not allowed to participate in the HMIS. In order for the data contained within the HoT HMIS to be useful for data analysis and reporting to funders, certain minimum data must be consistently collected throughout the system.

Client entry and exit dates

It is important for users to accurately capture entry and exit dates for clients in their programs. If data is being entered after the client’s actual entry, the user needs to be sure that the date stamp on the Entry/Exit for that client accurately portrays the entry for that program. When making changes to client’s profiles, a user should do so through the client’s Entry/Exit tab. If a client is staying in a shelter program, updates and changes should be done through the ShelterPoint Entry/Exit for that client. If an incorrect Exit Date is entered, the user must delete the Entry/Exit for that client as well as any services associated with it and enter the data again.

Procedure

Each agency should review Attachment E to determine the type of data that is required to be collected and entered into HMIS.

D.2. CLIENT CONSENT

Policy

Each agency must post a sign at each intake or comparable location explaining the reasons for data collection for those seeking services. Consent for entering of data into HMIS is to be documented by the ROI when the client accepts the services offered. The client has the option to opt out of allowing his or her identifying information to be added to the database. In that case, the client's data should be added to the HoT HMIS without identifiers although the record should be tracked internally by the agency to minimize the number of duplicate records for one client. Electronic client data will be shared among Partners. Privacy Policies should be in effect for each agency to both inform clients about the uses and disclosures of their personal data and to protect the agency by establishing standard practices for the use and disclosure of data. Client consent notices must contain enough detail so that the client may make an informed decision.

Procedure

HMIS has an established privacy policy which will be posted in appropriate areas for client review at each Partner Agency (Attachment D). The HMIS Administrator will review the privacy notices as part of the annual HMIS review and/or through regular monitoring. If a client denies permission to enter confidential data, the Partner will enter the de-identified data into the HoT HMIS and track the record to minimize duplicate records for each client.

D.3. RELEASE OF INFORMATION

Policy

The Heart of Texas HMIS operates as an open data sharing system. This means that the client data collected by Partners is shared information. This is most effectively achieved when the Release of Information (ROI) is established in the system for each client served and by each Provider. The ROI must begin on the day (or a date prior to) the data is entered into the HMIS. The ROI is to remain effective for a time period of three years. During this three year span of time, the client's data is viewable by all Partners in the HoT HMIS. Aggregate data may be released to the public for purposes beyond those specified in HUD HMIS Data Standards Manual. All publicly released data must be anonymous by removal of all identifiers and/or all information that could be used to infer an individual or household identity.

Procedure

Each client served is required to read and sign a ROI. The ROI will then be established on or before the date of data entry in order for the client data to be shared properly with other Partners.

D.4. APPROPRIATE DATA COLLECTION

Policy

HoT HMIS users will only collect client data relevant to the delivery of services to people in housing crises in the Heart of Texas and/or required by funders or by law. The purpose of the HoT HMIS is to support the delivery of homeless and housing services in the Heart of Texas. The database should not be used to collect or track information not related to serving people in housing crises or otherwise required for policy development and planning purposes.

Procedure

Agency Administrators will ask the HoT HMIS Administrator for any necessary clarification of appropriate data collection. The HoT HMIS Administrator, in consultation with the City of Waco, will make decisions about the appropriateness of data being entered into the database. This concern targets data elements that can be consistently tracked and reported, and does not specifically target the contents of case management notes or other fields not to be aggregated.

D.5. DATA OWNERSHIP**Policy**

The HoT HMIS, and any and all data stored in the HoT HMIS, is the property of the City of Waco. The City of Waco has authority over the creation, maintenance and security of the HoT HMIS. Violations of the HoT HMIS Agency Agreement, the HoT HMIS Policies and Standard Operating Procedures, privacy policies developed at the agency level, or other applicable laws may subject the Partner to discipline and/or termination of access to the HoT HMIS. In order to ensure the integrity and security of sensitive client information and other data maintained in the database, the City of Waco will be responsible for data ownership.

Procedure

The HMIS Agency Agreement includes terms regarding the maintenance of the confidentiality of client information, provisions regarding the duration of access, an acknowledgement of receipt of the Policies and Standard Operating Procedures Handbook, and an agreement to abide by all policies and procedures related to the HoT HMIS including all security provisions contained therein. Because programs participating in the HoT HMIS are funded through different streams with different requirements, the City of Waco shall maintain ownership of the database in its entirety in order that these funders cannot access data to which they are not legally entitled.

D.6. DATA ENTRY: PROFILE INFORMATION**Policy**

Users will designate profile information as open in the client security portion of the profile section of a client record in ClientPoint except in extreme cases. No user will close the profile section of a client record. Some users (depending on the level of access) have the ability to determine whether information in client records is “open” or “closed” to users from other Agencies. Open sections of the record can be seen and changed by users from another agency; closed sections of the record cannot be seen by users from another agency. Because the HoT HMIS is an open system, the default setting on client records has been set to “open.”

Procedure

Users will designate all client records as open. Only in extreme circumstances will the record of a client be closed. For example, personal medical or legal history that has been entered into the system; only this section of the client’s data is set to closed.

D.7. DATA ENTRY: ASSESSMENT CUSTOMIZATION**Policy**

Partners may have fields available for agency-specific assessment customization. ServicePoint may include fields that can be customized on the Partner level to reflect the program-specific data collection needs of its programs. These fields are part of the ServicePoint program and are available at no additional cost. Agency

Administrators will have the ability to customize these fields. Because these fields may be customized at the Partner level, Agency Administrators have the ability to add, delete and change custom fields and do not need the assistance of the HoT HMIS Administrator to perform these customizations.

Procedure

Agency Administrators can be trained to customize the agency-specific fields. However, the HMIS Administrator is available to perform these duties as needed.

D.8. DATA INTEGRITY**Policy**

HoT HMIS users will be responsible for the accuracy of their data entry. The Agency Administrator will be responsible for ensuring that data entry by users is being conducted in a timely manner and will also ensure the accuracy of the data entered. The quality of HoT HMIS data is dependent on individual users to take responsibility for the accuracy and quality of their own data entry. Agency Executive Directors and/or Agency Administrators are responsible for monitoring the quality of the data for their own program(s), since that data may be used for reporting and/or monitoring purposes. Data may also be used to measure program efficacy, which impacts funding opportunities during competitive funding processes such as the annual Continuum of Care application to HUD.

Procedure

In order to test the integrity of the data contained in the HoT HMIS, the HoT HMIS Administrator will perform regular data quality checks on the HoT HMIS. The data quality checks will include reporting of “overlaps,” periodic verification of data and comparison to hard files, as well as querying for internal data consistency and null values. Any patterns of error will be reported to the Agency Administrator. When patterns of error have been discovered, users will be required to make corrections where possible, correct data entry techniques, improve the accuracy of their data entry, and will be monitored for compliance. Reports will be assessed for data quality and errors will be reported to the Agency Administrator. Other reports for non-HUD funded programs may also be required. The HoT HMIS Administrator reserves the right to add reporting requirements if data quality appears to be decreasing or if reporting requirements change.

D.9. QUALITY CONTROL: DATA INTEGRITY EXPECTATIONS**Policy**

Accurate and consistent data entry is essential to ensuring the usefulness of the HoT HMIS. Partners will provide acceptable levels of timeliness and accuracy. Data quality is an important aspect of the HoT HMIS, and must be maintained at the agency level and by users of the system. The HMIS Administrator will monitor data quality as part of the HMIS management functions.

Procedure

The HoT HMIS Administrator will perform regular data integrity checks on the HoT HMIS.

D.10. CLIENT DATA RETRIEVAL**Policy**

Any client may request to view, or obtain a printed copy of, his or her own records contained in the HoT HMIS. The client will also have access to a logged audit trail of changes to those records. No client shall have access to

another client's records in the HoT HMIS. The data in the HoT HMIS is the personal information of the individual client. Each client has a right to know what information about him or her exists in the database, and to know who has added, changed or viewed this information, and when these events have occurred. This information should be made available to clients within a reasonable time frame of the request.

Procedure

A client may ask his/her case manager or other agency staff to see his or her own record. The case manager, or any available staff person with HoT HMIS access, will verify the client's identity and print all requested information. The case manager can also request a logged audit trail of the client's record from the Agency Administrator. The Agency Administrator will print this audit trail; give it to the case manager, who will give it to the client. The client may request changes to the record, although the agency can follow applicable law regarding whether to change information based on the client's request. A log of all such requests and their outcomes should be kept on file in the client's record.

D.11. PUBLIC DATA RETRIEVAL/REQUESTS FOR DATA**Policy**

The HMIS Administrator will address all requests for data from entities other than Partners or clients. No individual client data will be provided to any group or individual that is neither the Partner that entered the data or the client him or herself without proper authorization or consent. The HMIS Administrator will provide aggregate reports for the larger community. The content of these reports will reflect a commitment to client confidentiality and ethical data use. Any requests for reports or information from an individual or group who has not been explicitly granted access to the HoT HMIS will be directed to the HMIS Administrator. No individual client data will be provided to meet these requests without proper authorization or consent.

Procedure

All requests for data from anyone other than a Partner or a client will be directed to the HMIS Administrator or her designee. As part of the mission to end homelessness in the Heart of Texas, it is the HMIS Administrator's policy to provide aggregate data on homelessness and housing issues in this area. No individually identifiable client data will be reported in any documents.

D.12. DATA RETRIEVAL SUPPORT**Policy**

Partners will create and run agency-level reports. The Agency Administrator has the ability to create and execute reports on agency-wide data. This allows Partners to customize reports and use them to support agency-level goals. The HoT HMIS is to be a tool for the Partners in managing programs and services.

Procedure

The Agency Administrator will be trained in the use of reporting tools by the HMIS Administrator. The HoT HMIS Administrator may assist Agency Administrators with the development of reports/queries for their specific use.

E. Other HMIS Information

E.1. HOT HMIS SECURITY INFRASTRUCTURE

The following information about how HoT HMIS data is protected from unauthorized access or use is provided here for the benefit of all Partners, public officials, advocates and consumers who are interested in the architecture of security.

Server Hosting at Mediware's Location

The City of Waco has co-located the HoT HMIS database and web application servers in Shreveport, Louisiana, at the headquarters of Mediware Information Systems, Inc. This is done to take advantage of Mediware's ability to provide 24-hour security and support for HoT HMIS hardware and software. Co-location means that while City of Waco owns the hardware and software, it pays a monthly maintenance fee for Mediware to provide both server hosting and routine server maintenance.

Mediware employs a full time staff of experts dedicated to keeping their clients up and running, secure, and using the latest technology. This technology includes physical security, Cisco firewalls, authentication through Verisign certificates, Windows' secure server technology, and 128-bit encryption of usernames, passwords and all data passing to and from the database. It is the job of the HoT HMIS Administrator and back up personnel to maintain a point of contact between Mediware and City of Waco and keep track of any security issues related to the hosting of the HoT HMIS database.

Physical Attack

The database server and web server are located in a physically secure building where security guards are employed to monitor security from 7:00 a.m. to 7:00 p.m. Monday through Friday, and from 8:00 a.m. to 4:00 p.m. on Saturdays. During off hours, a card key is required to enter the building. Within the building, the Mediware offices are also locked with a separate key structure. The server itself deploys the standard security measures to prevent unauthorized local access.

Network Attack

Mediware uses Cisco firewalls to prevent unauthorized remote access to the database server. A firewall is a software application that blocks all incoming electronic traffic except traffic that is explicitly permitted. Permissions are configured manually by network administrators. This combination of firewalls and virus protection software will detect and prevent most viruses, Trojan horses, worms, malicious mobile codes or email bombs from damaging our database.

Denial of Service

The combination of firewalls and routine monitoring of network traffic by skilled professionals (Mediware network administrators) will detect and prevent an attacker from flooding our server to the point of failure.

Exploitation of Operating System Vulnerabilities

As part of the maintenance contract, network administrators at Mediware are responsible for updating the server with the latest software patches and fixes of known operating system weaknesses. Keeping abreast of software patches and reports of new vulnerabilities is the best way to avoid falling prey to these attacks.

Exploitation of Software Vulnerabilities

Because the City of Waco relies on the same company who created the ServicePoint software to host its server, City of Waco is assured that security holes discovered in the ServicePoint software will be addressed by technicians with access to timely and accurate information about the core program. City of Waco does not need to rely on second- or third-hand software alerts or the installation of patches and upgrades by network administrators unfamiliar with the product. This is a great advantage in combating application-specific security issues.

User Falsification

Using a public-key infrastructure and signed digital certificates, the latest security technology available, Verisign provides a safe and reliable method of authenticating users. These methods, while they do employ traditional user names and passwords at their base, also encrypt data and provide a software-enabled check and counter-check methodology that make stealing identities or masquerading as an authorized user virtually impossible. In addition, these methods produce one-time use session keys that foil a replay attack, as user credentials will never be signed and encrypted in precisely the same way twice.

Data Traps

Verisign provides 128-bit SSL encryption of all data passing from agency to server, or server to agency. Encryption is the translation of data from a readable “clear text” to an encoded hash using complex mathematical algorithms. SSL, short for secure sockets layer, is a data transport protocol that encrypts data using a public-key infrastructure. It is estimated that data encrypted with 128-bit encryption would take at least a trillion years to crack using today’s technology. When data is encrypted, even if packets could be captured or recorded as they travel across the Internet, they could not be decoded and read.

Server Falsification

The public-key infrastructure provided by Verisign provides not only authentication of the agency, but also authentication of the web site, and hence, authentication of the hosting server. Authentication is provided through digital certificates verified by Verisign, and is an integral part of the login process. Mutual authentication prevents a rogue web site from masquerading as our secure web site and drawing sensitive data.

Social Engineering

These are attacks in which a social situation (for example, a customer service call from a third-party company) is manipulated so that an unauthorized user gains access to protected information, such as client data, or user names and passwords. The biggest deterrent to social engineering is clear policies and procedures. It is much harder for users to be manipulated into providing confidential information if they have clear and thoughtful rules to follow when providing such information. City of Waco provides clear policies and procedures around issues of ServicePoint data confidentiality and confidentiality of user names and passwords. These policies and

procedures are designed to speed problem resolution and minimize the chance of a user being manipulated into divulging confidential data through confusion or a sincere desire to help someone in need.

Misuse of Privileges

ServicePoint provides several levels of user access to the database. Each level has access to a particular subset of information and particular abilities to manipulate information. City of Waco provides clear “job descriptions” for each level of access, to ensure that each user is assigned an appropriate level of access. The City of Waco provides clear protocol and procedures for handling data needs and requests that fall outside of a particular user’s job description. Finally, City of Waco will provide clear procedures for handling changes in access levels and users, as well as for password recovery and other access issues. These procedures will be designed to clarify and streamline the daily work of legitimate users, and minimize the chance of legitimate users misusing privileges even towards legitimate ends.

Local Physical Attack

Agency computers are necessarily more physically vulnerable than our central server. As no ServicePoint data is stored on the local computer the physical vulnerability of these computers does not constitute a significant threat to client confidentiality regarding this data. However, any user access data, such as a password, that is stored on a computer or in a written file, does constitute a risk to client confidentiality. Even if a computer or server are stolen, (one key), the data is still safe and remains unreadable.

The guidelines set forth in this document are subject to change.

HEART OF TEXAS
HOMELESS MANAGEMENT INFORMATION SYSTEM
POLICIES AND STANDARD OPERATING PROCEDURES
ATTACHMENT A

PARTNER PARTICIPATION AGREEMENT

Heart of Texas

Homeless Management Information System

HoT HMIS:

The Heart of Texas Homeless Management Information System (Hot HMIS) is a network of organizations committed to improving service access and the development of services to address the unmet needs of residents living in the Heart of Texas Region. HoT HMIS utilizes a client database that allows for the tracking of clients to determine the services a client has already received and services the client needs that may be lacking in our community. The HoT HMIS provides the ability to track homeless individuals in the community as well as their progress. The goal of the HoT HMIS is to have all organizations that provide services to homeless and low income individuals and their families identified in its database, and to have as many of these service providers as possible utilizing the system.

The HoT HMIS was created to improve the delivery of services to individuals who have unmet needs. The system is designed to allow for referrals, evaluating service needs, case management, client tracking, management of homeless information, creating reports and regional analysis of service delivery. Information in the HoT HMIS should be used ONLY for the above stated purposes. Any other use of this information is prohibited. Agencies should communicate to users the importance of maintaining the confidentiality of client data in the HoT HMIS.

The HoT HMIS uses the ServicePoint software, which is a product of Mediware Information Systems, Inc. The ServicePoint software is an Internet-based application providing real-time access. All that is needed to log into the system is Internet access, a web browser, a user ID and password. Real-time access provides immediate update of information entered into the system.

For an agency to be a HoT HMIS Partner, an administrator of that agency/organization must sign this Partner Participation Agreement form detailing the specific expectations of the partner organizations. All users of the HoT HMIS will be required to complete and sign a User Confidentiality Agreement.

As a HoT HMIS Partner, agencies have certain obligations and requirements that must be followed in order to protect the rights and interests of HoT HMIS clients. Below are performance standards required of each agency and its employees who use the HoT HMIS. It is the agency's responsibility to ensure that each user is familiar with the requirements of the system.

Client Rights:

In order for information to be shared in the HoT HMIS, the client or his/her legal guardian must give consent to release their information to participating HoT HMIS Partners. The client has the right to refuse to release his/her information. If the client refuses to do so, this in no way affects the client's eligibility for services at any agency. Refusal to give consent to release information requires that you enter client information and mark it as RESTRICTED in the system, so that no one, other than your agency and the system administrator(s), can access this information.

Client information may be used only for purposes specified by the client. Client information may not be shared for purposes other than those related to a user's job duties. Such unauthorized use is prohibited and will result in termination of access to the system by a majority vote of the HoT HMIS Advisory Committee.

User Accounts:

Each user of the HoT HMIS will be assigned a user ID and password. The user may **not** share the ID and password with anyone. This will assure that only authorized persons are using the system. The user will be held accountable for all actions performed by the assigned ID. Each user is required to read and sign a User Confidentiality Agreement before he/she is given access to the system.

Training:

It is the responsibility of each Agency Administrator to ensure that each of its users is knowledgeable about the purpose of HoT HMIS, and knows how to correctly use the system.

Each agency is required to assign at least one person from their agency to be an Agency Administrator who will serve as a contact with the System Administrator of the HoT HMIS. This person will be required to attend training and is expected to obtain the knowledge necessary to train other users in that agency. This person will also relay problems and suggestions to the System Administrator of HoT HMIS.

Data Integrity:

The Partner Agency has the responsibility of ensuring the accuracy of the information entered into the system. The agency must be sure that its employees have been properly trained, made aware of the importance of recording accurate data and respect the confidentiality of clients in the system.

Reporting and Analysis:

One of the goals of the HoT HMIS is to track clients and the services they receive. This information can be used to determine what additional services are needed throughout the community. The information in the system will be used to produce reports about programs and services. As a HoT HMIS Partner, it is important that you record each and every potential client in the HoT HMIS so that HoT HMIS Administrators can track unmet needs as well as those that were met. This is crucial in order for us to perform an accurate analysis of community services and programs. The homeless providers that have been identified and trained to use the HoT HMIS should be aware that the system will be used to create reports on the homeless and the services that are provided to them. This aggregate data will be collected and used by the Heart of Texas Homeless Coalition to assist in determining the number of homeless persons in the community, among other statistics.

Fees:

As a member of HoT HMIS, each agency will be required to pay applicable fees. The City of Waco is providing the administration and maintenance of the HoT HMIS, including administration and maintenance of the databases, training, software support, negotiation of technology contracts and will serve as liaison to the HoT HMIS vendor. The annual fee is paid to the City of Waco in exchange for these services.

* Fees based on the following:
\$250 Activation Fee for every new license
\$150 License Fee for every Single Licensed Agency
\$150 License Fee for each license for Multiple Licensed Agency
\$90 ART License Fee annually per license

Termination of Access:

When participating agencies and/or users violate guidelines, HoT HMIS Administrator may terminate access to the system based on a majority vote of the HoT HMIS Advisory Committee.

An agency may choose to withdraw from the HoT HMIS with a written notice of desire to do so. An agency may choose to withdraw a user from the system for any reason deemed appropriate. In this case, it is required that the partner agency inform the HoT HMIS Administrator of the revocation of the particular user's access to the system.

Agreement Effective Date:

This agreement becomes effective on the date it is signed. Actual access to the system becomes effective once this Partner Participation Agreement and System User Confidentiality Agreement are signed, user names and passwords have been assigned and training has been completed. Once access to the system has been granted, it is effective for the term of the project, unless terminated for disciplinary actions or by written notice of a desire to withdraw from the HoT HMIS. Access to the system will be automatically renewed annually with submission of the agreed upon annual fee to HoT HMIS Administration.

This agreement and other HoT HMIS documents may be amended to comply with changes in state and federal legislation as needed.

Agreement:

As the Executive Director (or Designee) of _____, I have read, fully understand and agree to the terms and guidelines set forth in this Partner Participation Agreement form. I understand my responsibilities as a HOT HMIS Partner and further understand that failure to follow all guidelines set forth by HoT HMIS will result in the termination of my agency's access to HoT HMIS.

Agency Name

Executive Director (or Designee) Signature

Date

HoT HMIS Administrator Signature

Date

HOMELESS MANAGEMENT INFORMATION SYSTEM
POLICIES AND STANDARD OPERATING PROCEDURES
ATTACHMENT B

Heart of Texas HMIS

USER LICENSE CONFIDENTIALITY AGREEMENT

Client Confidentiality:

The Heart of Texas Homeless Management Information System (HoT HMIS) is a network of organizations committed to improving service access and the development of services to address the unmet needs of residents living in the Heart of Texas Region. As a representative of a HEART OF TEXAS HMIS partner organization, I understand I have access to confidential information, some of which is personal and is, by law, considered confidential. I will at all times treat this information as confidential, and will disclose this information only to explicitly authorized individuals and/or organizations for the purpose of service delivery. **I will not access or share confidential information for any reason other than to perform my job duties.**

Initial: _____

I understand that client confidentiality is of utmost importance; therefore, I agree to take the necessary measures to ensure that all client information is handled in strict confidence.

Initial: _____

HEART OF TEXAS HMIS Access:

I acknowledge that I will be assigned a user ID and password that is to be used **ONLY** by myself to access the HEART OF TEXAS HMIS. I understand that I will be held accountable for all actions and activities produced by my user ID. I will not share my ID and/or password with anyone, and I will not use the ID and/or password assigned to someone else.

Initial: _____

I will not enter any unauthorized data or change/alter existing data in a manner inconsistent with my job duties. Under no circumstances will I enter knowingly false data that may compromise the integrity of the system.

Initial: _____

I agree not to attempt to intentionally cause the system to malfunction or knowingly alter data without authorization in an effort to compromise the computer security system. I further agree to report any suspected misuse or lapse in the security system.

Initial: _____

Statement of Understanding:

By signing this agreement I acknowledge that I understand the purpose and intent of the HEART OF TEXAS HMIS, and understand the relationship of HEART OF TEXAS HMIS and the organization with which I am employed. I understand that maintaining client confidentiality is my first duty and largest responsibility as a user of the HEART OF TEXAS HMIS. I acknowledge that I have read, understand and voluntarily agree to follow the guidelines set forth above. I further understand that failure to follow these guidelines may result in possible termination of HEART OF TEXAS HMIS privileges. By signing below I also acknowledge that I have received and read Hot HMIS PSOP Manual.

System User Name

Email address

System User ID

System User Signature

Date

Heart of Texas HMIS Administrator Signature

Date

HOMELESS MANAGEMENT INFORMATION SYSTEM
POLICIES AND STANDARD OPERATING PROCEDURES
ATTACHMENT C

HEART OF TEXAS HMIS

RELEASE OF INFORMATION FORM

ROI

Purpose:

The Heart of Texas HMIS is a network of organizations committed to improving service delivery to people in need. By giving your consent to release your client information and information on members of your household to the HEART OF TEXAS HMIS network, you are agreeing to participate in the HEART OF TEXAS HMIS Continuum of Care program and allow the HEART OF TEXAS HMIS organizations to share and manage this information in an effort to coordinate and improve delivery of needed services, and to avoid duplication in providing basic intake information.

Consent:

This release includes all partners of the HEART OF TEXAS HMIS network.

I, _____, give my permission to allow HEART OF TEXAS HMIS organizations and their staff to release and receive client information about me *or* the client, and members of the household in order to determine eligibility for various programs and to coordinate the delivery of services. I also give permission for HEART OF TEXAS HMIS to obtain information which may determine my *or the* client's and the household's eligibility for available services and programs. I understand that the information I provide during intake, interviews, and all other correspondence with any HEART OF TEXAS HMIS organization may be shared with other HEART OF TEXAS HMIS partners for the purpose of service delivery.

I also understand that the information I provide, as well as information about the services I and my household receive, will be kept confidential by all HEART OF TEXAS HMIS organizations as required by law. I further understand that any information I provide may be used for statistical purposes by the HEART OF TEXAS HMIS network and/or any or all of its partner organizations, and that HEART OF TEXAS HMIS and its partner organizations will maintain the confidentiality of any and all personally identifiable information as required by law.

I understand that this consent is effective for **three years** from the date in which it is signed. Furthermore, I understand that this consent can be revoked at any time by completing a release withdrawal form at any HEART OF TEXAS HMIS agency requesting revocation of my consent. This ROI is agency specific. Therefore one will need to be completed for each HoT HMIS participating agency from which I receive services.

I understand that this release is optional, and that I and my household can still apply for and receive services, provided I am *or* the client is, and the household members are eligible, without signing this form. I understand that if I choose not to sign this form, the information will be entered into the HEART OF TEXAS HMIS system in a manner that will allow no other agency to access these client records. I understand that this information will, however, be used for statistical reporting purposes, in a non-identifying manner.

I have read, understand, and voluntarily consent to the release of my *or* the client's, and members of the household information to HEART OF TEXAS HMIS partners:

Client (or legal guardian) Signature

Date

Client Social Security Number

Relationship to client (if applicable)

HEART OF TEXAS HMIS Agency Employee Signature

Date

☐ Check here if verbal consent received. HEART OF TEXAS HMIS Agency Employee must sign and date above.

HOMELESS MANAGEMENT INFORMATION SYSTEM
POLICIES AND STANDARD OPERATING PROCEDURES
ATTACHMENT D

HOMELESS MANAGEMENT INFORMATION SYSTEM



THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

Our Duty to Safeguard Your Protected Information

_____ collects information about those who access our services. When we meet with you we will ask you for information about you and your family and enter it into a computer program called the Heart of Texas Homeless Management Information System (HoT HMIS). Although HMIS helps us to keep track of your information, individually identifiable information about you is considered “protected information”. We are required to protect the privacy of your identifying information and to give you notice about how, when and why we may use or disclose any information you may give us.

We are also required to follow the privacy practices described in this Notice, although _____ reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from any Heart of Texas HMIS Agency.

How We May Use and Disclose Your Information

We use and disclose collective information for a variety of reports. We have a limited right to include some of your information for reports on homelessness and services needed by those who are homeless. Information that could be used to tell who you are will never be used for these reports. We will NOT turn your information over to a national database. For uses beyond reports, we must have your written consent unless the law permits or requires us to make the use or disclosure without your consent. **Please review the Client Release of Information Form for details. You must sign this form before we can use your information, but you do not have to sign the form in order to receive services.**

HOMELESS MANAGEMENT INFORMATION SYSTEM
POLICIES AND STANDARD OPERATING PROCEDURES
ATTACHMENT E

Universal Data Elements

HMIS Universal Data Elements are elements required to be collected by all projects participating in HMIS, regardless of funding source. The Universal Data Elements establish the baseline data collection requirements for all contributing CoC projects. They are the basis for producing unduplicated estimates of the number of people experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homeless, and patterns of service use, including information on shelter stays and homelessness over time. The Universal Data Elements are the foundation on which the Annual Homeless Assessment Report (AHAR) is developed. The AHAR provides Congress the national estimates of the current state of homelessness across the United States and the use of homeless assistance programs. It is used locally to inform state and local communities on how their specific homeless information compares nationally. The AHAR is used by the U.S. Interagency Council on Homelessness to measure progress towards goals specified in Opening Doors and by all of the federal partners to inform homelessness policy. Universal Data Elements also help local communities to better target resources, and position programs to end homelessness.

The Universal Data Elements are:

3.1	Name	3.917	Living Situation
3.2	Social Security Number (SS Data Quality question also)	3.10	Project entry Date
3.3	Date of Birth	3.11	Project Exit Date
3.4	Race (Primary)	3.12	Destination
3.5	Ethnicity	3.13	Personal ID
3.6	Gender	3.14	Household ID
3.7	Veteran Status	3.15	Relationship to Head of Household
3.8	Disabling Condition (Do you have a disability of long duration?)	3.16	Client Location

Program Specific Data Elements

Program Specific Data Elements differ from the Universal Data Elements in that no one project must collect every single element in this section. Which data elements are required is dictated by the reporting requirements set forth by each Federal partner for each of its programs. A Partner may require all of the fields or response categories in a data element or may specify which of the fields or response categories are required for their report. This section is organized to illustrate which Program Specific Data Elements are required by more than one Federal Partner and which are required by only one of the Federal Partners. Local CoCs may elect to require all contributing continuum projects to collect a subset of the data elements contained in this section to obtain consistent information across a range of projects that can be used to plan service delivery, monitor the provision of services, and identify client outcomes. However, these data elements do not constitute a client assessment tool, and projects must develop their own data collection protocols in order to properly assess client service needs.

The following Program Specific Data Elements are required by more than one Federal Partner:

4.1 Housing Status	4.11 Domestic Violence
4.2 Income and Sources	4.12 Contact
4.3 Non-Cash Benefits	4.13 Date of Engagement
4.4 Health Insurance	4.14 Services Provided
4.5 Physical Disability	4.15 Financial Assistance Provided
4.6 Developmental Disability	4.16 Referrals Provided
4.7 Chronic Health Condition	4.17 Residential Move-In Date
4.8 HIV/AIDS	4.18 Housing Assessment Disposition
4.9 Mental Health Problem	4.19 Housing Assessment at Exit
4.10 Substance Abuse	

*(UDE are highlighted in **RED** throughout the system and must be answered for ALL clients)*



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TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE
APPENDIX E: COC COMPETITION POLICIES AND PROCEDURES



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TX-604 Waco/McLennan County
Continuum of Care
CoC Competition
Policies and Procedures

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TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE COMPETITION PROJECT RANKING AND REALLOCATION POLICY

PURPOSE

On an annual basis, the TX-604 Waco/McLennan County Continuum of Care (CoC) is required to rank all new and renewal projects submitted to HUD for funding in an order that reflects the CoC's needs and priorities. Additionally, HUD requires CoCs to review the performance of all funded projects and seek to reallocate funding away from low performing projects or those providing services that are of a lower priority in preventing and ending homelessness.

The CoC is seeking to accomplish the following in the ranking and reallocation of projects:

- Incentivize all providers to focus on outcomes and to seek to achieve the performance targets specified by the CoC.
- Encourage providers to adopt evidence based practices including Housing First to more effectively employ CoC resources.
- Replace projects that are not high performing or following evidence based practices with new projects that follow CoC and HUD priorities.

SCORING AND RANKING POLICY

All new and renewal projects will be ranked by the CoC. The primary factor controlling the ranking of projects will be the scores assigned to renewal and new projects. Scoring is based on project performance, grant management, community outcomes, and adherence to policy priorities. Except as specified below, projects will be ranked in the NOFA competition by the scores assigned to renewal or new projects.

There are two categories of projects that will not be ranked according to performance scores:

- Projects that are essential to the operation of the CoC. This includes funding for HMIS and Coordinated Entry. These are unique projects focused on CoC operations and that cannot be readily evaluated or compared to other CoC funded projects. Failure to renew this funding would have negative consequences for the CoC and jeopardize future funding opportunities.
- First time renewal of newly funded grants. HUD requires newly funded one-year project grants to be renewed in the competition. In most instances, these projects will have not yet started operations. In other instances, the projects have just started but are far from being able to report on a full year of operations in the APR.

The two project types identified above will not be assigned scores. These projects will be ranked by the CoC to assure – to the maximum extent possible – that they will be funded in the competition. Subject to review based on the actual NOFA, these projects will be ranked in Tier 1, with all of their funding above the Tier 1/Tier 2 demarcation.

All other CoC projects will be ranked according to scores:

- Renewal projects will be ranked according to adjusted renewal project score. Renewal scores will be adjusted as follows: if the highest scoring renewal project scores less than 200 points, then all renewal scores will be adjusted upward by the difference between the highest scoring renewal project and 200. Renewal projects that qualify for renewal based on the renewal performance evaluation will be ranked above new projects.
- New projects will be ranked according to scores.

Current CoC grantees may elect to reallocate some or all of the funding associated with their project. These reallocated projects will be scored as new projects and ranked according to score the same as all new and renewal projects. CoC grantees in good standing (no outstanding HUD or CoC monitoring findings and no open audit findings) may voluntarily reallocate their funding and will not have to compete with other organizations for that funding.

The minimum score for automatic renewal of CoC funded projects is 65% of the highest scoring project.

If the highest scoring project receives a score of 200, then all projects scoring below 130 will be reallocated unless a Project Improvement Plan has been submitted and approved by the CoC Board. Should the highest scoring project receive a score of 190, then the minimum acceptable score would be 123.5. The Project Improvement Plan must specify how the project will improve performance and meet standards in the upcoming year. If the CoC Board accepts the Project Improvement Plan, the grantee will be allowed to apply for renewal funding.

Any legal applicant for CoC funds can apply for new projects from the bonus pool or the uncommitted reallocation pool. The CoC will only rank new projects for which there is sufficient funding in the new or reallocation pool to fully fund the project.

POLICY ON EXPENDITURE OF GRANT FUNDS

Funds unexpended at the completion of the grant term are recaptured by HUD. In some instances these funds are then allocated to other CoCs or in other cases are returned to the federal treasury. The CoC seeks to minimize this recapture of funding and to the maximum extent possible ensure that homeless assistance funding allocated to the Heart of Texas region is used to support homeless people in the area.

UNDER EXPENDITURE POLICY

It is the policy of the CoC that CoC funds granted to an applicant agency will either be fully expended to assist eligible homeless people or the CoC will recapture the unspent funding and add it to the pool of resources available for reallocation.

Heart of Texas CoC grantees that expended less than 90% of their funding in the most recent grant year will face recapture of unexpended funding that exceeds 10% of the grant funds. If, for example, the CoC grant was for \$100,000 and \$85,000 was expended, the grantee would see \$5,000 in funding recaptured. Recapture of unexpended funding that exceeds 10% of the total grant will be automatic. The Scoring/Ranking Committee may consider extenuating circumstances regarding projected expended funds. For example, an agency had staff vacancies at the beginning of the grant cycle and all vacancies have been filled later in the grant cycle altering the capability of the program to serve greater number of clientele which would increase projected expenditures. The applicant must put any considerations based on circumstance in writing to the Scoring/Ranking Committee. If the project was reallocated from in a previous competition, further reallocation will not occur until after they have operated one full year at the newly reallocated amount and have demonstrated an inability to expend at least 90% of the funds.

Grantees may also prevent this automatic recapture by submitting an appeal to the Board of the CoC. The appeal will need to: explain the reason for the under-expenditure and provide a plan for fully expended the grant in the current cycle. The Board may approve the request at its discretion. However, if the funds are restored and under-expended in the subsequent grant cycle funding will be recaptured as indicated above. All CoC Board decisions can be appealed but a second appeal would require extraordinary circumstances to be approved.



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TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE GRIEVANCE PROCEDURES FOR APPLICANT ORGANIZATIONS

PURPOSE

The purpose of the Grievance Procedure is to settle any grievance between an Applicant Organization and the CoC, as quickly as possible to assure an efficient Consolidated Grant Application process. In the case of a denial of said process the Applicant Organization may pursue the following instructions regarding an Appeal.

ELIGIBILITY

- I. Filing Grievance by Applicant Organization:
 - A. A grievance may be filed by any Applicant Organization that claims it has been adversely affected by:
 1. Improper application of rules, regulations and procedures concerning participation in the Consolidated Grant application process;
 2. Improper interpretation of rules, regulations and procedures concerning participation in the Consolidated Grant application process;
 3. Disparity in the application of rules, regulations and procedures regarding participation in the Consolidated Grant application process;
 4. Violation of rules, regulations or procedures concerning participation in the Consolidated Grant application process;
 5. The score assigned by the Renewal Scoring Tool or reallocation or Ranking and Prioritization Policy.

APPEALS & GRIEVANCE PROCESS - CoC LEAD AGENCY

- I. Applicant Denied:
 - A. If an agency and/or application for a grant is denied, by CoC, the following shall occur and the following steps may not be omitted:
 - 1. The CoC Lead Agency will notify applicant, in writing, stating the reason(s) for the denial.
 - 2. Applicant must prepare an Appeals Letter.
 - 3. Submit: Appeals Letter and Grievance Form to: CoC Lead Agency, within 3 working days of date of receiving the Denial Letter from the Lead Agency.
 - 4. The Response Letter must include a reason(s) for Appeal and in what way the denial was contrary to regulations and/or in some other way inequitable.
 - 5. The time frame for submission starts on the first (1st) work day and shall not include holidays and/or long weekends observed by the CoC.
 - B. Note, any said efforts at Informal Resolution are unrelated to the Formal Grievance Procedure and do not extend to the time limits, included in the procedure.
- II. Appeals Process:
 - A. The CoC Lead Agency will consider the appeal and provide a written response within 3 working days of receipt of the organization's appeal letter.
 - C. A copy of the Grievance Form and Letter shall be retained by the Applicant Organization and a copy shall be filed in the Applicant Organization's file.
 - D. All copies should note the date that the grievance was filed and the date and time that the CoC Lead Agency received the Grievance Form and Letter.
 - E. Email correspondence is acceptable to: Lead Agency Contact.
- III. All Written Responses:
 - A. Final decision shall come from: CoC Lead Agency.
 - B. Brief statement of the reason(s) for the final decision, shall include:
 - 1. If the decision to deny is overturned as a result of the appeal, processing will resume and the applicant will be notified of the next step in the process.
 - 2. If denial is not overturned the CoC Lead Agency shall inform the applicant, by email and mail, of the results.

DISPUTE RESOLUTION PROCESS - CoC STEERING COMMITTEE

- I. If an applicant is dissatisfied during the course of the process, the applicant organization has 24 hours to file an appeal with the CoC Grievance Committee on the official form. This committee has 3 working days to talk with the Grievant.
- II. The CoC Grievance Committee will submit and responses, in writing, to the CoC Steering Committee, which will respond within 3 working days.
- III. Lastly, if the Applicant Organization is still not satisfied with the determination for the appeal by this committee, then the Applicant may appeal directly to HUD, according to procedures in: 24 CFR 578.35.

GENERAL PROVISIONS - GRIEVANCE FORM

- I. The Grievance Forms is provided by the CoC Lead Agency and should be used in pursuing a resolution of the grievance.
- II. The Applicant Organization may represent itself or be represented by a chosen representative when presenting the organization's grievance to the committees.

GRIEVANCE FORMS ATTACHED

GRIEVANCE FORM – AGENCY

Please type or print.

Applicant Organization: _____

Applicant Representative: _____ Job Title: _____

Organization's Address: _____

Organization's Phone Number: _____

We have discussed this complaint with the CoC Lead Agency Director of Programs and received his/her verbal answer on _____. Because this answer is unacceptable to us, we wish to file a formal complaint.

Nature of grievance. Explain how your organization was unfairly treated including names and dates. (Use additional pages if needed.)

A just and fair solution of our grievance is:

We understand that if we wish to further appeal our complaint, we have twenty four (24) hours from response to submit a grievance form to the next level of appeal. Grievances not appealed timely are considered settled at the previous level.

Signature

Date

Copy retained by Applicant Organization. Copy retained in Applicant Organization file. Applicant Organization submits a copy to proper appeals person.

GRIEVANCE FORM – CoC LEAD AGENCY RESPONSE

Please type or print.

Applicant Organization: _____

Applicant Representative: _____

If you wish to further appeal your complaint, you have twenty four (24) hours from response to submit a grievance form to the next level of appeal. Grievances not appealed timely are considered settled at the previous level.

Signature

Date

CoC Lead Agency retains copy for Applicant Organization's file and returns original to Applicant Organization.

GRIEVANCE FORM – CoC STEERING COMMITTEE RESPONSE

WE HAVE RECEIVED THE CoC LEAD AGENCY'S RESPONSE ON _____. WE ARE DISSATISFIED WITH THE CoC LEAD AGENCY DIRECTOR OF PROGRAM'S SOLUTION TO OUR GRIEVANCE. WE HEREBY APPEAL TO THE CoC STEERING COMMITTEE.

REASON FOR FURTHER APPEAL. (USE ADDITIONAL PAGES IF NEEDED.)

Signature

Date

CoC Steering Committee Response:

Signature

Date

The CoC Steering Committee decision is final.

CoC Lead Agency retains copy for Applicant Organization's file and returns original to Applicant Organization.



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TX-604 WACO/MCLENNAN COUNTY CONTINUUM OF CARE
APPENDIX F: RULES OF BEHAVIOR FOR HUD SYSTEMS FORM

RULES OF BEHAVIOR FOR HUD SYSTEMS

The U.S. Department of Housing and Urban Development has granted access to you to utilize the Department's automated information resources. However, as a condition of receiving this access, you are required to be aware of the Department's system security policies and to abide by these policies. Security policy emphasizes awareness practices for the purpose of safeguarding the Department's valuable information resources.

The system user identification (USERID) and password issued to you are your means to access these resources. They are to be used solely in connection with the performance of your responsibilities as set forth in your job description, contract or agreement(s) with the Department. Use by anyone other than yourself is expressly prohibited. You agree to be responsible for the confidentiality of the assigned information and accountable for all activity with your user identification (USERID). Further, you agree that you will not provide this confidential USERID/password to another user nor will you sign on to HUD systems so that another person may access or operate the workstation in your absence or on your behalf. ***Actions of this type constitute a breach of system security and will result in immediate termination of your assigned USERID/password from the system.***

In addition, you agree to:

1. Log-off the system when leaving the system/workstation area;
2. Refrain from leaving written passwords in the workstation area;
3. Avoid creating a personal password that can be easily associated with you;
4. Avoid posting printouts of sensitive output data on bulletin boards;
5. Avoid leaving system output reports unattended or unsecured;
6. Control input documents by returning them to files or forwarding them to the appropriate contact person in your office;
7. Avoid violation of the Privacy Act which requires confidentiality of personal data contained in government and contractor data files;
8. Immediately contact the HUD Inspector General's Office, as appropriate, regarding any suspected violation or breach of system security;
9. Cooperate in providing personal background information to be used in conducting security background checks to the extent required by Federal regulations;
10. Respond to any inquiries and requests for information you may receive from either the HUD Headquarters or management officials regarding system security practices.
11. Protect all electronic/optical media and hardcopy documentation containing sensitive information and properly dispose of it by shredding hardcopy documentation, or by contacting the HITS Help Desk to dispose of electronic/optical media.
12. Avoid saving sensitive HUD information on the local drive of a laptop, personally owned computer, or other mobile or portable technology ("flash drives", removable/external hard drives, etc.).
13. If sensitive data must be stored on any type of HUD-approved mobile/portable technology (laptops, removable hard drives, "flash drives", etc.), ensure that it is protected via encryption.

14. Individuals who telework or remotely access HUD information should do so only through approved remote access solutions (such as hudmobile.hud.gov), and should safeguard all sensitive information accessed in this manner.

Name (Signature)

Name (Printed)

Date

Organization/Agency Represented