

MDHA / Continuum of Care Board of Directors Meeting

2801 Swiss Ave, Dallas, TX
Meadows Foundation Conference Building
Friday, January 10, 2018 9:00 – 11:00 a.m.

AGENDA

1. Welcome and introduction of new members John E. Castañeda

2. Approval of the November 2018 Minutes

3. Public Comment

4. CoC Policies and Procedures Amendments Cindy J. Crain
 - a. Section 6: Coordinated Assessment System
 - b. Section 13: Fair Housing, Equal Opportunity and Non-Discrimination

5. CoC Assembly Report Edd Eason

6. HMIS Governance Committee Daniel Roby
 - a. HMIS implementation update Crain

7. Executive Committee Report John E. Castañeda
 - a. MDHA 2018 Budget
 - b. MDHA Board Committee Chair Appointments 2018
 - c. City of Dallas Independent Audit Report

8. CEO Report Crain
 - a. CoC Strategic Work Plan Progress Report
 - b. Housing Priority List Tracker Report

9. New Business

***An Executive session may be called for various reasons, with or without the presence of the CEO, at the discretion of the Board Chair, in order to: 1) Consult with an attorney; 2) Deliberate regarding real property; 3) Deliberate regarding prospective gifts; or 4) Deliberate regarding personnel matters, etc.*

DRAFT OF MINUTES - BOARD OF DIRECTORS MEETING OF NOVEMBER 17, 2017

Board Members in Attendance:

John Casteñada-Chair, Karen Hughes-Treasurer, Thomas Mills-Secretary, Britton Banowsky, Rev. Gerald Britt, Dr. Theresa Daniel, Jennifer Dominguez, Vicki Ebner, Regina Levine, Traswell Livingston, Ikenna Mogbo, Dustin Perkins, Ricky Redd, Daniel Roby, Dr. Susan Spalding, Molly Van Ort and Dr. David Woody

Staff and Guests in Attendance:

Cindy Crain, Lynette Austin, Freda Coleman, Rebecca Cox, Alex Espinosa, David Gruber, Victoria Jackson, James McClinton, Eryca Peters and Derek Ruhl

Call to Order

The meeting was called to order at 9:02 am by John Casteñada, Board Chair. He asked everyone present to introduce themselves and share information about themselves and/or their organization.

Approval of Minutes

A motion to approve the minutes of the meeting of September 8, 2017 was made by Britton Banowsky and seconded by Jennifer Dominguez. Motion passed.

CEO Report

Cindy Crain, President and CEO, provided an update on the following matters (*see attached Power Point Presentation*):

A. CoC Strategic Work Plan (SWP) Progress Report

Crain noted that this update (*see attached handout*) represents the work of the CoC Assembly and the Coordinated Access System (CAS) done by staff and Committees. She highlighted the following items:

Goal 1 – identified willing landlords and tenants. Staff housed 93 Hurricane Harvey families (of the several hundred who relocated) with a grant from the Dallas Foundation, which paid their rent thru December. Only 2 families have returned home so far.

Goal 2 – New Tenant Housing Guide completed. It was developed by our AmeriCorps VISTA Victoria Jackson, with resources included and now in notebook form. It will be distributed to clients as they are housed by Agency partners.

The St. Jude project is moving forward (PSH for persons 55 years of age and older, 108 units) and has received an additional \$1 million from Dallas County. They will take clients

from the Housing Priority List (HPL) and will be working with City Square and Metro Care Services.

Goal 3 - The CAS Task Force made significant recommendations that will be reviewed by CoC Policies and Procedures Committee on December 15 and presented for final comment and approval by the CoC Board on January 12, 2018. MDHA has improved CAS services to Collin County with a ¾ time MDHA staff person housed at the Assistance Center of Collin County.

Goal 4 – The Homeless Crisis Line will be soft launching this month. The number is 1-888-411-6802. The 1-888 number will route clients to access points based on demographics. MDHA will respond to the general mail inbox.

Goal 5 – The Youth Resource Guide has been completed, distributed and will be added to the MDHA website. Youth homeless count efforts have been expanded and are planned over three weeks in January. DISD has committed an unused facility for the creation of a student shelter and drop-in center.

Goal 6 – HMIS has experienced increased participation with Dallas Life Center, and The Salvation Army joining; DOPS has been expanded to new organizations because of increased use of HMIS.

Goal 7 – The SPARC Report has been drafted and will be released in December for review, with release to the public in late January 2018. Dallas will be a part of the five City participants in a summit in Seattle in 2018.

Dr. Susan Spalding noting that the Tenant Resource binder should have additional Parkland Hospital information included. Karen Hughes asked that it be added to the website so that all clients could have access. Staff was requested to email a copy to the CoC Assembly members.

B. Homeless Response System Performance Dashboard Report Q3

Cindy noted that a Dashboard was not prepared for last quarter, Q2, due to HMIS implementation. This quarter highlights include:

- 1 Overall demand for housing – a. & c. Dramatic increase in DOPS and HPL and b. Largest housing rate yet – up 76%. This is due to more training related to DOPS and that turnaround time is now down to 1 day for review.
- 2 Progress in ending chronic homelessness – a. & b. Doubled number of documented chronic homeless
- 3 Progress in ending veteran homelessness – a. Number of Veterans at it lowest level yet of 244. The extremely aggressive Vets Committee and Family Endeavors staff have had an impact.

- 4 Progress in ending unaccompanied youth homelessness – a. Increase in homeless youth 17 and under; b. youth housing rate the same. There is an uptick during the summer, with ebbs and flows year-round. Youth need transitional housing because they cannot sign leases.
- 5 Progress in ending family homelessness – a. Reduction in families’ number change greatly from Q to Q.
- 6 Permanent Supportive Housing Occupancy – a. & b. Both PSH and VASH Occupancy rate remained the same; d. fewer exits and fewer negative exits=stability; Increase in PSH stays by over a month; No new PSH, loss of beds. James McClinton, Housing Resources Director, will be checking units weekly to assist agencies to fill beds, up to 98%. CAS efforts will help to house persons faster.
- 7 Rapid Rehousing Occupancy – New RRH inventory in place; Reduction in positive exits to permanent housing; Significant increase in length of stay were experienced.
- 8 Transitional and Safe Haven Housing – Little change overall, slightly more negative exits
- 9 Emergency Shelter Occupancy– Shelters are full; with HMIS Q4 will have better data; Slightly improved exits, more positive, fewer negative

C. Housing Priority List (HPL) Tracker Report

The Report, prepared by Lester Collins, was presented and explained by Cindy Crain. Housing C hallenges proposed for 2018 presented include:

December – January: From the HPL, take the top 25 chronically homeless, with the goal to house them

February – March: Veterans Housing, with the goal to achieve functional zero, as defined by USICH

April – June: Emergency Shelters. Goal to be determined by CoC Committee

July 2018 – Learn from previous housing challenges and repeat to improve the homeless response system in order.

Cindy Crain provided information regarding the CoC Leadership Retreat to be held March 27-29, 2018. The retreat will feature a Meet and Greet on Tuesday evening, a full day session on Wednesday and a near full day on Thursday.

CoC Assembly Report

A. CoC Assembly MDHA Performance Review Survey Report

Dustin Perkins reported that the annual survey was completed by the CoC Assembly. At its October meeting, the results of 59 respondents were reviewed.

Nominations Committee Report

Molly Van Ort, Chair of the Nominations Committee, thanked the Committee and noted that the Board of Directors currently has 27 members and according to the By Laws can have up to 31 members. She noted that 7 members are rolling off due to term expirations and 7 persons are being nominated, which leaves room for 3 more appointments. The 2018 MDHA Nominating Committee Slate was presented for consideration and approval by Van Ort (*see attached copy*).

A. 2018 Board Officers – Vote for Approval

The slate of Officers for 2018 was presented: John Casteñada – Chair, Edd Eason – Vice Chair, Tom Mills – Secretary and Karen Hughes – Treasurer.

A motion to approve the Committee’s recommendation was moved by Britton Banowsky and seconded by Susan Spalding. The motion passed.

B. New Board Members - Vote for Approval

The nominees for first 3-year terms were presented: Mike Koprowski, Ellen McGinnis, Charlene Randolph, Kyla Rankin, Charletra Sharp, Michael Walker and Dr. Jeffrey Zohar. The nominees for 2nd 3-year terms were presented: Ricky Redd and John Lawton. The nominees for 2nd 2-year term were presented: John Casteñada and Traswell Livingston.

A motion to accept the Committee’s recommendations was moved by Dr. Daniel and 2nd by Karen Hughes. The motion passed.

Three additional persons will be recommended in January.

The committee is considering the creation of an MHDA Advisory Council. Others suggested/interested persons include: Altshuler, Spalding, Banowsky, Dr. Daniel and Molly Van Ort. This concept will be presented in January. Ricky Redd would like to recommend the Center of Hope of Union Gospel Mission, who attends the Alliance Homeless Forum, for consideration of membership on the Board. John Casteñada thanked those who have served on the Board.

HMIS Governance Committee

A. HMIS MOU – Vote for Approval

Daniel Roby presented the revised HMIS MOU, v7 for review and approval. It addresses all HMIS regulations. Jennifer Dominguez was concerned about security. Cindy Crain responded that HMIS performs annually a security review and that there is a designated security person at every agency. HMIS Users must sign a security and privacy agreement and security is addressed in the Pieces Tech, Inc. HMIS contract. Ricky Redd expressed concern about stolen identification of

clients. Daniel Roby explained that MDHA has the power to shut down an agency when a breach is suspected.

Daniel Roby moved for approval of the MOU Agreement and it was seconded by Molly Van Ort. The motion passed.

B. HMIS User Fee Schedule – Vote for Approval

Daniel Roby introduced the proposed HMIS User Fee Schedule for consideration. Most agencies will see decreases in user fees, except large-scale providers. The CoC voted to accept the schedule as proposed.

The motion to approve the Fee Schedule for 2018 was made by Britton Banowsky and seconded by Karen Hughes. The motion passed.

C. HMIS Performance Review Survey

No discussion

Executive Committee Report

A. MDHA 2018 Budget

Cindy Crain reported that staff is still working on the 2018 budget. A copy of the financial report and proposed budget is included in this meeting package (*see attached items*) The draft budget is under review by the Executive Committee.

Other Business

MDHA will be presenting to the City of Dallas Homeless Commission today at 3:00 pm, 6th Floor at City Hall.

Dustin Perkins congratulated Daniel Roby for being recognized by the Center for Non Profit Management as Nonprofit of the Year.

Adjournment

The meeting was adjourned at 10:55 am by the Chair, John Casteñada.

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TX-600 Dallas City & County/Irving
Continuum of Care (CoC)
Policy and Procedures

DRAFT 2018 AMENDMENTS

SUBMIT ALL COMMENTS TO
REBECCA.COX@MDHADALLAS.ORG

BY January 10, 2018

MDHA/COB Board of Directors Hearing and Vote January 12, 2018

V. 3

16	History of Amendments to the CoC Policies and Procedures	
17	January 2018 - DRAFT	
18	• Coordinated Assessment System Procedures	
19	○ Non-Discrimination Policy	
20	○ Fair Housing Policy	
21	○ Information and Referral System	
22	○ Prioritization Process	
23	○ Housing Priority List	
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25	March 2017	
26	• Continuum of Care Program Rapid Rehousing Rental Subsidy Policy	16
27	September 2016	
28	• Continuum of Care Program Annual Competition Process	22
29	October 2015	
30	• Continuum of Care ESG Allocation Process for TDHCA ESG local competition	24

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Section Six: Continuum of Care Coordinated Assessment (24 CFR part 578.7(a))

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 assessment system that will provide initial, comprehensive assessment of needs and can be easily accessed by persons at imminent risk of or experiencing homelessness. The CAS policies and procedures will also assure that resources will be strategically targeting to households based on need.

CAS Coverage Area:

The Coordinated Assessment System will cover the entire CoC geographic area of Dallas and Collin Counties consistent with the boundaries of the TX-600 CoC.

Training on CAS Best Practices

MDHA will provide annual training on the process and tools used within Coordinated Assessment System as a best practice including:

- VI-SPDAT tools and interviewing including sub-population specific VI-SPDAT
- Cultural and linguistic competency including subpopulations to assure removal of barriers
- Trauma-informed assessment techniques to prevent re-traumatization
- Identifying safety issues and providing safety planning
- Provision of safe and confidential interviewing and assessment space
- Considerations for developmental capacity of participants being assessed
- Strengths based assessments
- Client understanding of the assessment, documentation, prioritization and housing priority list process
- Documentation of Priority Status Training
- Housing Priority List Training

CAS Accessibility:

The Coordinated Assessment System will have clearly identified access point(s) for individuals and families seeking housing and services.

CAS Advertising

The Coordinated Assessment System will be well-advertised through human services agencies, 211, and homeless response system partners. The primary telephone access point will be called the “Homeless Crisis Helpline” and have one primary number that will direct and route persons to appropriate access points and information based on their need or subpopulation.

77 **CAS Assessment Tools:**

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79 The Coordinated Assessment System will use comprehensive and standardized assessment tools based
80 on the level of engagement.

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- 82 • Information and Referral script at telephone access point including diversion assessment
- 83 • Pre-screen or Coordinated Entry Initial Triage tools for street outreach or agency walk up
- 84 Program specific
- 85 • HMIS entry assessment at street outreach and shelter enrollment
- 86 • VI-SPDAT for assessment of severity of service needs
- 87 • Documentation of Priority Status request for prioritization and placement on the Housing
- 88 Priority List.

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90 **CAS and Domestic Violence Victims**

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92 Individuals and families fleeing or attempting to flee domestic violence, dating violence, sexual assault,
93 or stalking who seek shelter or services from non-victim specific providers will be assisted through
94 immediate connection to the Coordinated Assessment System Homeless Help Line to ensure that
95 services and shelter are provided that take into consideration the safety of the presenting homeless
96 individual and/or family. The assigned Domestic Violence Access Point will then make determination of
97 proper level of intervention needed using pre-determined safety screening tools and make appropriate
98 referral based on severity of risk and client choice.

99

100 **CAS Access Model**

101 The CoC offers the same assessment approach at all access points and all access points are usable by all
102 people who may be experiencing homelessness or at risk of homelessness. Access Points shall agree to
103 basic information, referral, diversion and assessment guidelines as outlined in the CAS Access Point
104 Memorandum of Agreement. When necessary Access Points shall refer households to appropriate
105 services suited to address their needs.

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107 **CAS Access Components:**

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109 **Information and Referral Homeless Crisis Help Line**

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111 A toll-free number shall provide a telephonic access point that will clearly direct individuals to the
112 appropriate Access Point to include: Persons experiencing or fleeing domestic violence; unaccompanied
113 youth age 24 and younger, households with children, adults, persons in Collin County, and a general
114 information line. Each population category will be connected to a lead agency within that access
115 category and will perform basic assessment and triage to determine that risk or homeless status. Steps
116 in accelerated intervention shall be:

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- 118 1. Initial triage including assessment of homeless status
- 119 2. Diversion and/or Pre-screen for available services
- 120 3. Appointment for face to face assessment, including possible street outreach
- 121 4. Emergency shelter intake
- 122 5. HMIS (or DV HMIS equivalent) entry assessment/intake/enrollment
- 123 6. Comprehensive Assessment and Documentation of Priority Status
- 124 7. Placement on the Housing Priority List

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Subpopulation Information, Referral and Intake Access Points

Persons seeking housing and homeless services will be referred to specific Access Points based on basic demographic information. These primary access point intake agencies will also redirect persons that do not fit within their primary population as quickly as possible including direct referral and safe transport. For example, if a family with children presents at the adults with no children facility, they will be provided direct referral and transportation to the family facility.

Each of primary intake agencies will make all reasonable physical accommodations for persons presenting with disabilities such as wheel chair accessibility.

Each primary intake agency will also provide appropriate auxiliary aides and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters.) MDHA CAS can assist with access to auxiliary aides through HUD CAS or Flexible Assistance Fund resources.

Each primary intake agency will take reasonable steps to offer information on Coordinated Assessment System steps, including HMIS intake, VI-SPDAT in multiple languages to meet the needs of minority, ethnic and groups with Limited English Proficiency. For languages other than Spanish, MDHA CAS can assist with language services through HUD CAS or Flexible Assistance Fund resources.

The Primary Access Points for Information and Referral are:

- Persons experiencing domestic violence will be referred to *The Family Place*.
- Unaccompanied homeless or runaway youth 24 years or younger will be referred to *Promise House*.
- Families with children will be referred to *Family Gateway*.
- Adults with no children will be referred to *The Bridge Homeless Recovery Center*.
- Persons living in Collin County will be routed to the Assistance Center of Collin County.
 - Collin County Unaccompanied homeless or runaway youth 24 years or younger will be referred to City House
 - Persons experiencing domestic violence will be referred to Hopes Door New Beginning Center

Homeless Prevention

MDHA CAS will maintain a service directory and inventory of homeless prevention programs within the CoC. This information will be made readily available on the CoC website and persons accessing 211 or the Homeless Crisis Help line will be directed to these resources. Persons who are identified in triage or prescreen and diversion assessments to be at risk of homelessness can be directly referred to homeless prevention providers and are not required to complete the DOPS process and are considered to have participated in the Coordinated Assessment Process.

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Street Outreach

All street outreach providers have access to Coordinated Assessment System tools through the HMIS system. Street outreach teams are critical intake points for unsheltered homeless to be assessed and prioritized for housing using the DOPS process and included on the housing priority list. ESG funded street outreach programs will establish strong relationships with emergency shelter, drop in center and services to quickly identify shelter opportunities. The CoC strongly encourages placement of highly vulnerable unsheltered homeless directly into bridge rapid rehousing and permanent supportive housing upon completion of the prioritization process and following the Housing Priority List procedures.

Emergency Shelter

The CoC encourages emergency shelter services, including all domestic violence services, and drop-in centers to operate with as few barriers to entry as possible. Emergency Shelters will have policies and procedures in place to allow for access to shelter outside of traditional business hours including late evenings and weekends when beds are available. These procedures may include access to hotels when no shelter beds are available.

All Emergency Solutions Grant funded programs will adhere to all non-discrimination and equal access provisions found in Section Thirteen Fair Housing, Equal Opportunity and Non-Discrimination Policies.

Access to emergency shelter or drop in centers does *not* require CAS intake and assessment or DOPS procedures. However, persons that may present at locations other than shelter will be referred to the primary intake agencies that may provide referral access to emergency shelter.

Transitional Housing

The CoC Program utilizes transitional housing programs for youth and victims of domestic violence only. Access to this specialized housing will be coordinated through these subpopulation primary intake access points. The DOPS process should be followed for allocation of these TH beds. Youth agencies should utilize the Youth VI-SPDAT tool. For the new blended TH and RRH programs, the youth participant, regardless of prioritization level shall be offered a choice for which housing type per the program rule. RHY funded programs will adhere to those specific access program rules.

Documentation of Priority Status

The Documentation of Priority Status (DOPS) process provides a systematic method to prioritize persons experiencing homelessness for housing opportunities based on established criteria. These prioritization criteria are detailed on a CoC Board of Director approved "DOPS Matrix." The first eight priorities (P1 through P8) are based on the HUD CPD Notice 16-11 "Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing." The prioritizations shall: 1) establish an order of priority for dedicated and prioritized PSH to ensure that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority; 2)

221 shall establish a recommended order of priority for PSH that is not dedicated or prioritized for chronic
222 homelessness in order to ensure that those persons who do not yet meet the definition of chronic
223 homelessness but have the longest histories of homelessness and the most severe service needs, and
224 are therefore the most at risk of becoming chronically homeless, are prioritized; and 3) shall establish a
225 recommended order of priority for transitional housing, rapid rehousing for persons who are not chronic
226 or at risk of chronic homelessness.

227
228 MDHA will provide DOPS training on a regular basis. All users of the single HMIS system will have access
229 to complete the DOPS process. Agencies that primarily serve victims of domestic violence will have an
230 equivalent process to assure those clients have equal access to CoC Program and ESG funded assistance.

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232 *DOPS Criteria*

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234 The criteria that determine the priority level for CoC Program and Emergency Solutions Grant funded
235 programs are standardized and based on:

- 236
237 1. Homelessness Category (HUD definitions)
238 2. Length of stay in homelessness
239 3. Severity of service needs based on the standardized assessment tool (VI-SPDAT Vulnerability
240 Index - Service Prioritization Decision Assistance Tool)
241 4. Disability

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243 Agency staff will enter clients in the HMIS system completing a HUD entry assessment, attach
244 documentation of homelessness, and disability (if applicable) to the client record in the HMIS and
245 submit DOPS request to MDHA. MDHA CAS DOPS Coordinator will review information and confirm a
246 priority level and add the priority status and date of prioritization to the client HMIS record.

247
248 DOPS Matrix priorities housing match guidelines are stratified across priority levels:

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250 *Priority 1 through 4:* Individuals or families that meet the HUD definition of chronically homeless.
251 Households are recommended and for permanent supportive housing and bridge Rapid Rehousing
252 where the client retains chronic homelessness and awaiting a permanent supportive housing
253 opportunity.

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255 *Priority 5 through 8:* Individuals or families head of households with a documented disability and at risk
256 for chronic homelessness. Households are recommended for non-chronic homeless dedicated
257 permanent supportive housing, rapid rehousing or transitional housing.

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259 *Priority 9 through 12:* Individuals or families that may or may not have a documented disability.
260 Households are recommended for rapid rehousing, transitional housing, or homeless prevention and
261 flexible assistance funds.

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263 *Non-priority:* Individuals or families that only meeting At-Risk of Homeless definition. Households are
264 recommended for diversion case management or homeless prevention.

265
266 The DOPS Matrix will be reviewed at least annually by MDHA and the CoC Assembly. Recommended
267 amendments to the DOPS Matrix will be approved by the CoC Board of Directors.

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269 *Other Housing Prioritization Criteria*

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271 MDHA CAS will work with other institutions that provide non- CoC Program or ESG funded housing to
272 allow for other priority criteria documentation within the HMIS and CAS HPL such as frequent utilization
273 of county jail book-ins or admissions to area hospitals. MDHA will assure the homeless response system
274 agencies clearly understand how other prioritizations are applied and reported and the housing
275 opportunities available for clients falling within these other criteria.

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277 The Coordinated Assessment System, CoC Program Grant or Emergency Solutions Grant funded
278 projects, will not apply screening, assessment or other criteria that screens out persons from such as
279 too little or no income, active or a history of substance abuse, domestic violence history, resistance to
280 receiving services, the type or extent of a disability-related service or supports that are needed, history
281 of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

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283 *Updating a DOPS Priority Status*

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285 Client prioritization status will be reviewed by MDHA CAS and updated if any criteria is changed if not
286 housed after 90 days. Criteria changes may result in a new priority status level. If a client experiences a
287 significant change in criteria before 90 days, agencies can request MDHA re-prioritize the client to a new
288 priority status level.

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290 *Prioritization of Victims of Domestic Violence*

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292 Agencies who provide services and / or shelter to victims of domestic violence will have equal access to
293 prioritizing their clients for housing and receiving housing through CoC and ESG funded programs. To
294 ensure adequate protections of individuals all requests for housing prioritization from domestic violence
295 service and shelter providers will be referenced only by an identifier that is not tied to any personal
296 identifiers such as name or date of birth. This identifier will be supplied by the requesting agency and
297 may be generated from HMIS, if participating, or any other HMIS equivalent system used by requesting
298 agency. All documentation required to determine prioritization status will be faxed directly to the lead
299 CAS agency or sent via encrypted and secure e-mail only to CAS agency staff. Once prioritized the
300 identifier number supplied by the requesting DV agency will be placed on the HPL in place of name, date
301 of birth and any other personal identifying information that would otherwise appear on the HPL. When
302 housing becomes available housing agency will reach out directly to the originally referring agency and
303 provide that agency with the identifier number to begin process of housing.

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306 *DOPS Training*

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308 MDHA CAS staff will provide DOPS training at least monthly.

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310 **Housing Priority List**

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312 MDHA CAS will maintain a centralized housing priority list (HPL) of all clients that have been prioritized
313 in the DOPS process and are awaiting a housing opportunity. The basic process is that street outreach,
314 emergency shelter, and safe haven programs place people on the list and housing providers take
315 housing participants from the list. MDHA will provide regular tracking and reporting of all HPL activity.

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317 The HPL is ordered by Priority Status and length of time on the HPL. The HPL will be updated at least
318 twice per month and posted in a secure manner and accessible by any agency staff that have had HMIS
319 security and privacy training, including Veteran Affairs staff. Program Specific Eligibility HPL reports can
320 be requested from MDHA CAS.

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322 *Prioritizing Permanent Supportive Housing*

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324 CoC Program Grant funded housing programs must offer housing only to clients on the HPL. PSH
325 projects that are dedicated or prioritized beds for the chronically homeless must offer housing to clients
326 working from the highest priority client eligible for the program.

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328 *Prioritizing Bridge Rapid Rehousing*

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330 Bridge Rapid Rehousing is a program specifically targeting chronic and at risk of chronicity homeless,
331 primarily those in an unsheltered living condition. Program participants should be selected in the same
332 manner as for Permanent Supportive Housing, and the participant will remain on the HPL until
333 permanent housing is found.

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335 *Prioritizing Rapid Rehousing*

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337 CoC Program and ESG funded rapid rehousing programs must use the DOPS process for prioritizing
338 participants. Rapid rehousing can be an intervention at all DOPS priority levels based on the level of
339 supports provided by the specific rapid rehousing program. CoC Program funded Rapid Rehousing
340 programs shall seek participants at least beginning at the top of the Priority 6. ESG funded rapid
341 rehousing should not house persons lower than Priority 9.

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343 *Prioritizing Rapid Rehousing for Victims of Domestic Violence*

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345 Victims of Domestic violence are understood to be vulnerable and requiring specific service needs
346 related to safety that may not be reflected in the VI-SPDAT assessment tools. Therefore, the
347 prioritization status for these victims of domestic violence households will be no less that Priority 9, and
348 if the head of household has a documented disabling condition, the household will be no less than a
349 Priority 6.

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351 *Unable to Contact Client*

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353 Agencies must make at least three documented attempts to contact the client within ten business days.
354 If the client is not able to be found, the agency must document the specific attempts to contact and
355 make a case note in the HMIS and inform MDHA CAS staff that the client is unable to be found. The
356 agency will then contact the next client on the list. MDHA CAS staff may conduct due diligence to
357 determine if the client should be removed from the HPL as inactive.

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359 *Client Refuses Housing Opportunity*

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361 If the client is contacted but turns down the housing offer, the agency will work with MDHA CAS staff to
362 identify other possible housing alternatives. If the client continues to decline the housing opportunity,
363 the agency will make an encounter in the HMIS detailing the denial circumstances. The agency will then
364 contact the next client on the list. The client that refused housing is not removed from the HPL.

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Client Accepts Housing Opportunity

When a client is deemed eligible for the program and accepts housing, the agency will enroll the client in the program. When the client achieves the residential move in date, the agency will inform MDHA CAS staff that the client is housed and what program they are enrolled. This will assure that the client is removed from the HPL and the client has an HMIS exit assessment recorded in a timely manner to a permanent supporting housing destination from the originating organization. Programs are encouraged to maintain an enrollment to residential move in date of no more than 60 days.

Housing Priority List Maintenance

MDHA CAS staff will provide DOPS reviews within three business days to assure clients that are prioritized will appear on the HPL as soon as practicable. If documentation of homelessness or disability is incomplete, the DOPS review will remain pending until complete.

The CoC shall regularly review the status of households at the highest priority level to address any significant housing barriers that result in extended time on the HPL.

Inactivating Clients from Housing Priority List

Clients that have remained on the HPL for more than 90 days and have no activity or evidence that they are still homeless within the Continuum of Care will be made inactive, exited from the originating agency and an encounter will be made to the HMIS record detailing the date and reason for removal from the HPL.

Housing Priority List Training

MDHA CAS Staff will provide HPL maintenance training as part of the DOPS training.

Housing Search and Placement

The MDHA CAS team will provide assistance to agencies in identifying rental properties and negotiating with landlords to increase housing opportunities.

Other Provisions and Safety Planning for Victims of Domestic Violence Providers

Diversion at all non-DV shelter and service providers will include questions regarding fleeing domestic violence. If the household is determined to be actively fleeing domestic violence and a referral to the DV access point is considered potentially necessary the non DV service or shelter provider will make connection to the CAS helpline immediately. No personal identifying data for households being referred to the DV access point will be recorded into HMIS or any other database regarding the household until the DV access point assesses for potential risk. If household is enrolled into a protected facility for persons fleeing domestic violence the non DV shelter or service provider will record no data of any kind into HMIS or any other data systems. However, if the household is instead enrolled into the non DV shelter or service provider due to not being found at high enough risk to be placed in DV specific

411 programing then all usual assessments and information collection standards will be followed.
412 Household will have the right to refuse sharing of personal data at any time.

413
414 **Privacy Protections**

415
416 All Coordinated Assessment System documentations are contained within the HMIS record and provided
417 the same Security and Privacy restrictions afforded the HMIS. The Housing Priority List is found on a
418 secure Basecamp project. Only users that have completed HMIS User Training, including security and
419 privacy training, are allowed access to the Basecamp HPL project.

420
421 Disclosures of *specific* disabilities or diagnosis are not required within the DOPS documentation process
422 of disability. Specific diagnosis or disability information may only be obtained for purposes of
423 determining program eligibility to make appropriate referrals (e.g. HIV/AIDS).

424
425 **Section Seven: Written Standards Around CoC Assistance (24 CFR part 578.7(a))**

426
427 **Policy:**

428
429 The CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the
430 geographic area, has established and consistently follows written standards for providing CoC assistance
431 which are incorporated into the coordinated assessment system process. These standards provide
432 guidance for:

- 433
- 434 1. Evaluating individuals' and families' eligibility for assistance under 24CFR Part 578;
 - 435 2. Determining and prioritizing which eligible individuals and families will receive transitional
436 housing assistance;
 - 437 3. Determining and prioritizing which eligible individuals and families will receive rapid rehousing
438 assistance
 - 439 4. Determining what percentage or among of rent each program participant must pay while
440 receiving CoC Program funded rapid rehousing assistance; and
 - 441 5. Determining and prioritizing which eligible individuals and families will receive permanent
442 supportive housing assistance.

443
444 Prioritization guidelines are incorporated into the Coordinated Assessment System policies and
445 procedures in Section Six and are detailed in the Documentation of Priority Status guidelines (DOPS
446 Matrix)

447
448 The CoC will review written standards for assistance and the Coordinated Assessment System on at least
449 an annual basis and will consider input from multiple sources including:

- 450
- 451 • Provider feedback
 - 452 • Program participant feedback
 - 453 • Homeless Response System performance data
 - 454 • Homeless population data
 - 455 • Changes in the housing and service resources available within the CoC.

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Continuum of Care Program Rapid Rehousing Assistance Policy and Procedure

Rapid Rehousing Housing Projects are designed to provide flexible programming that will expedite a household’s ability to become self-sufficient through time-limited rental subsidy programs. The Dallas / Collin County Continuum of Care (CoC) will establish priority population(s) for Rapid Rehousing assistance consistent with HUD Continuum of Care Program NOFA requirements and in accordance with 24 CFR 578.37(a)(1)(ii) guidelines. The CoC will take into consideration recent point-in-time analysis, housing inventory, and unmet need reports when creating the CoC Rapid Rehousing policy and establishing priority population(s) to receive assistance. Subrecipients must follow stipulations established in 24 CFR 578.37(a)(1)(ii) as well as the policies established below and incorporate compliance with all mandatory procedures into their project’s written standards.

CoC Rapid Rehousing Projects are to operate according to a “Housing First” model, in compliance with the Housing First Checklist prescribed by the CoC Policies and Procedures, with the exception that participating families must attend case management appointments at least once per month to remain eligible for Rapid Rehousing assistance.

Summary of Rapid Rehousing Policy

The CoC must determine	TX-600 Policy
Priority population for Rapid Rehousing assistance	<ul style="list-style-type: none">• Families with children• Literally homeless or fleeing domestic violence• Under 50% of HUD Area Median Income
Amount of rent paid by participants	Determined quarterly by case manager and client
Maximum assistance available	Maximum amount of rental assistance according to the Rental Assistance Matrix
Maximum time of assistance	12 months
Maximum times household may participate	Up to two times within a 24-month period, including ESG Rapid Rehousing

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Priority Population for Rapid Rehousing

Continuum of Care funded rapid re-housing programs may only be used for rental assistance and supportive services to families with children who are homeless according to Categories 1 or 4 of the federal definition of homelessness; that is, they must be literally homeless or fleeing domestic violence. Eligible families must be obtained for screening and intake from the CoC’s official Coordinated Assessment System. If the Rapid Rehousing project is not able to locate an eligible family on the Coordinated Access System and are able to obtain written permission from the CoC Lead Agency after performing and documenting due diligence to locate an eligible family, they may serve an individual who is homeless according to Categories 1 or 4 of the federal

487 definition of homelessness.

488

489 CoC Rapid Rehousing program participants' gross household incomes must fall below or equal to 50%
490 of HUD area median income (AMI) to be determined as eligible to receive program assistance. The
491 calculation of gross household income must follow existing Continuum of Care Program
492 Requirements.

493

494 Households which qualify for assistance under category 4 of the HUD definition of homelessness may
495 exceed the initial income eligibility requirement for up to the first three months of assistance with
496 documentation and explanation of the need for such exception.

497

498 *Maximum Program Participation*

499

500 Program participants may participate in a Rapid Rehousing Program within the CoC a maximum of two
501 times over a 24-month period, including participation in an ESG Rapid Rehousing Program,
502 administered by a CoC participating entity.

503

504 ***Continuum of Care Rapid Rehousing Rental Subsidy***

505

506 CoC Rapid Rehousing Program subrecipients must apply subsidy and program assistance in a fair and
507 consistent manner for all clients within the CoC Rapid Rehousing Program. All CoC Rapid Rehousing
508 Program subrecipients must deliver rental subsidies according to the assistance matrix described
509 below. For sub recipients desiring to use CoC rapid re-housing as a bridge to PSH subsidies it is
510 important to note that, according to HUD's Office of Special Needs Assistance Programs, "participants
511 receiving rapid re- housing assistance who met the definition of chronically homeless upon entry into
512 the project may maintain their status as chronically homeless during the period in which they are
513 receiving rapid re- housing assistance. Therefore, these individuals and families remain eligible for
514 PSH units that have been dedicated to serve chronically homeless."

515

516 The Rapid Rehousing program is designed as a flexible assistance program which is dependent upon
517 ongoing case manager and client interaction to develop and determine rental payments. Approval
518 amounts are based on the number of required bedrooms for the individual or family assisted and fair
519 market rent. While clients are approved for an "up-to" assistance time period, not to exceed 12
520 months, there is no set schedule of declining subsidy. Clients are approved for financial assistance up
521 to a specific dollar amount, described in the "Total" columns below, and the amount of monthly
522 rental assistance will be determined by a collaborative conversation between the case manager and
523 the client on a quarterly basis. No waiver of the approval amounts or time limits will be allowed.
524 Subsidy may be adjusted within the quarterly approval period according to need, but total subsidy
525 may not exceed the maximum rental assistance described in the matrix below.

526

527 It is the goal of the Rapid Rehousing program to assist clients for the minimum amount of dollars and

528 time that are required for the client to self-sustain their rental payments. The maximum subsidy
 529 amounts are determined with the understanding that this assistance would not in itself fully fund rent
 530 for the approved time limit. Thus, monthly financial coaching and budgeting is a key component for
 531 success under this program. This rental assistance subsidy model can be used as “bridge housing” to a
 532 more permanent subsidy or as a flexible subsidy to assist households to pay rent without subsidy, as
 533 appropriate to the household’s needs and resources.

534
 535 The maximum rental assistance subsidy for each program participant will be determined according to
 536 the current HUD Fair Market Rent determination for the Dallas, TX HUD Metro Area, as described in the
 537 Rental Assistance Matrix below. Rapid Rehousing projects must update their Rental Assistance Matrix
 538 whenever HUD finalizes new Fair Market Rent standards and apply subsidies according to the updated
 539 matrix for all new participants during that period; thus, at most times, projects will be operating under
 540 two rental assistance matrices at the same time.

541
 542 The rental assistance matrix is designed to apply maximum rental assistance subsidy according to a
 543 declining subsidy model, wherein program participants may receive a total of 10.5 months of rental
 544 assistance across a 12-month period. It is designed to provide assistance in the following stages:

- 545
- 546 • Move-In: two months of rent at the current FMR rate to pay for security deposits and other
 - 547 eligible costs
 - 548 • Months 1-6: 100% rental assistance subsidy
 - 549 • Months 7-9: 50% rental assistance subsidy
 - 550 • Months 10-12: 33% rental assistance subsidy

551
 552 Projects may utilize the formula below to calculate their rental assistance matrix each year. The rental
 553 assistance matrices must be updated in the project’s written standards whenever the HUD Fair
 554 Market Rent changes.

555
 556 Rental Assistance Matrix Formula
 557

Bedroom	Move-In	6 mo. 100%	3 mo. 50%	3 mo. 33%	Total
#	FMR x 2	FMR x 6	FMR x 1.5	FMR x 1	FMR x 10.5

558
 559 Example FY2017 Rental Assistance Matrix
 560

FY 2017 HUD Fair Market Rent					
Bedroom	0	1	2	3	4
Rent	\$689	\$837	\$1,031	\$1,390	\$1,774
FY 2017 CoC Rapid Rehousing Rental Assistance Matrix					
Bedroom	Move-In	6 mo. 100%	3 mo. 50%	3 mo. 33%	Total

0	\$1,378	\$4,134	\$1,034	\$689	\$7,235
1	\$1,674	\$5,022	\$1,256	\$837	\$8,789
2	\$2,062	\$6,186	\$1,547	\$1,031	\$10,826
3	\$2,780	\$8,340	\$2,085	\$1,390	\$14,595
4	\$3,548	\$10,644	\$2,661	\$1,774	\$18,627

561

562 ***Subsidy Communication***

563 Program participants should understand that this subsidy is time-limited and subject to funding
564 availability on a monthly basis, and it is recommended that the subsidy be communicate as such. All
565 leases must be signed in the client’s name and rental payments by the client and project must be
566 made directly to the rental unit owner or manager. If a client is delinquent in paying their agreed-
567 upon share of rent, the project has discretion to terminate financial assistance after project staff
568 members have made documented attempts to intervene.

569

570 ***Effective Date of Implementation***

571 This policy must be implemented into all CoC rapid re-housing projects on or before the HUD FY 2017
572 grant year operating start date for the relevant projects. At that time, all new participants and rental
573 subsidies must comply with this policy and written standards reflect the stipulations herein. Existing
574 participants and subsidies may continue until their assistance is terminated or completed according to
575 the previous version of this policy so as to provide minimal disruption to the program participants’
576 journey to end their homelessness.

577

578 **Section Thirteen: Fair Housing, Equal Opportunity and Non-Discrimination Policies**

579

580 **Policy:** The CoC, CoC Program Grant and ESG recipients and subrecipients and the Coordinated
581 Assessment System shall affirmatively market housing and supportive services to eligible persons
582 regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least
583 likely to apply in the absence of special outreach.

584

585 **Equal Access to Housing and Equal Access in Accordance to Gender Identity**

586

587 In accordance with the HUD Equal Access in Accordance with Gender Identity Final Rule and the Equal
588 Access to Housing Final Rule, all HUD Community Planning and Development funded programs,
589 including CoC, ESG, and HOPWA funded programs, shall be eligible to individuals and families regardless
590 of sexual orientation, gender identity, or marital status. CoC Program, ESG and HOPWA recipients and
591 subrecipients, as well as owners, operators, and managers of shelters, and other buildings and facilities
592 and providers of services funded in whole or in part by any HUD Community Planning and Development
593 program shall grant equal access to such facilities, and other buildings and facilities, benefits,
594 accommodations and services to individuals in accordance with the individual's gender identity, and in a
595 manner that affords equal access to the individual's family.

596

597 The CoC ensures equal access to individuals in accordance with their gender identity in programs and
598 shelter funded under programs administered by HUD's Office of Community Planning and Development
599 (CPD) including CoC Program, ESG, and HOPWA programs.
600

601 **ESG Program Assistance**

602
603 ESG recipients and subrecipients shall adhere to the equal opportunity and affirmative outreach
604 requirements contained at 24 CFR 576.407 (a) and (b):
605

606 (a) General. The requirements in 24 CFR part 5, subpart A are applicable, including the
607 nondiscrimination and equal opportunity requirements at 24 CFR 5.105(a) and the housing
608 counseling requirements at 24 CFR 5.111. Section 3 of the Housing and Urban Development Act
609 of 1968, 12 U.S.C. 1701u, and implementing regulations at 24 CFR part 135 apply, except that
610 homeless individuals have priority over other Section 3 residents in accordance with §
611 576.405(c).
612

613 (b) Affirmative outreach. The recipient or subrecipient must make known that use of the
614 facilities, assistance, and services are available to all on a nondiscriminatory basis. If it is unlikely
615 that the procedures that the recipient or subrecipient intends to use to make known the
616 availability of the facilities, assistance, and services will reach persons of any particular race,
617 color, religion, sex, age, national origin, familial status, or disability who may qualify for those
618 facilities and services, the recipient or subrecipient must establish additional procedures that
619 ensure that those persons are made aware of the facilities, assistance, and services. The
620 recipient and its subrecipients must take appropriate steps to ensure effective communication
621 with persons with disabilities including, but not limited to, adopting procedures that will make
622 available to interested persons information concerning the location of assistance, services, and
623 facilities that are accessible to persons with disabilities. Consistent with Title VI and Executive
624 Order 13166, recipients and sub recipients are also required to take reasonable steps to ensure
625 meaningful access to programs and activities for limited English proficiency (LEP) persons.
626
627
628

629 The CoC, ESG Grantees and Recipients, and the Coordinated Assessment System shall adhere to all Fair
630 Housing, Equal Opportunity and Nondiscrimination practices outlined in 24 CFR 578.93.
631

632 (a) *Nondiscrimination and equal opportunity requirements.* The nondiscrimination and equal
633 opportunity requirements set forth in 24 CFR 5.105(a) are applicable.
634

635 (b) Housing for specific subpopulations. Recipients and sub recipients may exclusively serve a
636 particular homeless subpopulation in transitional or permanent housing if the housing addresses
637 a need identified by the Continuum of Care for the geographic area and meets one of the
638 following:
639

640 (1) The housing may be limited to one sex where such housing consists of a single
641 structure with shared bedrooms or bathing facilities such that the considerations of
642 personal privacy and the physical limitations of the configuration of the housing make it
643 appropriate for the housing to be limited to one sex;
644

645 (2) The housing may be limited to a specific subpopulation, so long as admission does
646 not discriminate against any protected class under federal nondiscrimination laws in 24
647 CFR 5.105 (e.g., the housing may be limited to homeless veterans, victims of domestic
648 violence and their children, or chronically homeless persons and families).

649 (3) The housing may be limited to families with children.

651 (4) If the housing has in residence at least one family with a child under the age of 18,
652 the housing may exclude registered sex offenders and persons with a criminal record
653 that includes a violent crime from the project so long as the child resides in the housing.
654

655 (5) Sober housing may exclude persons who refuse to sign an occupancy agreement or
656 lease that prohibits program participants from possessing, using, or being under the
657 influence of illegal substances and/or alcohol on the premises.
658

659 (6) If the housing is assisted with funds under a federal program that is limited by
660 federal statute or Executive Order to a specific subpopulation, the housing may be
661 limited to that subpopulation (e.g., housing also assisted with funding from the Housing
662 Opportunities for Persons with AIDS program under 24 CFR part 574 may be limited to
663 persons with acquired immunodeficiency syndrome or related diseases).
664

665 (7) Recipients may limit admission to or provide a preference for the housing to
666 subpopulations of homeless persons and families who need the specialized supportive
667 services that are provided in the housing (e.g., substance abuse addiction treatment,
668 domestic violence services, or a high intensity package designed to meet the needs of
669 hard-to-reach homeless persons). While the housing may offer services for a particular
670 type of disability, no otherwise eligible individuals with disabilities or families including
671 an individual with a disability, who may benefit from the services provided may be
672 excluded on the grounds that they do not have a particular disability.
673

674 (c) Affirmatively furthering fair housing. A recipient must implement its programs in a manner
675 that affirmatively furthers fair housing, which means that the recipient must:
676

677 (1) Affirmatively market their housing and supportive services to eligible persons
678 regardless of race, color, national origin, religion, sex, age, familial status, or handicap
679 who are least likely to apply in the absence of special outreach, and maintain records of
680 those marketing activities;
681

682 (2) Where a recipient encounters a condition or action that impedes fair housing choice
683 for current or prospective program participants, provide such information to the
684 jurisdiction that provided the certification of consistency with the Consolidated Plan;
685 and
686

687 (3) Provide program participants with information on rights and remedies available
688 under applicable federal, State and local fair housing and civil rights laws.
689

690 (d) Accessibility and integrative housing and services for persons with disabilities. Recipients and
691 sub recipients must comply with the accessibility requirements of the Fair Housing Act (24 CFR
692

693 part 100), Section 504 of the Rehabilitation Act of 1973 (24 CFR part 8), and Titles II and III of the
694 Americans with Disabilities Act, as applicable (28 CFR parts 35 and 36). In accordance with the
695 requirements of 24 CFR 8.4(d), recipients must ensure that their program's housing and
696 supportive services are provided in the most integrated setting appropriate to the needs of
697 persons with disabilities.

698
699 (e) Prohibition against involuntary family separation. The age and gender of a child under age 18
700 must not be used as a basis for denying any family's admission to a project that receives funds
701 under this part.

702
703 **Coordinated Assessment System - Marketing**

704
705 The Coordinated Assessment System process for equal access shall include:

706
707 a. The CoC shall market CAS on the MDHA website and present public disclosure notices at
708 access points that indicate that the process is available to all eligible persons regardless of race,
709 color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual
710 orientation, gender identity, or marital status. MDHA shall maintain a supply of HUD fair
711 housing, equal access, and other informational posters for distribution to all homeless service
712 providers.

713
714 b. CAS information shall be accessible through all homeless response system agencies entry
715 points, hyperlinks on internet resources, email, text, phone, and 2-1-1 throughout the CoC's
716 geographic area and shall be accessible to all persons including people experiencing chronic
717 homelessness, veterans, families with children, youth, and survivors of domestic violence.

718
719 c. Marketing and Communication for individuals with disabilities. Persons accessing the CAS
720 requiring assistance in communication shall be provided assistance through appropriate
721 auxiliary aids and services necessary to ensure effective communication, which includes
722 ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille,
723 audio, large type, assistive listening devices, and sign language interpreters. The MDHA Flexible
724 Assistance Funds can be accessed to provide special communication needs where needed. All
725 physical access points including emergency shelters will be accessible physical locations for
726 individuals who use wheelchairs, as well as people in the CoC who are least likely to access
727 homeless assistance.

728
729 d. The CAS Access points will take reasonable steps to ensure the process can be accessed by
730 persons with Limited English Proficiency (LEP). The MDHA Flexible Assistance Funds can be
731 accessed to provide interpreter services.

732
733
734 **Coordinated Assessment System - Non-Discrimination**

735
736 The CoC shall operate the Coordinated Assessment System that permits recipients of Federal
737 and State funds to comply with applicable civil rights and fair housing laws and requirements.
738 Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply
739 with the nondiscrimination and equal opportunity provisions of Federal civil rights laws,
740 including the following:

- 741
742 a. Fair Housing Act prohibits discriminatory housing practices based on race, color, religion,
743 sex, national origin, disability, or familial status.
744 b. Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under
745 any program or activity receiving Federal financial assistance.
746 c. Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national
747 origin under any program or activity receiving Federal financial assistance.
748 d. Title II of the Americans with Disabilities Act prohibits public entities, which includes State
749 and local governments, and special purpose districts, from discriminating against individuals
750 with disabilities in all their services, programs, and activities, which include housing, and
751 housing related services such as housing search and referral assistance.
752 e. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and
753 operate places of public accommodation, which include shelters, social service
754 establishments, and other public accommodations providing housing, from discriminating
755 on the basis of disability.

756 MDHA, in its role as collaborative applicant will require CoC Program and ESG Program funded
757 projects to present their agencies policies and procedures detailing compliance with the
758 nondiscrimination and equal opportunity provisions during application for funding or during
759 annual monitoring and evaluation.

760 **Filing a Non-Discrimination Complaint**

761 All CoC Program and ESG Funded program recipients and sub-recipients must inform
762 participants of how to file a discrimination complaint. MDHA will maintain a stock of posters and
763 notices providing complaint information that can be clearly displayed at provider locations and
764 brochures for download and printing to be distributed to program participants upon enrollment.

DOPS Matrix V.4 **DRAFT**

Documentation of Priority Status - January 12, 2018

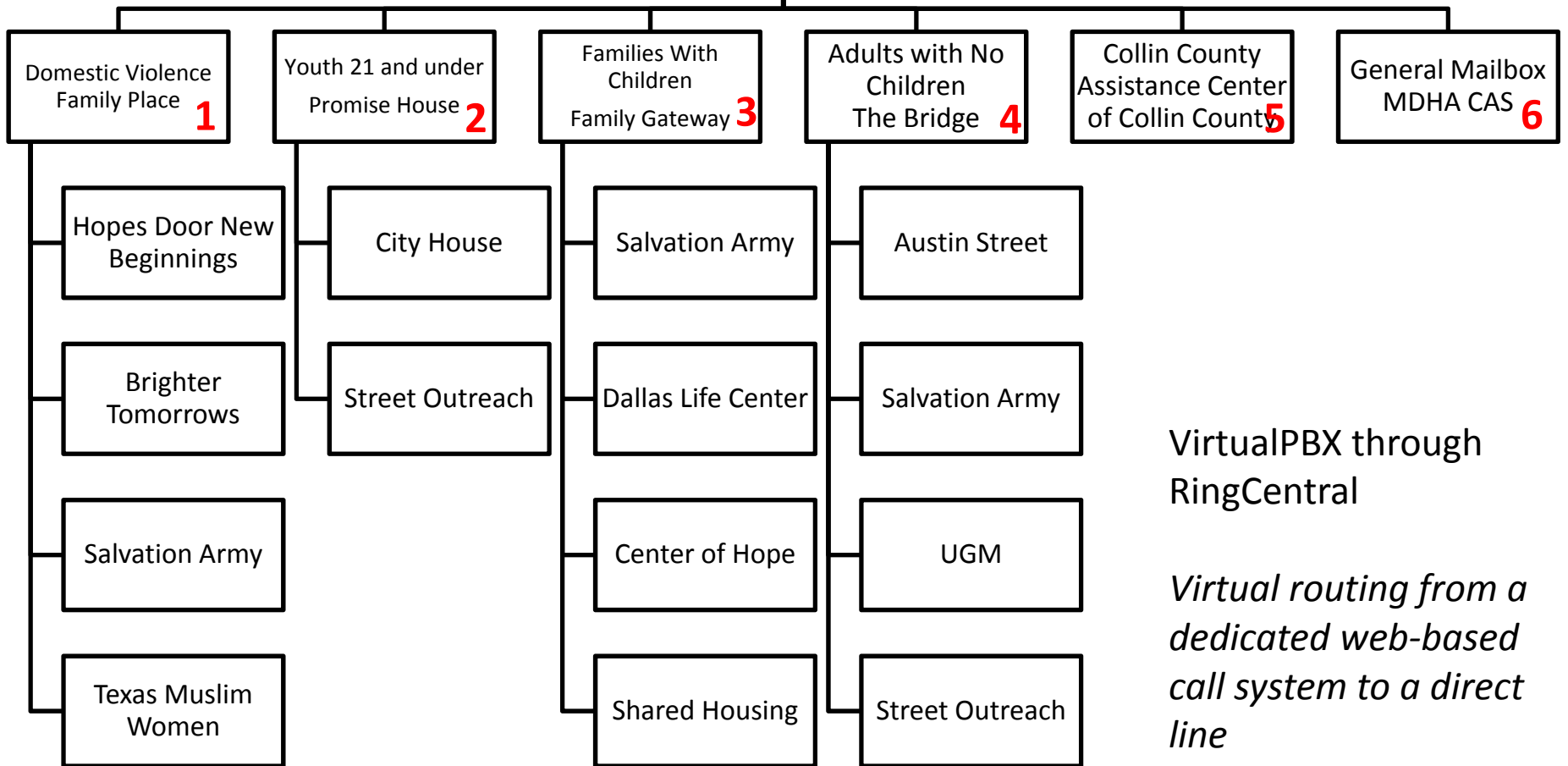
Housing Intervention	Priority Status	Homeless Category	Length of Stay in Homelessness	Where Experience Homelessness	Severity of Service Needs	Documented Disability
MANDATED: Dedicated or Prioritized Chronic CoC Program Funded PSH OPTIONAL: Rapid Rehousing Bridge Housing (HCC) Other Non-CoC Funded PSH Adopting DOPS CoC Rapid Rehousing Safe Haven	1	Chronic - Individual or HHLd with Children	> 12 Months Continuous OR Total of at least 4 Episodes Total > 12 months in 3 years	UN, ES, SH	High = VI-SPDAT Score of 8 or greater	Yes
	2	Chronic - Individual or HHLd with Children	> 12 Months Continuous OR Total of at least 4 Episodes Total > 12 months in 3 years	UN, ES, SH	Moderate = VI- SPDAT score of 4-7:	Yes
	3	Chronic - Individual or HHLd with Children	Total of at least 4 Episodes Total = > 12 months in 3 years	UN, ES, SH	High = VI-SPDAT Score of 8 or greater	Yes
	4	Chronic - Individual or HHLd with Children	Total of at least 4 Episodes Total = > 12 months in 3 Years	UN, ES, SH	Moderate = VI- SPDAT score of 4-7	Yes
MANDATED MINIMUM Non-Dedicated or Prioritized Chronic CoC Program Funded PSH OPTIONAL: CoC Funded Rapid Rehousing CoC Funded Transitional Housing Safe Haven	5	Category 1 - Individual or HHLd with Children	Any Length of Stay OR = < 90 Days Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	High = VI-SPDAT Score of 8 or greater	Yes
MANDATED MINIMUM: CoC Funded Rapid Rehousing OPTIONAL: CoC Funded Transitional Housing Safe Haven	6	Category 1 or 4 - Individual or HHLd with Children	> or = 6 Months Continuous OR at least 3 episodes in 3 years > = 6 Months OR = < 90 Days in Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	Moderate = VI- SPDAT score of 4-7	Yes
OPTIONAL: CoC Funded Transitional Housing Safe Haven	7	Category 1 - Individual or HHLd with Children	Any time > 30 days OR = < 90 Days Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	Moderate VI-SPDAT score of 4-7	Yes
	8	Category 1 - Individual or HHLd with Children	<i>Any Length of Stay > 14 days</i>	TH IF previous UN, ES, or SH (<i>dependent on funding source CoC or ESG</i>)	Moderate VI-SPDAT score of 4-7	Yes

MANDATED MINIMUM: ESG Funded Rapid Rehousing	9	Category 1 or 4 HHLD with Children	<i>Any Length of Stay</i>	UN, ES, SH	Low = VI-SPDAT 0 - 3	Not required. Collect documentation if available
	10	Category 1 or 4 Individual	<i>Length of Stay > 14 days</i>	UN, ES, SH	Low = VI-SPDAT Score 0 - 3	Not required. Collect documentation if available
OPTIONAL: CoC Funded Transitional Housing	11	Category 1 or 4 HHLD with Children	<i>Any Length of Stay</i>	UN, ES, SH	Required for CoC Funded TH Only Any Score	Not required. Collect documentation if available
	12	Category 1 or 4 Individual	<i>Length of Stay > 14 days</i>	UN, ES, SH	Required for CoC Funded TH Only Any Score	Not required. Collect documentation if available
Diversion Homeless Prevention Housing Search Assistance	NP1	At-Risk of Homelessness Family / Category 1 or 4 Individual	Primary nighttime residence lost within 14 days OR Category 1 Homeless with Length of Stay < 14 days	No Subsequent residence identified and no social networks to obtain permanent housing OR ES	Not Required	Not required. Collect documentation if available
	NP2	At-Risk of Homelessness Any Household	Primary nighttime residence will be lost within 21 days	Meet any At Risk of Homelessness Criteria	Not Required	Not required. Collect documentation if available
OPTIONAL: ESG Funded Homeless Prevention						

Information and Referral and Access Points



Homeless Crisis Help Line
888-411-6802



COC Policy & Procedure Amendment Feedback

Line 46-41: Suggest a monitoring team be put in place, especially at implementation, to ensure that the new system is being adhered to, is working, and agencies/staff feel supported by the CoC as they make the difficult and challenging changes. Suggest training be handled like HMIS training and security process, policy, and protocol, such as having site visit, etc.

RESPONSE: It is the intent of MDHA to ask the CoC Board to create a CAS Committee made up of a subset of the CAS Taskforce to monitor CAS implementation and functioning. Additionally, MDHA we will provide monthly training opportunities similar to HMIS training schedule to go over implementation and HPL / DOPS process, policy and protocol.

Line 77 – 88: would like to see call tracking and assessment tools embedded in Iris, so that we can begin logging clients seeking services at the “front door” this will create more uniformity, better data, etc.

RESPONSE: Incorporating into IRIS these assessments tools may be incorporated into IRIS at a later date.

Line 100-105: Concerned about our current CAS Access Model, it seems to contradict the uniqueness of having specialized sites per population;

RESPONSE: HUD CPD Notice allows local communities to design its access models but clearly states the expectation that different populations have equal access to services. The CAS effort is to assure that a client is not supposed to bear the burden of figuring out where access is, but that the homeless response system, regardless of initial contact by the client, will have the capacity and information to guide the client quickly to the best source for services based on the most basic demographic or subpopulation status.

138-141: It says that intake agency’s will provide proper auxiliary aides and services necessary to ensure effective communication. The examples that they have seem to be only tools to service those that might have a visual or audio impairment. My question is, is MDHA going to supply maybe a translation helpline of some sort for those whose primary language is not English. And on this note, will the IRIS and MDHA forms be translated to other languages as well?

RESPONSE: As needed MDHA can assist with language services/translation services as needed through a contracted agency. This statement has been included in the policy document: *“MDHA CAS can assist with access to auxiliary aides through HUD CAS or Flexible Assistance Fund resources.”*

165-172: it states the Homeless Crisis Help line will direct callers to homeless prevention providers. Who are the providers? Will there be an easily accessible master list of referral partners that is regularly updated for all access points?

RESPONSE: Homeless prevention resources are very scarce. Information regarding prevention Resources (rental assistance arrearages, etc.) will be maintained by MDHA website, 211. There is no guarantee that the Homeless Crisis Help Line will supply the homeless prevention resource. Primary Access Points will be facilitated with as much information as possible as it is known at the time of client request.

Line 232: P6 are for CoC Funded RRH, however currently for RRH there is no stipulation on a disability or not. In the proposed DOPS Matrix there must be a documented disability. This seems to be putting the same group of clients for PSH in RRH. This is a concern, because RRH does not offer the same level of intense case management as PSH. Under "DOPS criteria" it lists the steps for a client to be DOPS however, it does not list that we should wait to conduct eh VI-SPDAT until after a minimum of 3 shelter/access point encounters. I know this prolongs the process for a client to be DOPS, but I believe this better helps the client be prioritize correctly.

RESPONSE: RRH is a housing intervention that can be utilized at all Priority Levels. P6 – P8 are heads of households with a disability but lower vulnerability and short lengths of stay in homelessness. P6 represents a starting point on the Housing Priority List and CoC funded RRH should beginning at this level on the HPL and work down through the list if identifying an eligible family. Yes, there is overlap to assure that the CoC has established priorities to achieve the goal of ending chronic homelessness and housing persons with disabilities that are at risk of becoming chronically homeless but for length of stay in homelessness. We will look at adding the following verbiage or something similar to the document: *"If there are no potential participants for CoC Program funded Rapid Rehousing located at the Priority 6 level CoC funded Rapid Rehousing providers may document the lack of Priority 6 eligible participants on the Housing Priority List and proceed to lower Priority levels starting at the top of the next highest Priority level, example: move down to Priority 7."* By following this we will ensure we prioritize those families with highest need but if none present as such it allows a program to move through the HPL to lower priority families including those without disability lower down the matrix.

**Metro Dallas Homeless Alliance
Budget 2018**

Budget	Budget By Class												
	CoC Planning		HMIS			CAS					DEV		
	Annual	Grant	Other	Grant	Admin	Other	CAS	Flex Admin	CAS Admin	Flex Funds	Other	Funding	Admin
Contributed income													
Foundations - Unrestricted	125,000											125,000	
Foundations - Restricted	115,500									112,500	3,000		
Corp / Organ - Unrestricted	23,500											23,500	
Corp / Organ - Restricted	22,500									18,000	4,500		
MDHA Flex Fund	14,582								14,582				
Individuals	31,000											31,000	
Membership	7,500											7,500	
Event Income - Case Manager of the Year	10,000		10,000										
Contributed income	349,582	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ 14,582	\$ -	\$ 130,500	\$ 7,500	\$ 187,000	\$ -
Program service / Grants													
HMIS													
HUD Reimbursement for HMIS	434,276			410,457	23,819								
HMIS USER fees	152,300					152,300							
CAS	336,320						314,364	1,992	19,964				
COC Planning HUD Grant	494,649	494,649											
United Way Grant													
MDHA Training Fees	1,000	1,000											
Local Government Support													
Total Program service / Grants	1,418,545	\$ 495,649	\$ -	\$ 410,457	\$ 23,819	\$ 152,300	\$ 314,364	\$ 1,992	\$ 19,964	\$ -	\$ -	\$ -	\$ -
In-Kind Inc (Accounting/Legal/Rent)	59,659		15,847			15,921					19,016	2,685	6,190
Misc (inc. Pebbles)	1,200												1,200
Interest	24												24
Total Revenues	1,829,010	\$ 495,649	\$ 25,847	\$ 410,457	\$ 23,819	\$ 168,221	\$ 314,364	\$ 16,574	\$ 19,964	\$ 130,500	\$ 26,516	\$ 189,685	\$ 7,414
Expenses													
Personnel (inc. wages, tax, benefits & WC)	1,204,111	385,728		275,546	23,819		279,050	16,574	11,825			67,846	143,724
Contract and Professional Fees													
Admin Audit & 990	21,600	8,455		7,002	406		5,363	34	341				
Admin Internal Tech - Simplistic IT	9,000		3,498				2,715					2,788	
CAS Family Gateway Intake I&R	62,250						62,250						
CAS Ready to Rent	7,500										7,500		
CoC Best Practice Trainings	3,000	3,000											
CoC Chisolm Trail - VISTA	2,500	2,500											
CoC Leadership Retreat Consulting	43,000	43,000											
CoC Savannah Ware - GPS Maps	1,500	1,500											
CoC Simtech - PIT	7,749	7,749											
HMIS PCCI	125,000			125,000									
Bank & Fin Svc (inc. Bank, PayPal and Payroll fees)	2,900		1,127			875						898	
In-Kind Exp (Accounting/Legal/Rent)	59,659		15,847			15,921					19,016	2,685	6,190
Insurance	6,736		2,618			2,032					2,087		
Supplies (inc misc & Rental Assist)	13,895		5,400			4,191					4,304		
Postage	840		326			253					260		
Printing	10,000		3,886			3,016					3,098		
Membership & Subscription	1,078		419			325					334		
Expendable Equip (aka supplies)	3,300		1,282			995					1,022		
Communications													
Internet /WEB													
Basecamp	1,200	600					600						
Symantic	724			223	14		234	2	11			40	37
Survey Monkey	780	174		241	15		252	2	12			43	40
National Tele	606	135		187	12		196	2	9			34	31
Time Warner	5,890	1,316		1,817	113		1,904	18	91			326	305
Verizon	3,120			1,596			1,524						
GO TO MTG	588	588											
GODADDY & Adobe	324											324	
Other - Real Time	1,128	252		348	22		365	3	17			62	58
Telephone - Verizon & Ring Central & Emp Reim													
Ring Central	787	176		243	15		254	2	12			44	41
Verizon	4,335		316	1,127		245	2,394				252		
Emp Reimbursement	4,776	2,148	583			452	888				465	240	
Misc expenditures	300	67		93	6		97	1	5			17	16
Travel - Flight, Lodging & Meals	3,160		3,160										
Travel - Registration	4,703	4,203											500
Local - Mileage	6,587	1,005	56	568		43	4,234				45	636	
Local - (CoC Leadership Retreat Catering)	5,000	5,000											
Local - Hospitality	2,684		600			880					917	149	139
MDHA Training Sessions	2,400	2,400											
Advertising & Promo	1,088											1,088	
MDHA Flex Fund	130,500									130,500			
Depreciation	17,890	3,997		5,519	343		5,784	55	276			991	925
Utilities/Occupancy	8,280		2,199				2,210					2,639	859
Event Expenses - Case Manager of the Year	5,000		5,000										
Total expenses	1,797,467	\$ 474,155	\$ 46,317	\$ 419,509	\$ 24,765	\$ 34,154	\$ 365,388	\$ 16,695	\$ 12,598	\$ 130,500	\$ 45,625	\$ 74,897	\$ 152,865
NET INCOME (LOSS)	31,543	\$ 21,494	\$ (20,471)	\$ (9,052)	\$ (946)	\$ 134,068	\$ (51,024)	\$ (121)	\$ 7,366	\$ -	\$ (19,108)	\$ 114,788	\$ (145,451)
NET INCOME (LOSS) INC. Admin & Fund Raising	31,543	\$ 9,577	\$ (20,471)	\$ (17,564)	\$ (1,682)	\$ 134,068	\$ (59,645)	\$ (633)	\$ 7,001	\$ -	\$ (19,108)	\$ (0)	\$ (0)