Due to the COVID-19 stay-at-home restrictions, System Coordination Committee meetings will be held via zoom.

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Meetings are public. Homeless and formerly homeless Alameda County residents are encouraged to attend. Public Comment will be taken at the beginning of each meeting and is limited to 2 minutes per person. Click here to learn more about the public participation policy.

1. Welcome/ Introductions (Kate) 2:00 - 2:10pm
   a. Check-in

2. Public Comment (Ja’Nai) 2:10 - 2:20pm
   a. Public comment
   b. Reading of written comments submitted, if any

3. Staff Report (Ja’Nai/ Chelsea) 2:20 - 2:35pm
   a. Staffing Updates
   b. Governance Drafting Updates/ Discussion
      i. Subcommittee Size and Composition

4. Urgent Items (Kate) 2:35 - 2:45pm

5. Discussion Items (Kate/Ja’Nai) 2:45 - 3:55pm
   a. Homeless System Updates (All)
   b. Coordinated Entry 2.0 Updates (Marta)
   c. Dedicated Affordable Housing Workgroup Update (Kerry)
   d. ESG-CV Policy Expansion (TBD)
   e. 2021 C.E. Evaluation (Ja’Nai)
      i. Format/ Timeline
6. **Conclusion (Ja’Nai)** 3:55 - 4:00pm

   a. Upcoming Agenda Items

   b. Next meeting scheduled for June 9th, 2021 2:00-4:00pm
JANUARY 1, 2020

COORDINATED ENTRY EVALUATION
FIRST ANNUAL

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Contents

Acknowledgements .................................................................................................................. 2
Introduction and Highlights ................................................................................................. 2
Key Themes from Participant Focus Groups and Interviews ................................................... 5
  Coordinated Entry Process ................................................................................................. 5
  “Someone needs to take a personal interest.” ....................................................................... 7
  Participant Recommendations for Supporting People Experiencing Homelessness .......... 8
Key Themes from Providers Process Evaluation of Coordinated Entry .................................. 10
  Assist the Whole Spectrum of People with A Housing Crisis ........................................... 10
  Provide Inventory-Based, Real-Time Answers at the First Contact ..................................... 10
  Launch Coordinated Entry 2.0 ............................................................................................ 10
  Continue Extensive Investment with Simplified Reimbursement ........................................ 11
  Make HMIS Support Coordinated Entry and Provide Data .................................................. 11
  Use Data to Understand Outcomes and Adjust CE Accordingly .......................................... 11
  Manage the System ............................................................................................................. 11
  Support Staff Development Via Training ............................................................................ 12
Prioritization Analysis: October 2017 through June 30, 2019 ............................................. 13
  Housing Status .................................................................................................................. 13
  The By Name List: Demographics ...................................................................................... 14
  Prioritization ...................................................................................................................... 14
    Subpopulations ................................................................................................................ 15
  Racial and Ethnic Disparities .............................................................................................. 18
  Regional Distribution .......................................................................................................... 20
  Matching ............................................................................................................................. 21
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- Bay Area Community Services provided compensation to homeless and formerly homeless contributors to the Participant Focus Groups.
- The City of Oakland funded Aspire Consulting to conduct and author the Provider Process Evaluation of Coordinated Entry.

Introduction and Highlights

The Oakland, Berkeley, Alameda County Continuum of Care fully launched its coordinated entry system in January 2018, implementing a standardized process that begins with access through 211 and street outreach; regional Housing Resource Centers (HRC) that administer screening, housing problem solving, and assessment; and continues with prioritization, matching and referral to regional resources such as rapid re-housing, housing navigation, transitional housing and emergency shelter at the HRC and prioritization, matching, and referral to system-wide resources such as permanent supportive housing at Home Stretcher.

This document completes the first annual evaluation of the coordinated entry system in the Oakland, Berkeley, and Alameda County Continuum of Care in fulfillment of the requirements laid out in the Coordinated Entry Management and Data Guide published by HUD in October 2018. System Coordination Committee directed EveryOne Home to complete the evaluation in coordination with the Results Based Accountability Committee, but with no dedicated resources. Given the resource intensive requirement to collect and analyze input from coordinated entry providers and participants, System Coordination Committee and the CoC Board should dedicate resources to the annual evaluation of coordinated entry.

The evaluation includes four parts:

- The Summary of Key Themes from the Participant Focus Groups draws upon qualitative data collected through two focus groups and a set of interviews about the coordinated entry process
with coordinated entry system participants. These opportunities for participant feedback took place October 23, 2019 in Berkeley, October 24, 2019 in Fremont, and October 25, 2019 in Oakland. In all, 25 people participated. 82% of participants were African American or Black, and 18% were white.

- A summary of key themes from the *Providers Process Evaluation of Coordinated Entry* reflects a large and small group discussion by coordinated entry service providers and funders of the coordinated entry process. This opportunity for provider feedback took place on October 15, 2019 at Oakland City Hall.

- An analysis of administrative data from HMIS and the By Name List Report provides insight into how the prioritization tool is working, including discussion of demographics, subpopulations, and matching. The *Prioritization Analysis* looks all households assessed from the launch on October 20, 2017 through June 30, 2019.

- The *Coordinated Entry Self-Assessment* is a standard form provided by HUD. A working group of the System Coordination Committee completed the self-assessment and presented it to System Coordination Committee for discussion. It was finalized by the System Coordination Committee in June 2019.

Together, the four parts of the evaluation illuminate where the coordinated entry system is working well and where it warrants improvement, as well as enhancements to be developed.

Areas of coordinated entry that are working well and should be expanded upon:

- With only a few exceptions, the Participant Focus Groups emphasized that staff are respectful, helpful, and trustworthy in the services they provide to people experiencing homelessness.

- The Providers Process Evaluation of Coordinated Entry highlighted the need to continue extensive investments in problem solving, flexible funds for homelessness and prevention, housing navigation, and tenancy sustaining resources.

- The Prioritization Analysis shows that the prioritization framework is working well to identify the most vulnerable households across household compositions, veterans, transition aged youth, seniors, race, and ethnicity.

- The Coordinated Entry System Self-Assessment showed many areas of growth and improvement in the past year, including increased language access, walk in hours and direct telephone access to housing resource centers, and more unified policies for rapid re-housing programs.

Improving coordinated entry involves:

- Cultivating trustworthy and knowledgeable front-line staff who can accompany a homeless household through the process is a significant need identified in the Participant Focus Groups.
This involves developing consistent messaging to be used across all providers, as well as enhancing training opportunities, expanding HMIS access and adoption, setting realistic caseloads and retaining staff to do this critical work.

- Assisting all people who are experiencing homelessness, not just the highest need households, was a primary theme from the Providers Process Evaluation of Coordinated Entry, including increasing staff capacity both in terms of training and caseload to support problem solving conversations. The Providers Process Evaluation of Coordinated Entry also raised the need to provide participants with inventory-based, real time information about their prioritization score, likelihood of being matched and referred to resources, as well as the crisis resources available at the time.

- Maintaining a by name list that is up to date with active households and ensuring that PSH and RRH resources are being matched and referred through a consistent coordinated entry process were two of the most important challenges raised in the Prioritization Analysis.

- Improving coordination with the domestic violence services system; developing HMIS to track inventory, matching and referrals; integrating prevention resources are key areas that the Coordinated Entry System Self-Assessment identified for improvement.

What needs to be developed:

- More deeply affordable housing. This was the resounding message communicated by the Participant Focus Groups. Without adequate permanent housing resources, coordinated entry does not make sense and cannot end homelessness.

- A coordinated entry management entity to address operational needs such as:
  - Improving coordination and consistent communication within the homeless crisis response system and to participants as detailed in the Providers Process Evaluation of Coordinated Entry and Participant Focus Groups.
  - Developing grievance policies and procedures, notifying coordinated entry participants of their ability to file a nondiscrimination complaint, creating an ombudsman role as was discussed in the CE Self-Assessment and the Participant Focus Groups.
  - Standardizing access, assessment, matching processes as discussed in the CE Self-Assessment and Providers Process Evaluation of Coordinated Entry.
  - Homelessness prevention resources that are closely targeted to the people most likely to become homelessness was a priority from the CE Self-Assessment.
Key Themes from Participant Focus Groups and Interviews

To obtain feedback on the coordinated entry process, EveryOne Home worked with the three coordinated entry zone coordinators: City of Berkeley, City of Oakland, and Abode Services. Three opportunities for participant feedback took place in October 2019. A focus group in Berkeley brought together 5 homeless or formerly homeless participants in coordinated entry. Three of the five participants were African American or Black, and two were white. In Oakland, 18 currently or formerly homeless persons gathered for a focus group. Seventeen of the 18 participants were African American or Black, and one was white. In Berkeley and Oakland, Bay Area Community Services provided lunch and compensated participants with gift cards.

The service context in Fremont—a church where Abode’s mobile crisis van offers services and volunteers provide a warm meal—was less conducive to a formal focus group. Instead EveryOne Home staff conducted short interviews with 5 currently homeless persons. Two of the interviewees were African American or Black, and three were white.

The focus group and interviews explored the coordinated entry process—access, screening, assessment, prioritization, matching, and referral—with the aim of answering three central questions:

- What aspects of coordinated entry are working well?
- What aspects of coordinated entry aren’t working well?
- What is not currently part of coordinated entry and should be developed?

The following summary themes emerged across the three feedback opportunities.

Coordinated Entry Process

The term, “coordinated entry” resonated for only a handful of participants as the name for the process of housing crisis response system access, screening, assessment, prioritization, matching and referral. More often participants described their experience of the coordinated entry process in terms of their relationship with the service provider and staff person(s) they work with most closely.

211 and street outreach were the most common ways participants reported accessing coordinated entry. Most participants reported having been assessed, although the assessment itself did not stand out. Participants remembered, “a series of questions, nothing out of the ordinary,” “a lot of questions,” and “filling out a lot of paper for a job and housing.”
Several participants expressed support for the values articulated in prioritization: “I agree with the idea of putting knowledge to work to help the most vulnerable,” “I appreciate the thoroughness, [the staff was] very courteous. Gave me a lot of hope that I was going to get housed.” Another participant offered that, “the assessment could be longer and more comprehensive to understand the people” and their needs.

Others struggled to reconcile the day to day hardships of homelessness with the slow pace and limited resources available through coordinated entry. “Homelessness,” reported a mother living in a car with her adult son, “it’s like working all day long,” to meet basic needs, attend appointments, and obtain paperwork. And for this household, coordinated entry offers no end in sight: “I don’t know what number we are, but by the time they get to us, it will be years from now. I don’t get it, I don’t understand.” This conversation distilled the hopelessness of needing help from a system that has insufficient resources.

Many participants described themselves and coordinated entry staff people as confronting a common problem: “Everyone we work with has been really awesome. It is more of an infrastructure thing. If there’s no infrastructure [of housing] then there’s not much they [the staff] can do.” And, “I’ve seen the politics behind gentrification and when people analyze it, there’s not much [the staff] can do about it.” Despite all the new construction in Alameda County, “it’s all condos and luxury that we can’t afford.” In sum: “the main issue is that we don’t have enough housing that is affordable,” and more specifically, that there is not enough housing that is deeply affordable.

The lack of affordability narrowly circumscribes the housing options available to people experiencing homelessness. Three interviewees described growing up in Fremont and wanting to continue living there, but not being able to afford housing in market where “low income is not even really low income.” Two of these households were resolved to remain homeless until they could find housing in the Fremont area. The third household was living in a car and working in Fremont but expressed resignation: “[the] car is not going to last. We will have to leave.” Similarly, in Oakland and Berkeley participants described being unable to afford the rent after the death of a relative or the onset of a serious health problem. Once homeless, participants described being referred to housing situations that they felt were unsustainable in the long term, undesirable, or, in a few instances, unsafe. Several people described feeling pressured to sign a lease despite knowing that they could not pay the rent without the temporary rapid re-housing subsidy. Others described shared housing situations that ranged from the challenges of living with roommates, “he’s a slob,” to renting rooms without doors or
locks, “I left out of there because we couldn’t put locks on the door. The first night I stayed there I had a man coming in to stand over me.” Threading through these stories is a sense of unfairness that in the current housing market, being housed means being displaced from the places where participants grew up or raised their families. For many, being housed also means having roommates into old age. And in some cases, participants described being presented with living situations that were not habitable or safe.

Sometimes participants expressed the feeling of unfairness through rumors of undeserving people who have been matched and referred to resources through coordinated entry. “I’ve heard so many stories,” one participant shared, “of people going in and out because they don’t want housing.” Others had heard from friends about resources going to undocumented immigrants or being spent on drugs and alcohol. The false rivalry described in these narratives, marked by conjecture, conveys the scarcity of help for people experiencing homelessness.

In the context of an unaffordable housing market and a homeless system with very few resources, the coordinated entry process—access, assessment, prioritization, matching and referral—is not particularly salient for the cross section of people experiencing homelessness who participated in these three feedback opportunities. Instead, the coordinated entry process became meaningful to participants through their relationships with organizations and people.

“Someone needs to take a personal interest.”

Across all the conversations, participants emphasized self-motivation: “Valuing yourself is bigger than what the housing counselor can do. You have to want it for yourself and be willing to take the steps to get it.” And, “you got to want to ask for help before they can help you. At the same time, participants pointed out that individual drive and perseverance is not enough. Equally important are trusting and cooperative relationships with staff, which participants cited as making the difference not only in their experience of homelessness but also their experience of themselves. One participant described:

Sometimes you do every step and it still doesn’t work. For me, I did everything I was supposed to do but it didn’t work. And then I met [my housing coordinator] and she did all the steps of the program. She’s efficient. She tells you what you need. She makes copies. She talks to the landlord, lets you know what the expectations are, everything rolls as it should.

Another recounted:

I was a mess. I was at my lowest. And when I say my lowest, I mean lowest. Those two [staff people] gave me hope. They tell me things to lift me up and bring me up. When I got to them,
everything turned around. Some people think [a service provider] will do everything for you. I beat the streets along with [them]. The trash is gone, and they left the roses. They gave me, me back.

Both participants highlight that their own initiative was ultimately successful when matched with a consistent, compassionate, and trustworthy staff person. These perspectives encapsulate a theme that resonated across all the focus groups and interviews: caring relationships between participants and compassionate staff members are critical. Connection between people grows hope, motivates, cheers, and restores a sense of humanity. A participant expressed the power of mutual connection simply and profoundly: “I realized she gave me the opportunity to value myself.” With this insight, participants make clear that assessment and prioritization, while important, are not an end in themselves. Instead, connection, mutuality, and problem solving are the substance.

Participant Recommendations for Supporting People Experiencing Homelessness

Participants offered a clear set of recommendations for how coordinated entry service providers can partner most supportively and effectively with people experiencing homelessness:

- **Deeply Affordable Housing is Urgently Needed:** In every conversation, participants assert the need for permanent housing that is affordable to people with Extremely Low Incomes (0-30% of AMI).

- **Increase Privacy:** The assessment collects personal information such as social security numbers and self-reported health conditions. Assessors must take steps to ensure the assessment interaction is private in order to build trusting relationships and safeguard participants information.

- **Improve the Coordination of Information:** As one participant stated, “I’m not sure if coordinated entry is a city or county or nonprofit, but if the purpose is that everyone has a shared system or database, then it’s not working.” Participants reported processes and expectations are described differently across organizations and people; telling their story multiple times or spending a lot of time obtaining and transporting documents between agencies and service providers; lost assessments that require multiple re-telling of a person’s story; and misplaced documents.

- **Knowledgeable of Programs, Processes, and Standards:** Participants rely on staff to communicate complete and accurate information about available programs, the steps that are required, and the specific forms of documentation that are needed.
• **Create Participant-Focused Materials:** from websites targeted to homeless people to checklists of required documents and step by step guidelines of processes, many participants want written documentation that would support direct communication between providers and participants. While these documents may not be useful for all participants, others were decisive that clear, consistent participant centered documents would ensure that “everyone [is] on the same page.”

• **Make the Homeless System Easier to Navigate for People with Disabilities:** “People who are disabled have the most difficult time. It’s ass backwards.” In each conversation, participants drew attention to the ways in which disabilities compound the communication, transportation, and information challenges of coordinated entry specifically and homelessness more generally.

• **Communicate the Grievance Process, Develop a “Negotiator” Role:** When participants experienced problems with coordinated entry, their recourse was often unclear: “I don’t know who to call if I have a problem, should be info on grievance, [like] call here if you’re having a housing problem, call this person.” Communicating the grievance process is an important starting place. As well, in cases of conflicts between participants and providers, homeless people describe a need for an impartial mediator or “negotiator, someone that can step outside the urgency [of the situation]” to find fair resolution.
Key Themes from Providers Process Evaluation of Coordinated Entry

These summary themes emerged from the meeting with providers on September 3, 2019 to evaluate the processes of Coordinated Entry focusing on three questions:

- What aspects of coordinated entry are working well and can be expanded upon?
- What parts of coordinated entry aren’t working well and can be changed?
- What is not currently part of coordinated entry and should be developed?

Assist the Whole Spectrum of People with A Housing Crisis

People with the highest needs are being assisted in exemplary, unprecedented ways in the housing crisis response system from emergency shelters to permanent supportive housing with tenancy supports, and we also need to attend better to all the other people (with less severe needs) with a housing crisis.

Provide Inventory-Based, Real-Time Answers at the First Contact

More real-time information is needed to honestly inform people at the time of access whether they are high priority and likely to get a resource in the very near term (60-90 days) or whether housing problem-solving and other resources are more appropriate and available. In addition, more resources are needed at first contact, especially for those not likely to be matched to a housing resource which could include greater use of problem solving, access to existing resources possibly without assessment (e.g. flex funds), and connection to mainstream resources. These would respond more humanely to people in crisis, mitigate gaps of time and losing people in current processes, and create accurate expectations and messaging for participants.

Launch Coordinated Entry 2.0

The Coordinated Entry System and its providers are ready for its next iteration that deprioritizes assessment, is more phased, amplifies problem solving, wisely embraces efficient case conferencing and collaboration, and is supported by HMIS and other technology. Essential features would be:

- A focus on meaningful and helpful conversation, not a wait list
- Access by survivors of domestic violence, sexual assault or trafficking
- Revisiting participant choice and “best match” to a resource
- Serving more people with problem solving and tracking the outcomes of that service
- Moving away from assessing everyone, possibly with a phased assessment and brief triage
- Real-time prioritization results linked to projected available inventory in 60-90 days
- Pool or other method of prioritized people for matching to housing resources that accounts for participants we are unable to contact and other appropriate factors
- Rapid Rehousing
- Grievance process and procedures.

**Continue Extensive Investment with Simplified Reimbursement**

The investments in housing problem solving, flex funds for homelessness and prevention, housing navigators, and tenancy sustaining services have served very well the housing crisis response system and people with a housing crisis. Continued investment should occur in tandem with a significant overhaul to simplify burdensome paperwork, billing, and invoicing.

**Make HMIS Support Coordinated Entry and Provide Data**

Continued, significant work is needed in HMIS to:
- Use it to better match people to available housing resources
- Capture problem solving activities and results
- Produce even basic reports about Coordinated Entry and persons served, problem solving efficacy, timeliness outcomes, and racial and economic equity indicators, and
- Reduce and eliminate workarounds in HMIS and with parallel data management.

**Use Data to Understand Outcomes and Adjust CE Accordingly**

There is a significant desire to use performance data to improve Coordinated Entry to improve the person experience, system design and policy, such as to reduce the time between key activities (first contact to problem solving, housing navigation enrollment to permanent housing), assure no side doors to resources, improve flow through housing navigation, and mitigate existing problem areas (people being matched to permanent supportive housing don’t have housing navigators/Housing Navigation case load has lower need people who don’t have access to a housing resource and the expectation of one).

**Manage the System**

Regional communication and collaboration has flourished among providers and even with other local departments like police and public works. The system of care for people with a housing crisis has advanced and some pieces are working very well since the launch of Coordinated Entry. Still, a Coordinated Entry
management entity is needed to manage the whole of the system and is a critical role to continuing advancement of the system in sophisticated ways. Other functions noted to complement the previously approved CE Management Functions and/or as imperative are:

- Increased integration with homelessness prevention
- Create connections to other systems, specifically other city-funded housing programs, behavioral health for substance use and mental health treatment, and Medi-Cal in other counties for more standardized ways to transfer Medi-Cal across county and possibly an associated MOU
- Provide coordination and consistent communication
- Assure appropriate level of documentation at the appropriate and respective points
- Funding the system with the most flexible funds
- Revamping the invoicing processes at every level to be less burdensome
- Consider investments and a campaign that could lead to functional zero with specific populations like families.

Support Staff Development Via Training

More training is needed for front line staff. Webinar trainings have been a helpful way of providing trainings recently. To be most beneficial to providers, trainings need to be available more readily or on demand to support onboarding new staff and retraining; webinar-based, on-line, or other virtual trainings that don’t require staff to travel are useful. Specific desired trainings include:

- Staff training about available resources and how to access them, particularly those outside the homeless system such as mainstream services and
- Domestic violence training to front line staff.
Prioritization Analysis: October 2017 through June 30, 2019

Alameda County’s housing crisis response system implemented a standard assessment process in October 2017. Since then, 8,548 households have been assessed. Once assessments are entered into the Homelessness Management Information System (HMIS), a weighted scoring framework prioritizes the highest need households for housing and support resources by quantifying housing barriers, household characteristics, history and length of homelessness, risk factors, and health vulnerabilities. The prioritized list is called the By-Name List (BNL).

Housing Status

Households on the BNL can have the status of active, inactive, or housed. Households marked “housed” have ended their homelessness by moving into permanent housing. Permanent housing includes subsidized or unsubsidized rentals, permanent supportive housing, family or friends. Households in rapid re-housing programs remain active on the by name list in order to retain eligibility for permanent supportive housing. Housing status becomes “inactive” when a household cannot be located or has not engaged with the housing crisis response system for six months or longer. Households can become active again by renewing contact with a coordinated entry access point.

For the time being, housing status must be manually changed on the household’s assessment. That this process is unconnected to other HMIS processes, like housing move in date, may inhibit the use of that field. For instance, the number of assessments marked “housed” is much lower than would be expected or can be corroborated: at the end of June 2019, 364 households had “housed” status on their assessment. As a counterpoint, the HUD system performance measure that tracks successful placement in permanent housing shows 1,214 persons obtained permanent housing between July 1, 2018 and June 30, 2019. On one hand, the system is struggling to manage the by name list to the extent that successes like moves into permanent housing are not being recorded. The reconfiguration of coordinated entry in Clarity presents an opportunity to structure the workflow so that changes in housing status are more integrated, and even automatic.

Similarly, only 252 households have been marked “inactive” on the BNL. The staff who do matching at the HRCs reported reluctance to make households inactive on the BNL because the HMIS cannot substantiate the change in status by tracking failed outreach attempts, the presence or absence of 211 calls, or contact with Housing Resource Centers. Matchers reported erring on the side of keeping a household active because inactive status will mean that the household comes off the BNL and is not matched to resources until they re-engage. While all the Matchers want a list that is fresh, making a specific household inactive without documentation feels like foreclosing the possibility of permanent housing. This sensibility translates into a
prioritized list in which the majority of assessments are outdated: 8% (641/7,909) of active households on the by name list have assessments dated in 2017. Another 48% (3,759/7,909) of active households have assessments dated in 2018. Only 44% (3,509/7,909) of households have assessments that took place between January 1, 2019 through June 30, 2019. Retaining outdated assessments is a practice rooted in the belief that assessment is the avenue to ending homelessness.

The By Name List: Demographics
As of June 30, 2019, there are 7,909 active households on the BNL. Active households on the by name list have the following characteristics:

- 70% of households are composed of a single adult
- 16% of households have minor children
- 45% of households are headed by women and 54% are headed by men. Less than .5% of households are headed by someone who identifies as gender nonconforming or transgender.
- 58% of households identify as African American or Black, 26% as White, 7% as Multiple Races, 3% as American Indian or Alaska Native, 2% as Asian, 1% as Native Hawaiian or Other Pacific Islander, and 3% refused to identify their race.
- 15% of households describe themselves as Hispanic or Latinx

Prioritization
The distribution of active households by prioritization score is nearly normal. Scores range from 3 at the lowest vulnerability, to 195 at the highest vulnerability. The average score is 98 and the median score is 96. There are no outliers. As a whole, the distribution shows that the assessment tool is sensitive to variations in vulnerability within the population and is working well to elevate highly vulnerable households.
Subpopulations

**Chronic Homelessness**

3,780 assessed households fit the criteria of chronic homelessness, making up 47% of assessed households. These households tend to score higher than non-chronically homeless households, with an average score of 120 and median score of 120. Chronically homeless households make up most of the highest scoring households: 84% of households in the top half of scores are chronically homeless, and 89% of households in the top quarter of scores are chronically homeless.

Although chronically homeless households tend to be more vulnerable, the prioritization tool does not equate chronic homelessness with high vulnerability. Highly vulnerable households that do not fit the HUD definition of chronic homelessness can and do obtain high scores. In the graph to the right, orange represents chronically homeless households within the total distribution of all active prioritized households.

**Households with Minor Children**

As of June 30, 2019, 1,247 active households with minor children appear on the by name list, making up 16% of the total households. The distribution of scores is nearly normal, with a scores ranging from 3 to 195. The average score is 93 and the median score is 93, an increase from 91 and 90 the previous quarter.

In general, households with minor children score as slightly less vulnerable than households with adults only. Forty-six percent of households with minor children are in the top half of all scores, and the average and median scores for adult-only households is 99 compared with 93 for households with minor children. Yet
some of the highest scoring households on the BNL have minor children. In the graph, the orange color represents the distribution of households with minor children within the distribution of all active prioritized households.

**Transition Aged Youth Headed Households**
Five hundred sixteen (516) of the active households are headed by Transition Aged Youth aged 18-24 years, making up 7% of active households on the BNL. Prioritization scores for this subpopulation range from 18 to 183 with an average and median score of 96. One hundred thirty-one (131) TAY heads of households are parenting minor children. Scores among parenting TAY headed households range from 36-174, with an
average score of 97 and a median score of 96. In the graph, the orange color represents TAY headed households within the distribution of all active prioritized households.

**Veteran Households**
A total of 707 active households are headed by veterans, making up 9% of all households on the BNL. Forty-four of those households include minor children. The distribution of veteran households is concentrated at the lower end of the distribution, with a long narrow tail of households with higher vulnerability to the right. 32% of veteran households score in the top 50% of all scores. Measures of center are lower among veterans than the prioritized population generally: the average score for a veteran is 79 and the median is 75 compared with 100 and 99, respectively, for non-veteran households. This may be the result of several years of targeted work on the veteran by name list by Operation Vets Home as well as the abundance of dedicated resources for veteran households. In the graph, the orange color represents veteran headed households within the distribution of all active households.

![Distribution of Veteran Households](image)

**Seniors (aged 50+)**
Forty-five percent all the active households on the by name list are headed by a person aged 50 or older, a total of 3,544 households. There are 690 active head of households aged 65 and older; 97 active head of households aged 75 and older. Scores range from 6 at the lowest vulnerability to 192 at highest vulnerability, with an average score of 100 and a median score of 99. Seniors tend to score slightly higher than prioritized households generally; 56% of senior headed households scored in the top half of all households. In the graph, senior headed households are shaded orange to show their distribution among all active households.
Racial and Ethnic Disparities

The assessed population shows similar racial disparity in the homeless population as in the homeless population: 58% of households identify as African American or Black, as compared with 47% of the Point In Time Count, and 11% of Alameda County’s general population. The BNL has a higher representation of households identifying as African American or Black, which could be descriptive of the homeless population, but may also reflect the way in which assessment has been implemented. Specifically, assessment is distributed across many nonprofit organizations in Oakland, where the Point in Time Count found 70% of the homeless population identifies as African American or Black. Fifteen percent of households identified as Hispanic or Latinx on the assessment, compared with 17% at the Point in Time Count. Again, it is useful to ask whether these data describe the homeless population, or the way in which assessment has been implemented.

Generally, the prioritization tool is working consistently across racial and ethnic groups to prioritize those with the highest need. The tool is designed to show similar patterns of vulnerability across racial and ethnic groups, and this pattern is shown in the distribution of scores by race and ethnicity, with very few households showing the highest degree of vulnerability, many households in a middle-range of vulnerability, tapering off to a very few households with the lowest degree of vulnerability.
The summary table below shows some variations, particularly when comparing measures of center such as the average and median. For example, Multi-Racial, White, and Native American households have the highest average and median scores, while Native Hawaiian/Pacific Islander and Asian households have the lowest average and median scores. In the middle, African American/Black households have average and median scores of 97 and 96, and Hispanic households have average and median scores of 98 and 99. In some cases the small sample size means the results may not be representative. For instance, on a list of nearly 8,000 households, only 112 households identify as Native Hawaiian/Pacific Islander and 194 as Asian.

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Hispanic</th>
<th>AA/Black</th>
<th>Asian</th>
<th>Hawaiian/PI</th>
<th>Native American</th>
<th>Multi-Racial</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% HH</td>
<td>% Hispanic HH</td>
<td>% of AA/Black HH</td>
<td>% of Asian HH</td>
<td>% Hawaiian/PI HH</td>
<td>% Native Am. HH</td>
<td>% Multi HH</td>
</tr>
<tr>
<td>0-10</td>
<td>2</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>11-20</td>
<td>2</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>21-30</td>
<td>6</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>31-40</td>
<td>27</td>
<td>2%</td>
<td>6%</td>
<td>3%</td>
<td>3%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>41-50</td>
<td>42</td>
<td>4%</td>
<td>12%</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>51-60</td>
<td>80</td>
<td>7%</td>
<td>15%</td>
<td>8%</td>
<td>13%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>61-70</td>
<td>83</td>
<td>7%</td>
<td>18%</td>
<td>9%</td>
<td>15%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>71-80</td>
<td>86</td>
<td>8%</td>
<td>19%</td>
<td>9%</td>
<td>11%</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td>81-90</td>
<td>147</td>
<td>13%</td>
<td>27%</td>
<td>14%</td>
<td>11%</td>
<td>10%</td>
<td>32%</td>
</tr>
<tr>
<td>91-100</td>
<td>142</td>
<td>12%</td>
<td>21%</td>
<td>11%</td>
<td>8%</td>
<td>7%</td>
<td>24%</td>
</tr>
<tr>
<td>101-110</td>
<td>148</td>
<td>10%</td>
<td>16%</td>
<td>8%</td>
<td>10%</td>
<td>9%</td>
<td>21%</td>
</tr>
<tr>
<td>111-120</td>
<td>139</td>
<td>12%</td>
<td>19%</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
<td>20%</td>
</tr>
<tr>
<td>121-130</td>
<td>81</td>
<td>7%</td>
<td>17%</td>
<td>9%</td>
<td>11%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>131-140</td>
<td>70</td>
<td>6%</td>
<td>21%</td>
<td>8%</td>
<td>7%</td>
<td>6%</td>
<td>17%</td>
</tr>
<tr>
<td>141-150</td>
<td>70</td>
<td>6%</td>
<td>21%</td>
<td>8%</td>
<td>7%</td>
<td>6%</td>
<td>17%</td>
</tr>
<tr>
<td>151-160</td>
<td>31</td>
<td>3%</td>
<td>13%</td>
<td>9%</td>
<td>6%</td>
<td>3%</td>
<td>13%</td>
</tr>
<tr>
<td>161-170</td>
<td>14</td>
<td>1%</td>
<td>8%</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>171-180</td>
<td>7</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>181-190</td>
<td>2</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>191-200</td>
<td>1</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1153</td>
<td>4585</td>
<td>194</td>
<td>112</td>
<td>202</td>
<td>527</td>
<td>2052</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td>98</td>
<td>497</td>
<td>93</td>
<td>91</td>
<td>100</td>
<td>104</td>
<td>100</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td>99</td>
<td>96</td>
<td>91.5</td>
<td>88.5</td>
<td>99</td>
<td>102</td>
<td>102</td>
</tr>
</tbody>
</table>
The current coordinated entry configuration makes it challenging to explore patterns of racial or ethnic disparity in assessment responses. And, because understanding racial and ethnic disparities and striving toward equity is a system value, the coordinated entry restructure in HMIS presents an opportunity to develop a structure and reporting capabilities that are conducive to analyzing outcomes by race and ethnicity.

Regional Distribution
Assessment, case conferencing, and matching to shelter, transitional housing, and rapid re-housing have been taking place for adult only households (Adults) and households with minor children (Families) across five geographical regions: East County (Dublin, Pleasanton, and Livermore), Mid-County (City of Alameda, San Leandro, Hayward, and unincorporated areas Ashland, San Lorenzo, Castro Valley), North County Adults (Albany, Berkeley, Emeryville), North County Families (Albany, Berkeley, Emeryville, Oakland), Oakland Adults, and South County (Fremont, Newark, Union City) as shown below:

<table>
<thead>
<tr>
<th>Resource Zone Assignments</th>
<th>Households</th>
<th>% of Total</th>
<th>Lowest Score</th>
<th>Highest Score</th>
<th>Average Score</th>
<th>Median Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>East County Adults</td>
<td>223</td>
<td>3%</td>
<td>12</td>
<td>183</td>
<td>97</td>
<td>96</td>
</tr>
<tr>
<td>East County Families</td>
<td>47</td>
<td>1%</td>
<td>33</td>
<td>144</td>
<td>89</td>
<td>93</td>
</tr>
<tr>
<td>Mid-County Adults</td>
<td>895</td>
<td>11%</td>
<td>6</td>
<td>189</td>
<td>94</td>
<td>93</td>
</tr>
<tr>
<td>Mid-County Families</td>
<td>253</td>
<td>3%</td>
<td>3</td>
<td>177</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>North County Adults</td>
<td>1353</td>
<td>17%</td>
<td>9</td>
<td>183</td>
<td>102</td>
<td>102</td>
</tr>
<tr>
<td>North County Families</td>
<td>522</td>
<td>7%</td>
<td>18</td>
<td>195</td>
<td>91</td>
<td>90</td>
</tr>
<tr>
<td>Oakland Adults</td>
<td>4049</td>
<td>51%</td>
<td>9</td>
<td>192</td>
<td>100</td>
<td>99</td>
</tr>
<tr>
<td>South County Adults</td>
<td>427</td>
<td>5%</td>
<td>12</td>
<td>168</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>South County Families</td>
<td>124</td>
<td>2%</td>
<td>9</td>
<td>156</td>
<td>88</td>
<td>87</td>
</tr>
</tbody>
</table>

The table above shows some regional differences in scoring and rates of assessment. However, the meaning of this variation is lost at least in part because of geographically inconsistent assessment and case conferencing practices, where the by name list is managed in real time in conversation with service providers.

For example, households with minor children in the North County have an average score of 91 and median of 90, while families in Mid-County have an average score of 85 and median score of 81. How can we explain this variation? Does it describe regional differences in the vulnerability of households experiencing homelessness? Or, regional differences in assessment practices? Or, something else entirely?

It is also notable that families with minor children comprise such a large proportion of households. Looking at the households served in a comparable group of projects in HMIS shows 6% have minor children, while the
BNL shows 17% of households assessed in East County have minor children, 22% in Mid-County, 23% in South County, and 9% in Oakland/North County. Again, without consistency in the implementation of coordinated entry, it is impossible to know if these numbers describe differences in the homeless population, differences in rates or modes of assessment, or other differences all together.

Matching
Matching and referral describe the way households are connected to housing and services according to vulnerability score and the eligibility criteria of the resource. As mentioned earlier, coordinated entry is not fully integrated into the HMIS, but matching is not captured in a standard electronic form at all. As a result, it is difficult to know very much about housing and services matches, refusal and acceptance rates, or client outcomes such as permanent housing exits or returns to homelessness.

As a system, the continuum of care seeks to use coordinated entry to fill all vacancies in permanent supportive housing by prioritizing the highest need people to this, the most intensive of available interventions. Currently Permanent Supportive Housing (PSH) is matched by Home Stretch at the system level, rather than regionally, with the goal of housing the most vulnerable on the by name list. What follows is a preliminary attempt to understand matching to permanent supportive housing by cross referencing permanent supportive housing enrollments beginning September 1, 2018, when Home Stretch retired their previous prioritization list and began using the BNL, through June 30, 2019.

<table>
<thead>
<tr>
<th>Prioritization</th>
<th>Count</th>
<th>% of all move ins</th>
<th>% of scored move ins</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quartile/bottom 25%</td>
<td>9</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>2nd Quartile/26-50%</td>
<td>19</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>3rd Quartile/51-75%</td>
<td>21</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>4th Quartile/Top 25%</td>
<td>93</td>
<td>44%</td>
<td>65%</td>
</tr>
<tr>
<td>No Score</td>
<td>71</td>
<td>33%</td>
<td>n/a</td>
</tr>
<tr>
<td>Total</td>
<td>213</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

After cleaning the HMIS data, it appears that 213 households were newly enrolled into PSH projects during the time period. Many of those households are very vulnerable, with 44% of all move ins prioritized to the highest quarter of scores. However, a significant number were less vulnerable with 10% in the upper middle range, and 13% in the bottom half of vulnerability scores. Additionally, 71 move ins (33%) had no coordinated entry assessment prior to project enrollment.
In discussion with the matchers and Home Stretch, there emerged some reasons that households with low or no score may have moved into PSH:

- PSH units and/or services are CoC funded, and therefore should be filled through coordinated entry, but Home Stretch was not notified of the vacancy.
- Sites with existing wait lists are exhausting those before filling vacancies through coordinated entry.
- The PSH match and referral took place through Home Stretch before September 1, 2018 but the enrollment was recorded at move in, which was after September 1, 2018.
- Referral process through coordinated entry and Home Stretch was too long and the site filled their vacancy on their own.
- Eligibility criteria including but not limited to HIV status, shared housing stock, age, or domestic violence, forced Home Stretch to look further down on the prioritized list for an eligible household.
- The highest need households are not always document ready, which leads to enrolling lower priority households in PSH.
- Some PSH are not filled through coordinated entry but through a related system of care, such as those serving the re-entry population and Veteran Affairs Supportive Housing.

Clearly when HMIS is restructured to better support coordinated entry, more will be known with greater certainty about matching and referral across all types of resources. Until then, this glimpse into PSH matching suggests that much can be done outside of assessment to better coordinate with housing partners and with homeless households in order to realize the system’s value of prioritizing the highest need households gain access to PSH.
## Coordinated Entry Process Self-Assessment

**Contents**
- A. Planning
- B. Access
- C. Assessment
- D. Prioritization
- E. Referral
- F. Data Management
- G. Evaluation

### Coordinated Entry Process Self-Assessment (Ver. 1.1)

#### Version 1.1

This document is Version 1.1, which replaces the original version dated on the HUD Exchange on January 23, 2017. This Version 1.1 reflects the following changes:

1. **Section A. Planning.** Item 81 has been updated to correct the date that CoCs are expected to achieve full compliance with.
   - Coordinated Entry requirements established by the Notice. The current date is January 23, 2018.

2. **Section C. Assessment.** Item 89 has been updated to correct an earlier error in citation. The privacy protection note in the requirement is from HUD's Coordinated Entry Notice: Section II.B.4.f.

3. **Section E. Referral.** Item 82, in "Referrals to Participating Projects," has been moved from Required to Recommended. The CoC's Coordinated Entry policies and procedures used to prioritize homeless persons within the CoC's geographic area for referral to housing and services must be made publicly available and must be applied in terms of marketing to subpopulations.

---

### A. PLANNING

#### Click on the checkbox to indicate that the item is fulfilled.

<table>
<thead>
<tr>
<th>Item</th>
<th>CoC establishes or updates its coordinated entry process in full compliance with HUD requirements by</th>
</tr>
</thead>
<tbody>
<tr>
<td>81</td>
<td>Deadline for Compliance.</td>
</tr>
</tbody>
</table>

---

### Core Requirements since 2012

- **CoC Program reflection:** 24 CFR 578.7(a)(8), HUD Coordinated Entry Notice: Section 1.1

**OES**

1. OES covers the entire geographic area claimed by the CoC.
2. OES is easily accessible by individuals and families seeking housing services.
3. OES is well-advertised.
4. OES provider maintains an initial, comprehensive assessment of individuals and families for housing and
5. OES provider maintains a comprehensive assessment of individuals and families for housing and
6. OES provider advertises a comprehensive assessment of individual and families for housing and
7. OES provider maintains a comprehensive assessment of individual and families for housing and

---

### Core Requirements

- **DV providers** don't have training or understanding about the assessment. **HIV providers** don't always allow in the system.
- **CoC** provider must be aware of the system.
- **HIV** providers must be aware of the system.
- **CoC** provider must be aware of the system.
- **HIV** providers must be aware of the system.
- **CoC** provider must be aware of the system.
- **HIV** providers must be aware of the system.

---

Policy is in place for RHR and PSH but wants to expand the policies to various RHR funding streams. Eligibility and matching criteria for THIA are standardized as RHR and
<table>
<thead>
<tr>
<th>Written standards provide guidance for evaluating individuals' and families' eligibility for assistance under 24 CFR Part 570.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.</td>
</tr>
<tr>
<td>Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance.</td>
</tr>
<tr>
<td>Written standards provide guidance for determining the percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance.</td>
</tr>
<tr>
<td>Written standards provide guidance for determining which eligible individuals and families will receive permanent supportive housing assistance.</td>
</tr>
</tbody>
</table>

**CoC Program interim rule: 24 CFR 570.7[a][1][II]**

9. CoC and each ESG recipient operating within the CoC's geographic area must work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment, and referral for ESG projects consistent with the written standards for administering ESG assistance.

**CoC Program interim rule: 24 CFR 570.7[a][8] ESG interim rule: 24 CFR 570.408(a) and (c)**

**Fall Coverage**

10. If multiple CoCs have joined together to use the same regional coordinated entry process, written policies and procedures describe the following:

- The relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and
- How the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC's geographic boundaries and the geographic boundaries of the coordinated entry process are different.

**HDD Coordinated Entry Rule: Section 11.2.1**

**Marketing**

11. CoC affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are handicapped in the absence of social outreach.

**CoC Program interim rule: 24 CFR 570.33[a] ESG Program interim rule: 24 CFR 570.402(a) and (b)**

12. Coordinated entry written policies and procedures include an effort to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, sexual orientation, gender identity, or marital status.

**HDD Coordinated Entry Rule: Section 11.2.5 HDD Equal Access Rule: 24 CFR 5.15[a][2] and [c]**

13. Coordinated entry written policies and procedures ensure 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, have fair and equal access to the coordinated entry process.

**HDD Coordinated Entry Rule: Section 11.2.5**

**Non-discrimination**

14. CoC has developed and operates a coordinated entry that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and sub-recipients of CoC Program and ESG Program-funded projects must comply with the non-discrimination and equal opportunity provisions of Federal civil rights laws, including the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
B. ACCESS

Click on the checkbox to indicate that the item is fulfilled. 

Access Models.

1. CoC offers the same assessment approach at all access points and all access points are usable by all people who may be experiencing homeless or at risk of homelessness. If a person at an access point is identified to meet the needs of one of the five populations allowable by HUD and CoC Coordinated Entry Notice, initial screening at each access point will allow for immediate linkage to the appropriate sub-population access point (e.g. unaccompanied youth or homeless OES at the access point or defined for adults without children). No one is immediately connected to the youth-specific access point.

Accessibility.

2. CoC ensures that households who are included in more than one of the households for which an access point is dedicated (for example, operating unaccompanied youth housing or domestic violence) can be served at all of the access points for which they qualify as a target population.

3. CoC provides the same assessment approach, including standardized decision-making, at all access points.

4. CoC ensures participants may not be denied access to the coordinated entry process on the basis that the participant is near to a victim of domestic violence, dating violence, sexual assault or stalking.

Emergency Services.

5. CoC requires that emergency services, including all domestic violence and emergency services, be available to the community and assessors, including domestic violence shelters and other short-term crisis and residential programs, in the same hour (or system's intake and assessment process).

6. CoC requires written OES policies and procedures document access to emergency services during hours when the coordinated entry's intake and assessment process are not operating. OES written policies and procedures document how OES participate in the intake and assessment process.

Prevention Services.

7. CoC requires written OES policies and procedures document access to emergency services during hours when the coordinated entry's intake and assessment process are not operating. OES written policies and procedures document how OES participate in the intake and assessment process.

JL - This was identified as an area of compliance concern by HUD CoC Committee when the manual was adopted.

We're not doing this, need improvement. It is a prevention work. 500 passed a resolution to target prevention or close to the door of homelessness or possible.

We're not doing this, need improvement. It is a prevention work. 500 passed a resolution to target prevention or close to the door of homelessness or possible.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>CoC's written CE policy and procedures document a process for persons seeking access to harm prevention services. If the CoC defines separate access points for harm prevention services, written policy and procedures must describe the process by which persons are prioritized for referrals to harm prevention services. In the case of non-ESG-funded harm prevention services, the policy and procedures must also describe the process by which persons will be prioritized for referrals to those programs.</td>
</tr>
<tr>
<td>9.</td>
<td>CoC's CE policy covers and are accessible throughout the entirety of the geographic area of the program.</td>
</tr>
<tr>
<td>10.</td>
<td>CoC's written CE policy and procedures document steps taken to ensure access for individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people on the CoC who are least likely to access harm prevention services.</td>
</tr>
<tr>
<td>11.</td>
<td>CoC's CE policy and procedures document steps taken to ensure effective communication with individuals with disabilities. Recipients of Federal funds and CoC must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters).</td>
</tr>
<tr>
<td>12.</td>
<td>Access points are re-arrangeable to offer CE process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with limited English proficiency.</td>
</tr>
<tr>
<td>13.</td>
<td>CoC has a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, at-risk, or who are seeking shelter services from non-violent service providers. At a minimum, the CE process must focus on the identified CE process and victim-centered services, including access to the comparable process used by non-violent service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelters.</td>
</tr>
<tr>
<td>14.</td>
<td>CE policy and procedures must be available to all participants at CE outreach services, regardless of funding source, to ensure that persons encountered by CE outreach workers are offered the same standards as persons who access CE services through site-based access points.</td>
</tr>
<tr>
<td>15.</td>
<td>Access points, if physical locations, are situated to be public transportation and other service locations to facilitate participant access. CoC recipients of Federal funds shall be required to offer a variation to the process, e.g., a different access point, or on-site services, or an on-site office for persons with disabilities. For example, a person with a mobility impairment may require on-site accommodations in order to complete the coordinated entry process at a different location.</td>
</tr>
<tr>
<td>16.</td>
<td>CoC's CE policy and procedures document steps taken to ensure access to mainstream and community-based emergency assistance services such as supplemental food assistance programs and applications for income assistance.</td>
</tr>
<tr>
<td>Access Models.</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td>17. Access points provide virtual entry where individuals and families experiencing a housing crisis may present for initial assessment screening (e.g., a 24/7 hotline system to screen and directly connect callers to appropriate crisis housing and service providers in the area).</td>
<td></td>
</tr>
<tr>
<td>18. CoC has a single access point, each assigned to a specific sub-region within the CoC.</td>
<td></td>
</tr>
<tr>
<td>19. CoC partners with neighboring CoCs to create a single access point covering the multi-CoC region.</td>
<td></td>
</tr>
<tr>
<td>20. The CoC has multiple access points to facilitate access, coordinate entry processes, and improve the quality of information gathered for the following sub-populations:</td>
<td></td>
</tr>
<tr>
<td>- Adults without children;</td>
<td></td>
</tr>
<tr>
<td>- Adult accompanied by children;</td>
<td></td>
</tr>
<tr>
<td>- Unaccompanied youth;</td>
<td></td>
</tr>
<tr>
<td>- Households fleeing or attempting to flee domestic violence; or</td>
<td></td>
</tr>
<tr>
<td>- Persons at risk of homelessness.</td>
<td></td>
</tr>
<tr>
<td>21. CoC has a &quot;narrowing door&quot; approach in which a homeless family or individual cannot present at any homeless housing or service provider in the geographic area.</td>
<td></td>
</tr>
</tbody>
</table>

Prevention Services.

22. CE process includes separate access points for homeless prevention so that people at risk of homelessness can receive urgent services when and where they are needed. Separate access points for homeless prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referral to homeless prevention services. |

Safety Planning:

23. Victim service providers funded by CoC and ESG program funds are not required to use the CoC coordinated entry process, but CoC- and ESG-funded victim service providers are encouraged to do so. Other victim service providers may use an alternative coordinated entry process for victims of domestic violence, dating violence, sexual assault, and stalking. |

Note: if an alternative CE process is used for victims of domestic violence, dating violence, sexual assault, and stalking, that alternative process must meet HUD's minimum mandated criteria.

C. ASSESSMENT

Click on the checkbox to indicate that the item is fulfilled. Please elaborate on the reasons for the indicated answers. How can we...
Assessor Training.

4. CoC provider training opportunities at least once annually to organizations and staff persons at

organizations that serve or accept tenants or administer assessments. CoC has a data and distributes
training protocol at least once annually. For the purpose of this training, to provide all staff administering
assessments with access to materials that clearly describe the methods by which assessments are to be
conducted with fidelity to the CoC's coordinated entry written policy and procedures.

Assessor training has been provided quarterly by the CoC. Plans to provide training quarterly during
the calendar year 2019.

5. CoC's coordinated entry precar training curricula includes the following topics for staff conducting

• Review of CoC's written OE policy and procedures, including any adaptations or specific
  requirements for use of assessment information to determine prioritization; and
  • Criteria for uniform decision-making and referrals.

Client-Centered.

6. Participants must be informed of the ability to file a non-discrimination complaint.

Participant Autonomy.

1. CoC's coordinated entry assessment participants are free to decide what information they provide
during the assessment process, to refuse to answer assessment questions and to refuse housing and
service options, without retaliation or limiting their access to other forms of assistance. Written policy
and procedures specify the conditions for participants to maintain their place in coordinated entry.

Assessment training emphasizes gathering self-reported information from the client, recognizing a client's
decision to provide or not provide information. Incomplete assessments are encouraged and can be
updated over time. PBSP could address this with greater specificity.

Privacy Protections.

9. CoC has established written policy and procedures concerning protection of all data collected
through the OE assessment process.

Assessment Process.

10. CoC uses locally specific assessment approaches and tools that reflect the characteristics and
attributions of the CoC and CoC participants.

11. CoC uses valid, tested, and reliable assessment processes which gather only sufficient participant
information to determine the severity of need and eligibility for housing and related services.

12. CoC uses a phased approach to assessment which progressively collects only sufficient participant
information to prioritize and refer participants to available CoC housing and supportive services.

13. CoC employs a phased approach to assessment which emphasizes the collection of participant
information into the following categories:
  • Initial Triage - identifies the immediate housing crisis; identifies the CoC crisis response system
    or the appropriate system to address the potential participant immediate needs.
  • Assessment and/or Prevention Screening - examination of existing CoC and participant resource
    options before considering the emergency shelter or other housing assistance project.
<table>
<thead>
<tr>
<th>Initial Assessment</th>
<th>Information to identify a participant's housing and service needs with the intent to resolve a participant's immediate housing crisis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Assessment</td>
<td>Information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of participant's vulnerability and prioritization for assistance.</td>
</tr>
<tr>
<td>Next Steps/On Assessment</td>
<td>Information reveals the known after an initial assessment is conducted when that new information may result in a different referral strategy. Or, re-evaluating participants who have been stably housed for a set time and who may be ready for less intensive housing support.</td>
</tr>
</tbody>
</table>

14. CoC employs a Housing First-oriented assessment process which is focused on rapidly housing a participant without pre-condition.

Assessor Training:
15. All staff administering assessments are culturally and linguistically competent practitioners, including:

- CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating project and staff members; and
- Assessments are culturally and linguistically competent for all persons that reduce cultural or linguistic barriers to housing and services for special populations.

16. All assessment staff are trained and help to conduct trauma-informed assessment of participants. Special consideration and application of trauma-informed assessment techniques are afforded victims of domestic violence who are referred for assessment to help reduce the chance of re-traumatization.

17. All Assessment staff are trained and help to conduct trauma-informed assessment of participants. Special consideration and application of trauma-informed assessment techniques are afforded victims of domestic violence who are referred for assessment to help reduce the chance of re-traumatization.

Client-Centered:
18. Physical assessment areas are made safe and confidential to allow for individuals to identify sensitive information or safety issues in a private and secure setting.

19. Assessment questions are adjusted according to specific subpopulations (e.g., Youth, Individuals with Disabilities, EHH, and HIV/AIDS) and responses to questions for example, if a participant is under the age of 18 questionnaire related to veteran status and experience with the armed services can be skipped.

20. Assessment questions and instructions reflect the developmental capacity of participants being assessed.

21. CoC's assessment process incorporates a person-centered approach, including the following:

- Assessments are based on a participant's strengths, goals, risks, and protective factors.
- Tasks and assessment processes are clearly understood by participants.
- Assessments are sensitive to participants' lived experience.
- Participants are offered choices in decisions about location and type of housing.

22. CoC includes relevant mainstream service providers in the following activities:

- Identifying people at risk of homelessness;
- Facilitating referrals and from the coordinated entry process;
- Aligning prioritization criteria where applicable;
- Coordinating service and assistance; and
- Conducting activities related to continual process improvement.

23. CoC has established written CE policies and procedures describing how each participating mainstream housing and service provider will participate, including the process by which referrals will be...
<table>
<thead>
<tr>
<th>Assessment Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. CoC must be publicly available, rather than locally specific, to facilitate their assessment process (e.g., UI-SPDAT or vulnerability index service prioritization decision).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Street outreach activities incorporate the assessment process, in part, whole, into street outreach activities to separate the assessment process so that it is only conducted by assessment workers who are</td>
</tr>
</tbody>
</table>

### D. PRIORITIZATION

**Click on the checkbox to indicate that the item is fulfilled.**

**Please elaborate on the reasons for the indicated answer. How can we improve?**

#### Core Requirements

1. CoC uses the coordinated entry process to prioritize homeless persons within the CoC's geographic area.
   - Prioritization is based on specific and definable criteria that are documented, made publicly available, and applied consistently throughout the CoC for all populations.
   - CoC's written policy and procedures include the factors and assessment information with which prioritization decisions are made.
   - CoC's prioritization policy and procedures are consistent with CoC and ESG written standards under 24 CFR 576.4.

   *Note: Reference to HUD Prioritization Notice: CFPB-2019-0016 for detailed guidance on prioritizing persons experiencing chronic homelessness and other vulnerable homeless populations.*

   **BBD Coordinated Entry: Section II.B.3**

2. CoC's written policy and procedures include the factors and assessment information with which prioritization decisions are made for all homeless assistance.

   **BBD Coordinated Entry: Section II.B.3**

#### Emergency Services

3. CoC's written policy and procedures clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as permanent.

   **BBD Coordinated Entry: Section II.B.3**

#### Non-discrimination

4. CoC does not use data collected from the assessment process to discriminate or prioritize households for housing services or other protections, such as race, color, ethnic background, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status.

   **BBD Coordinated Entry: Sections I.B.1 and II.B.2.6[c]**

   *Note: In certain circumstances, race or ethnicity may be used to identify a group that is at a higher risk of discrimination.*

5. CoC's written policy and procedures document processes for participants to file a non-discrimination complaint.

   **BBD Coordinated Entry: Section II.B.3.9**

6. CoC's written policy and procedures document conditions under which participants maintain their place in coordinated entry prioritization lists when the participant rejects referral options.

   **BBD Coordinated Entry: Section II.B.3**
### E. REFERRAL

#### Referrals to Participating Projects.

1. On a Case-by-case basis, CoC generates a Coordinated Referral Process for all housing, units, and services available at participating agencies within the CoC's geographic area. A referral to housing and services.

**HHD Coordinated Entry System (HDS)**

**Section 11.0.3**

**Prevention Services.**

9. If a separate access point(s) for homeless prevention services exist in the CoC, written OE policies and procedures describe the process by which persons will be prioritized for referrals to homeless prevention services.

**HHA, Alameda County, does not have a separate access point for prevention services.**

**HHD Coordinated Entry System (HDS)**

**Section 11.0.3**

**Prioritization List.**

10. CoC has established a community-wide list of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The community-wide list generated during the prioritization process, variously referred to as a “By Name List,” “Active List,” or “Master List,” provides an effective way to manage an accountable and transparent prioritization process.

**Prioritization Factors.**

11. CoC uses any combination of the following factors to prioritize homeless persons:

- Significant challenge or functional impairments, including physical, mental, developmental, or behavioral health challenges, which require significant level of support in order to maintain permanent housing.
- High utilization of crisis or emergency services to meet basic needs.
- Extent to which persons, especially youth and children, are unsheltered.
- Vulnerability to illness or death.
- Risk of continued homelessness.
- Vulnerability to victimization, including physical assault, trafficking, or sexual assault.

**HHA, Alameda County, does not have a separate access point for prevention services.**

**HHD Coordinated Entry System (HDS)**

**Section 11.0.3**

**Prioritization Process.**

12. CoC identifies a prioritization entity, agency, or other decision-making entity empowered by the CoC to manage the process of determining and updating a participant prioritization for available CoC housing.

13. In cases where the agreement does not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withhold information, or circumstances outside the scope of agreement, the CoC shall request additional information from the service provider in order to fully assess the housing crisis.

14. CoC maintains a prioritization list that is updated at least every 60 days or as required by other prioritized households experiencing homelessness within 60 days or less, the CoC adjusts prioritization standards in order to more precisely differentiate and identify resources for the household with the most need.

**Optimize Prioritization Process.**

15. In the event that two or more homeless households within the same geographic area are identically prioritized for the next available unit, and each household is eligible for that unit, the CoC selects the household that first requests assistance in the determination of which household receives a

**Improvements needed in HMIS to track resource inventory and match to inventory.**
2. CaC and project participating in the coordinated entry process do not screen potential project participants nor provide assistance based on perceived barrier related to housing assistance.

3. CaC and ESG program recipients or subrecipients use the coordinated entry process established by their CaC or the only referral source from which to consider filling vacancies in housing assistance.

4. CaC and all agencies participating in the coordinated entry process comply with the equal access and non-discrimination provisions of Federal civil rights laws.

5. CaC's referral process is informed by Federal, State, and local Fair Housing law and regulations and ensures participation are not "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

6. CaC maintains and annually updates a list of all resources that may be accessed through referrals from the coordinated entry process.

7. Each CaC project establishes and makes publicly available the specific eligibility criteria the project uses to make enrollment determinations.

8. Non-HUD-funded CaC agencies participating in the coordinated entry process fill project vacancies only through referrals from the referring agency/enterprise.

9. CaC's written CE policy and procedures include standardized criteria by which a participating project may justify rejecting a referral.

10. CaC's written CE policy and procedures document uniform processes for managing rare instances of referral rejection, as well as the protocols the coordinated entry process must follow to connect the rejected household with a new project.

11. Upon referral, CaC participants receive clear information about the project they are referred to, including what participants can expect from the project, and expectations of the project.

12. CaC identifies a referral entity, agency, or council's committee, or other decision-making entity empowered by the CaC to manage the process of referring participants to available CaC housing.

13. If a CaC participant is prioritized for permanent supportive housing (PSH) but no PSH resources are available, that participant is offered any other CaC resource available in the CaC's geographic area.

14. CaC establishes a minimum set of participant information associated with a referral and which will be shared by the referring agency/entity with the project receiving the referral.

15. CaC establishes alternative processes to identify suitable options when project reject a participant and when participants reject a project.

16. CaC employs a "Housing Navigator" function to ensure efficient and effective enrollment, and subsequent movement from one CaC project to another. While specific "Housing Navigator" functions will vary from CaC to CaC, typical duties include the following:
   - Work closely with referral agencies regarding eligibility determination.
   - Develop a Housing Stabilization Plan.
   - Complete housing applications.
### Participant Autonomy

1. CaO incorporate a person-centered approach into the referral process. This approach includes documentation in CaO's written policies and procedures for coordinated entry management. A person-centered approach includes the following:
   - Participant choice in decision-making related to service levels, location, and type of housing, level and type of services, and other program characteristics, including decisions on services that provide options and recommendations that guide and inform participant choices, or appear to rigidly decide about what services are available.
   - Clear expectations concerning where participants are being referred, entry requirements, and the process for providing referrals.

### Referrals to Participating Projects

1. CaO establish referral sensors or referral regions within the geographic area of the CaO. These referral sensors are designed to avoid forcing someone to travel a long distance to be served.

### F. DATA MANAGEMENT

#### Click on the checkboxes to indicate that the item is fulfilled.

**Please elaborate on the reasons for the indicated answer. How can we improve?**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>As Fulfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When using an HMIS or any other data system to manage coordinated entry data, CaO ensure adequate privacy protection of all participant information for the HMIS Data and Technical Standards at (CoC Program Data Interchange) 24 CFR 576.7(6).</td>
<td>![Optional]</td>
</tr>
<tr>
<td>2. CaO's written CE policies and procedures include protocols for obtaining participant consent to share personal information for purposes of accessing and referring participants through the coordinated entry process.</td>
<td>![Optional]</td>
</tr>
<tr>
<td>3. CaO prohibits denying services or participation if the participant refuses to allow their data to be used for Federal or state purposes. CaO will provide written notice to participants of their right to refuse such use.</td>
<td>![Optional]</td>
</tr>
<tr>
<td>4. If using HMIS to manage coordinated entry functions, CaO ensure all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data.</td>
<td>![Optional]</td>
</tr>
<tr>
<td>5. CaO use HMIS as part of its coordinated entry process, collecting, using, storing, sharing, and reporting of data associated with the coordinated entry process.</td>
<td>![Optional]</td>
</tr>
<tr>
<td>6. CaO only share participant information and documents when the participant has provided written consent.</td>
<td>![Optional]</td>
</tr>
<tr>
<td>7. CaO supports and evaluates data management systems to support collaboration between homeless service providers and mainstream resource providers (Medicaid, criminal justice, re-entry programs, healthcare services, etc.)</td>
<td>![Optional]</td>
</tr>
<tr>
<td>8. CaO integrates data between multiple systems to reduce duplication of efforts and increase care coordination across providers and service streams.</td>
<td>![Optional]</td>
</tr>
</tbody>
</table>
## 6. EVALUATION

Click on the checkbox to indicate that the item is fulfilled. Please elaborate on the reason for the indicated error. You can use

### Core Requirements

1. OAC consults with each participating provider and project participant at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for.

   **HMIS Coordinated Entry Rollout: Section II.D.15**

### Evaluation Methods

2. OAC consults with each participating provider and project participant at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for.

   **HMIS Coordinated Entry Rollout: Section II.D.15**

3. OAC consults with each participating provider and project participant at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for.

   **HMIS Coordinated Entry Rollout: Section II.D.15**

4. OAC consults with each participating provider and project participant at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for.

   **HMIS Coordinated Entry Rollout: Section II.D.15**

5. OAC consults with each participating provider and project participant at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for.

   **HMIS Coordinated Entry Rollout: Section II.D.15**

### Privacy Protections

3. OAC consults with each participating provider and project participant at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for.

   **HMIS Coordinated Entry Rollout: Section II.D.15**

6. OAC employs multiple feedback methodologies to ensure participating providers and households have frequent and meaningful opportunities for feedback. Feedback methodologies include the following:

   - Survey design to reach either the entire population or a representative sample of participating providers and households;
   - Focus groups of five or more participants that approximate the diversity of the participating providers and households; and
   - Individual interviews with participating providers and enough participants to approximate the diversity of participating households.
Coordinated Entry
Management and Data Guide
Contents

INTRODUCTION AND PURPOSE OF GUIDE ........................................................................... 2

CHAPTER 1: POLICY AND MANAGEMENT ROLES AND RESPONSIBILITIES ......................... 4

1.1 Policy Oversight Entity ............................................................................................ 5
   Policy Oversight Entity Composition ........................................................................ 5
   Policy Oversight Entity Roles and Responsibilities .................................................. 5
   Establishing participation expectations .................................................................... 5
   Determining local data collection and data quality expectations ............................... 6
   Defining data disclosure (sharing) protocols ............................................................. 6
   Selecting a data system ............................................................................................. 7

1.2 Management Entity ................................................................................................. 7
   Coordinated Entry Management Staffing .................................................................... 8
   Management Entity Roles and Responsibilities ........................................................ 9
   Establishing day-to-day management structures ...................................................... 9
   Establishing a clear, accessible communication plan ................................................. 10
   Promoting standardized screening and assessment processes .................................. 10

1.3 Evaluation Entity .................................................................................................... 12

CHAPTER 2: DATA PRIVACY AND SECURITY .................................................................. 14

2.1 Data Privacy Policies ............................................................................................... 15
   Uses and Disclosures ............................................................................................... 15
   Uses and Disclosures for Providing or Coordinating Services to an Individual .......... 18
   Uses and Disclosures that Require Consent ............................................................. 18
   Privacy and Security Grievances ............................................................................. 19
   Comparable Databases ............................................................................................ 19
   Securing Coordinated Entry–Related Disclosures .................................................... 21
   Coordinated Entry Across CoC Boundaries .............................................................. 22

CHAPTER 3: DATA SYSTEMS ......................................................................................... 24

CHAPTER 4: ANNUAL CE EVALUATION ....................................................................... 27

4.1 Establishing a CE Evaluation Plan .......................................................................... 27

4.2 Collecting Additional Data ...................................................................................... 28
   Participant Interviews and Focus Groups ................................................................... 28
   Call Center or Intake Data ......................................................................................... 28
   Screening and Assessment Tools and Results ........................................................... 28
   Policies, Procedures, and Other Governance Documentation ..................................... 28
   Observation of the Assessment Process ................................................................... 28
   Interviews with Key Stakeholders ............................................................................ 28
   Cost and Resource Data ......................................................................................... 29

4.3 Basic Approaches: Compliance Evaluation ............................................................ 29

4.4 Basic Approaches: Effectiveness Evaluation .......................................................... 29
   Gaps in the Current System ...................................................................................... 30
   Phone Screening (if applicable) ............................................................................... 30
   Assessment, Prioritization, and Referral ................................................................... 30
   Implementation Consistency and Access Issues ....................................................... 31

4.5 Basic Approaches: Process Assessment .................................................................. 31
   Access, Assessment, Prioritization, and Referral ....................................................... 31
   Quality of Collaboration ......................................................................................... 31
   Governance and Oversight ..................................................................................... 32
   Funding and Sustainability ..................................................................................... 32
Introduction and Purpose of Guide

Coordinated entry (CE) is larger than a single grant or a program; it is a key component of a comprehensive crisis response and a way of structuring your Continuum of Care’s (CoC) system of care so that it fits together intentionally and efficiently, resulting in more efficient use of resources and improving the fairness and ease of access to resources, including mainstream resources, while prioritizing people who are most in need of assistance. Managing and evaluating such a complex system rely on data collected about participants as they move through the system of care.

The data collection needs for coordinated entry are significantly more complex than for a single project or even a collection of projects. To understand whether the system is functioning as planned, new data points must be combined with existing Homeless Management Information System (HMIS) data on individual participants already required to be collected in a CoC’s HMIS. These data will allow for monitoring, managing, and evaluating the coordinated entry process. By looking at how the system functions together with participant progress, a CoC can begin to understand whether the pathways it has created for participants are effective.

Successful implementation and operation of coordinated entry require policy oversight and day-to-day system-level management. This guide expands on the policy and management responsibilities described in the U.S. Department of Housing and Urban Development’s (HUD) Coordinated Entry Core Elements document and its Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (“Coordinated Entry Notice”). This guide discusses aspects of coordinated entry management and evaluation, data privacy and security, and use of data to guide system change efforts, organized as follows:

- **Chapter 1: Policy and Management Roles and Responsibilities**—the policy, management, and evaluation roles and responsibilities required to implement a successful coordinated entry process
- **Chapter 2: Data Privacy and Security**—the requirements associated with collecting, using, and disclosing participant information in digital, paper, and verbal formats for the coordinated entry process
- **Chapter 3: Data Systems**—key functionalities to consider when selecting a data system
- **Chapter 4: Annual CE Evaluation**—how to use collected data and additional sources of information to meet evaluation requirements, including for compliance evaluations, effectiveness evaluations, and process assessments
Chapter 1:
Policy and Management Roles and Responsibilities
Chapter 1: Policy and Management Roles and Responsibilities

As a system-level process, coordinated entry requires intensive coordination and communication among all the projects and agencies in the CoC and, ideally, all of those otherwise available in the community to serve individuals and families experiencing homelessness, including programs that can serve that population but may not be targeting it. A formal policy and management structure will facilitate both.

To complete the work associated with coordinated entry requires:

- a **policy oversight** responsibility to establish and review policies and procedures
- a **management** responsibility to implement the day-to-day workflow of the process
- an **evaluation** responsibility to assess the performance of the system and create a feedback loop to the policy oversight entity

These responsibilities can be executed separately by different entities or combined and managed by a single entity or body identified by the CoC to carry out the corresponding tasks.

Coordinated Entry Implementation Entities and Responsibilities

**Evaluation Entity**

**Responsibilities:**
- Plan annual CE evaluation
  - Collect data
- Evaluate CE implementation process for effectiveness and efficiency
- Identify policy and process improvements

**Authority:**
- May be CoC Board or Board Committee
- Must be authorized by CoC Board
- Must not be same organization as the Management entity
- Must include homeless participant feedback

**Management Entity**

**Responsibilities:**
- Establish day-to-day management structures
- Establish clear, accessible communication plan
- Promote standardized screening and assessment processes
- Develop and deliver training
- Conduct monitoring

**Authority:**
- May be Collaborative Applicant
- Must be designated formally by CoC
- Should include manager and sys admin
- Sys admin role may be delegated to HMIS Lead, if appropriate

**Policy Oversight Entity**

**Responsibilities:**
- Establish participation expectations
- Determine local data collection and data quality expectations
- Define data sharing protocols
- Select a Data System for CE

**Authority:**
- May be CoC Board or Board Committee
- Must be authorized by CoC Board
- Policies must be approved by CoC
- Should include representation from Collaborative Applicant, HMIS Lead, and mainstream service providers
1.1 Policy Oversight Entity

For many CoCs, developing and implementing coordinated entry will be their most far-reaching system change effort. Coordinated entry is a complex, evolving process that requires continual monitoring and adjustment. Policy-level oversight ensures that the goals and standards for coordinated entry developed during the CoC’s CE planning process are being met. Oversight also can help increase buy-in and ongoing engagement in coordinated entry when that oversight involves representatives from the CoC, provider organizations, community stakeholders, and programs funded by federal, state, and local entities that can offer resources to individuals and families experiencing homelessness.

Policy Oversight Entity Composition

Ongoing implementation oversight is usually done by the CoC Board, a CoC committee, or other governing body designated by the CoC. In many cases, the oversight entity is the coordinated entry planning group—its focus shifted to monitoring operations and reviewing and recommending policy additions and changes to the CoC.

If the oversight entity will not be the CoC Board or a CoC committee, that entity’s authority, membership, leadership, and connection to the CoC should be formalized and documented in the CoC’s governance charter. Establishing its connection to the CoC is important because the CoC is responsible for developing and implementing coordinated entry.

**Required:** As with the coordinated entry planning group, “the CoC should include relevant mainstream service providers in...coordinating services and assistance...and conducting activities related to continual process improvement.” [Coordinated Entry Notice](#)

Policy Oversight Entity Roles and Responsibilities

Each CoC’s policy oversight entity may function slightly differently, but the core responsibilities are to establish and oversee the policies that allow the coordinated entry process to operate in accordance with the planning group’s decisions related to coordinated entry’s core elements: Access, Assessment, Prioritization, and Referral. This will require building off the decisions made in the planning process in four core areas:

**Establishing participation expectations**

Consistent with the protocols defined in the planning phase, the CoC will need to outline the expectations for participation in coordinated entry. This includes CoC expectations for use of appropriate assessment tools, participation in case conferencing or other coordination mechanisms, use of the coordinated entry process to fill project vacancies or openings, addressing the safety needs of survivors of domestic violence, and the associated incentives or penalties associated with meeting or failing to meet those expectations. Case conferences may take various forms, but generally constitute any meetings of coordinated entry staff from multiple projects and agencies to discuss cases, resolve barriers to housing, and make decisions about priority, eligibility, enrollment, termination, and appeal.

For all participating agencies, role expectations must be clearly described and well documented. The CoC should also outline the responsibilities of the CoC to the participating agencies, including training, staff resources, and data collection and analysis support. In some CoCs, coordinated entry may involve agencies new to the homeless system; for them, the implementation plan must include a comprehensive orientation to the system as well as ongoing support. All affected staff should receive ongoing training on the operating policies and procedures.
Chapter 1: Policy and Management Roles and Responsibilities

Required: The Coordinated Entry Notice “establishes new requirements that Continuums of Care (CoC) and recipients of CoC Program and Emergency Solutions Grant (ESG) Program funding must meet related to the development and use of a centralized or coordinated assessment system.”

“Written policies and procedures should describe how each participating mainstream housing and service provider will participate, including, at a minimum, the process by which referrals will be made and received.”

Victim service providers that receive CoC Program funds must participate in a CE process. Victim service providers that receive ESG Program funds or other funding sources can also participate in the CE process and are encouraged to do so. Victim service providers may choose to use the CoC’s CE process or a CE process specific to victim service providers in the area, provided that the alternative process meets HUD requirements in the Coordinated Entry Notice. The term “victim service provider,” as defined in section 401 (32) in the McKinney-Vento Act, is a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. That definition includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

Determining local data collection and data quality expectations

Data collection expectations will vary significantly based on the configuration of core elements in a CoC’s implementation of coordinated entry. CoCs must establish parameters for how each data collection expectation will be met and which entity, project, or project type(s) is expected to collect the data. The CoC must establish written procedures for how and by whom these data are to be collected.

The HMIS Lead should be included in planning for managing data in the coordinated entry process. The HMIS Lead can provide information about HMIS capacity and limitations; help identify which data system will best support coordinated entry implementation consistent with the data collection expectations; and provide information about HMIS requirements and regulations as they apply to the chosen CE data system. In addition, planning for data collection and management should be aligned with the evaluation planning discussed in Section 1.3.

Required: “Participants must…be free to decide what information they provide during the assessment process. CoCs are prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation.” Coordinated Entry Notice

Defining data disclosure (sharing) protocols

HUD supports sharing—referred to in this guide as “disclosing”—participant information provided that the information is disclosed securely and only for appropriate purposes as described in the CoC’s Privacy Notice. Any data disclosures outside the scope of the Privacy Notice require participant consent. Detailed considerations are described in Chapter 2: Data Privacy and Security.

Data disclosures for the purposes of CE are not required in the Coordinated Entry Notice, but HUD encourages CoCs to disclose data for CE in accordance with the privacy and security standards in HUD’s 2004 HMIS Data and Technical Standards, which are outlined in Chapter 2. Meaningful, phased assessment processes are unlikely to be possible without data disclosures.
and may be very challenging to complete without the infrastructure and protocols developed in coordination with the HMIS Lead. Many CoCs recognize these benefits and choose to disclose data as part of the CE process.

As a CoC discusses data disclosures for CE, it should recognize that disclosures are not “all or nothing.” Disclosures vary by what data is disclosed, to whom, and when. A CoC should design its coordinated entry process so that participant information is shared only when needed to access housing and supportive services and not shared when the information is not necessary for the coordination or delivery of these services. That is, data should be shared on a “need to know” basis, in the context of the participant’s needs and the CoC’s Privacy Notice.

**Required:** “The coordinated entry process must ensure adequate privacy protections of all participant information. CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.” [Coordinated Entry Notice](#)

The policies and procedures must clearly indicate where the client’s consent is necessary for sharing client information and where it is not necessary for sharing information.

HUD regulations govern the use of HMIS, including privacy and security standards for protecting program participant information. Note that any participant data collected and managed in non-HMIS systems must be managed according to the HMIS privacy and security requirements as established by the Coordinated Entry Notice at II.B.13.

**Selecting a data system**

Data management systems can support a wide range of coordinated entry activities. Functionality varies across different software products. The CoC will need to determine what functions are most important, and then select (or work with its HMIS solution provider to design) software that meets those functional needs. [Chapter 3: Data Systems](#) describes potential functionalities and critical process steps to selecting a data system.

“HUD does not require CoCs to use their HMIS as part of their coordinated entry process. However, many communities recognize the benefit of using this option to complement their mandatory HMIS recordkeeping and have incorporated HMIS into their coordinated entry. HUD encourages communities to use HMIS, but recognizes that other systems might be better or more quickly able to meet the community’s coordinated entry needs. HUD expects that, even when using a data management system other than HMIS, the CoC works toward being able to use HMIS for coordinated entry or toward having a system that seamlessly shares data with HMIS.” [Coordinated Entry Notice](#)

Victim service providers are required to establish a comparable database. A comparable database collects client-level, identifiable data over time and generates unduplicated aggregate reports based on the data, in accordance with HUD’s HMIS requirements, and adheres to HUD’s HMIS privacy and security requirements at a minimum. Victim service providers must not enter or provide identifiable information about a participant for entry into an HMIS. The term “identifiable information” means any information about a victim that directly or indirectly identifies the household. This can include name, physical address, contact information, Social Security number, and any other information that in combination with any other non-personally identifying information would serve to identify the household. Depending on how the CE data system is set up, this comparable database could also facilitate participation in the coordinated entry.
Chapter 1: Policy and Management Roles and Responsibilities

1.2 Management Entity

The day-to-day operation of coordinated entry involves staff, recordkeeping documentation, technology, and other infrastructure that supports the implementation of coordinated entry at the CoC or homeless system level. Managing these functions is usually carried out by an organization, committee, or other entity designated by the CoC. The management entity can be the organization that serves as the Collaborative Applicant for the CoC or that provides other staff support to the CoC. HUD does not require that the Collaborative Applicant manage coordinated entry.

During the planning for management of coordinated entry, the planning group and other relevant CoC stakeholders should consider the specific needs of the community, the financial and other resources available to support a management entity, and the attributes the management entity needs in order to successfully implement and operate coordinated entry as planned for the community.

Attributes of an effective management entity include the following:

- Technical acumen to perform the activities required for management of the coordinated entry process in compliance with HUD regulations and the CoC’s written policies and procedures, and at a specified level of quality
- Capacity to support coordinated entry within the timelines and processes of the CoC’s implementation plan
- Demonstrated respect and trust for other stakeholders in the coordinated entry process
- Commitment to objectivity and transparency in managing coordinated entry
- Procedures to disclose any conflicts of interest and to maintain participant privacy and confidentiality

Planning should consider how management of coordinated entry for participants will be integrated with the management of coordinated entry for domestic violence and other survivors if the two processes are not fully integrated.

All CE staff should be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at access point(s) that are not explicitly designated for persons fleeing domestic violence. CoCs should partner with their local victim service provider agencies to ensure that trainings for relevant staff are provided by informed experts in the field of domestic violence. Through this partnership, a protocol should be developed to address immediate safety concerns while CE staff work to find a permanent housing placement.

Coordinated Entry Management Staffing

The management staffing pattern of a CoC’s coordinated entry implementation will vary based on the coordinated entry process it develops, its capacity, and the resources it has available. The most effective coordinated entry implementations designate two roles: (1) a coordinated entry manager or coordinator who works for the management entity to lead the coordinated entry day-to-day process; and (2) a system administrator to oversee data entry for the coordinated entry data system.

The design of the coordinated entry process and the responsibilities assigned to the management entity will determine the intensity of the manager/coordinator and system administrator positions. In some CoCs, the management functions can be combined with
other responsibilities and performed by a single staff person. Some CoCs have found that
the management position is best filled by someone with direct service experience who has or
acquires extensive knowledge of the homeless system. Similarly, the system administrator for the
CE data system may be assigned to the HMIS Lead, if appropriate, or designated elsewhere.

Beyond management, specific staffing requirements for each phase of the coordinated entry
process are discussed in the Coordinated Entry Core Elements document. Some factors in
determining staffing requirements include expectations for the number of participants who will
access coordinated entry, the experience and education requirements established for coordinated
entry staff, and the resources that are available to support staffing. In some cases, existing staff
can be retrained and reassigned to new coordinated entry roles. Staff working in participating
housing and supportive services projects also will need to be trained in the new referral process.
See the Coordinated Entry Community Samples Toolkit for sample job descriptions.

Management Entity Roles and Responsibilities

Whatever entity or entities are designated to manage the coordinated entry process, the CoC must
ensure that the management entity has the formal authority to compel all providers included in
coordinated entry to meet the expectations, standards, and responsibilities set for them by the
CoC. If this authority is not inherent in the entity’s position in the CoC, it must be explicitly
conferred through a Memorandum of Understanding (MOU) or other document that outlines
the management role and responsibilities, with that authority explicitly documented in the CoC’s
governance charter or other similar documentation.

The documentation should outline requirements for reporting to the CoC, a process for
communicating about policy issues, and procedures for working with agencies that are not
following coordinated entry protocols. In all cases there should be a provision to regularly evaluate
the performance of the management entity to make changes and improvements as needed. See the
Coordinated Entry Community Samples Toolkit for sample documents.

Although different entities can, and in some cases should, take on separate aspects of the
management tasks, a comprehensive management structure will, at minimum, address the following:

Establishing day-to-day management structures

The activities performed by the management entity should be described in the policies and
procedures for the coordinated entry process. Management activities may include:

- Facilitating various committees and forums to coordinate referrals and review the
  coordinated entry process. This includes case conferences; meetings of assessors
  to coordinate referrals; project management meetings with agency supervisors
  to discuss operations, performance, and monitoring; and policy meetings with
  agency leadership and other CoC and community stakeholders

- Administering the grievance and appeal process for situations that are not
  resolved at the provider level

(required: “The CoC’s written policies and procedures must also include a process by which
individuals and families may appeal coordinated entry decisions.” Coordinated Entry Notice)

- Supporting existing or building new collaborations with ESG recipients so that
  ESG written standards are consistent and ESG providers are participating in a
  realistic way

- Supporting existing or building new collaborations with mainstream resources
**Chapter 1: Policy and Management Roles and Responsibilities**

**Required:** "The CoC should include relevant mainstream service providers in the following activities: identifying people experiencing or at risk of experiencing homelessness; facilitating referrals to and from the coordinated entry process; aligning prioritization criteria where applicable; coordinating services and assistance; and conducting activities related to continual process improvement." [Coordinated Entry Notice](#)

- Documenting costs of operating coordinated entry and identifying eligible funding opportunities for those costs
- Monitoring coordinated entry requirements from funders

**Establishing a clear, accessible communication plan**

Dedicated communication and coordination methods should be documented in the policies and procedures for each step in the coordinated entry process. This could include:

- Identified points of contact for coordinated entry questions and information at each agency
- Dedicated email addresses and procedures for communicating about participants
- A website for forms and news, possibly with a secure area for private communications
- Methods for development and distribution of waiting lists
- Procedures for communication about enrollment vacancies and referrals of selected participants

**Promoting standardized screening and assessment processes**

During coordinated entry planning, standard forms should be developed for each step of the coordinated entry process. When developing these forms and processes, the management entity should follow the sequence and decision logic of the coordinated entry process and stages to make data collection efficient.

For agencies that want to document assessments or other parts of the process in their coordinated entry data systems, the management entity should establish expectations for electronic entry of that written documentation, consistent with the data collection expectations and privacy and security requirements established in this guidebook.

**Required:** "CoCs’ written policies and procedures for coordinated entry must describe the standardized assessment process, including documentation of the criteria used for uniform decision-making across access points and staff. Criteria must reflect the prioritization process adopted to meet the requirements outlined…. If the CoC is implementing different access points and assessment tools for the different populations listed above, written policies and procedures must separately document the criteria for uniform decision-making within each population for whom different access points and assessment processes are used." [Coordinated Entry Notice](#)

The management entity and each agency that will participate in coordinated entry should review the forms together for clarity and ease of use. The management entity should maintain up-to-date versions of forms and document any changes, noting the date of the change, reason for the change, and the entity requesting or making the change. Forms, including any changes, should be regularly reviewed during the coordinated entry implementation meetings."
Developing and delivering training

**Required:** “The CoC must provide training protocols and at least one annual training opportunity, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct assessments. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC’s coordinated entry process, including its written policies and procedures and any adopted variations.” [Coordinated Entry Notice](#)

Conducting monitoring

A critical coordinated entry management function is monitoring of system-level processes to ensure the CE is functioning as planned and system efficiency goals are achieved. A coordinated entry manager will also need to monitor the status of participating providers’ compliance in using the CE process and outcome monitoring to gauge the extent to which system performance objectives are being achieved. This includes monitoring participant outcomes through system performance measures and other locally determined outcomes, as well as monitoring participating providers for their programs’ fidelity to the coordinated entry policies and procedures. For example, system monitoring ensures CE assessment processes are standardized across the system to promote inter-reliability of assessment results; project monitoring ensures CE assessments are conducted in accordance with CoC-adopted CE policies and procedures. The intent of both system and project monitoring is to ensure housing and supportive services providers adhere to the CoC’s written standards for prioritization and assistance and to coordinated entry policies and procedures as appropriate for the project.

There is a significant overlap between data collection and analysis related to monitoring and those related to evaluation, which is discussed in the next section. Monitoring should focus on the question of whether the CE is being implemented in the way it was designed, and whether individual agencies are appropriately engaging with and participating in the system as established by the CoC. Evaluation should focus on the question, is the system, as established by the CoC, the most efficient and effective system structure to move people quickly out of homelessness and prevent more homelessness?

Participant status and outcome reports from HMIS or other CE data systems should be reviewed as part of regular (monthly or quarterly) assessments of system performance.

Other data sources may be needed to explore questions of fidelity such as these: Are the access points advertising as they are supposed to and reaching the hard-to-reach audiences? Are providers operating according to the rules that lower barriers? Are assessors assessing properly? Are participants being prioritized appropriately? Are case conferences and referral meetings following guidance and CoC prioritization standards? Are CoC projects filling project vacancies only through referrals from the CE referring entity? Are participants being rejected from agencies to which they are being referred?
1.3 Evaluation Entity

In the context of coordinated entry, evaluation is the process of using participant and provider data to measure the functioning of the CE process. The Coordinated Entry Notice requires ongoing planning and stakeholder consultation concerning the implementation of coordinated entry. At least annually, the CoC must solicit feedback from participating projects and from participants. Once the evaluation is complete, the CoC must use the feedback received to make necessary updates to the coordinated entry operational practices and document those changes or enhancements in written policies and procedures.

This activity may be undertaken by the policy oversight entity or another entity defined by the CoC, but must not be undertaken by the management entity.

Required: “Written policies and procedures must describe the frequency of and method used for the evaluations, including how participants will be selected to provide feedback [and specify how many will be included], and must describe a process by which the evaluation will be used to update existing policy and procedures.” Coordinated Entry Notice

The core questions to ask in evaluating the coordinated entry process are:

- Does the CoC’s implementation of coordinated entry efficiently and effectively assist persons to end their housing crisis?
- Are the housing and services interventions in the CoC more efficient and effective because of coordinated entry?

The plan for conducting this evaluation should be developed early in the process of planning coordinated entry and then reviewed frequently throughout its implementation. Setting up the plan for collecting the data necessary to carry out a full and complete evaluation takes time and considerable forethought; data that are not collected cannot be analyzed. CoCs must ensure that evaluation is on their implementation planning agenda from day one and the responsible entity is clearly identified, even if the planned evaluation is relatively small in scope.

Detailed evaluation approaches are described in Chapter 4: Annual CE Evaluation.
Chapter 2:
Data Privacy and Security
Chapter 2: Data Privacy and Security

This chapter provides data privacy and security guidance and considerations for CoCs as they work to implement coordinated entry. CoCs need to thoughtfully approach how data are collected, used, stored, and in some cases disclosed across the homeless system of care. Services and housing decisions are based on sensitive participant information collected over time, and that information is potentially disclosed to multiple providers in electronic, paper, and verbal formats. Data privacy and security are governed by rules and regulations at the federal, state, and local levels, and different entities are governed by different rules. This makes for a complex legal environment within which coordinated entry operates.

In the Coordinated Entry Notice, HUD clarifies that whether a CoC uses HMIS or “a system other than HMIS to record information from a coordinated entry process, it must meet HUD’s requirements in 24 CFR 578.7(a)(8) and Section II.A and be compliant with HUD’s HMIS Privacy and Security Notice”. Within this legal context, CoCs and providers need to have a clear understanding of their responsibility to protect participants’ information and be able to articulate those responsibilities to participants in a meaningful way.

When other federal or state data privacy or security laws apply to a provider, the provider must comply with the requirements that ensure the greatest protection for the participant’s personally identifying information (PII), for example:

- A provider may be obligated to meet the Health Insurance Portability and Accountability Act (HIPAA) requirements because it is a Covered Entity. If so, this provider will normally follow the HIPAA set of privacy standards and not the HMIS privacy standards. Most homeless services providers are not Covered Entities. Health information, for example about a disability, that a participant shares directly with a 2-1-1 agency is not necessarily subject to HIPAA in the hands of that agency. An agency not subject to HIPAA otherwise does not become subject to HIPAA merely because it receives health information from an individual or from a HIPAA-covered entity.

- If a victim service provider (as defined by the HEARTH Act) receives CoC or ESG program funds, it cannot disclose a participant’s PII in HMIS; the information must be entered into a “comparable database.”

- A provider whose agency receives funds from the Office on Violence Against Women, Family Violence Prevention and Services Act, or Office for Victims of Crime may be obligated to follow the Violence Against Women Act, Family Violence Prevention and Services Act, or Victims of Crime Act privacy requirements regardless of whether the provider is a victim service provider.

- Information collected by substance abuse treatment providers is subject to robust privacy protections based in federal statute 42 CFR Part 2. Receiving information about a participant’s substance abuse circumstances does not, by itself, make the recipient of that information subject to 42 CFR Part 2, however. If a CE participant shares his or her drug use directly with an information and referral center, it does not mean the center is automatically covered by the statute. Coverage is based on what the agency does or provides.

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1 A comparable database must be a relational database that meets all HMIS data standards and HMIS privacy and security requirements. It also must be able to produce the .csv files required by HUD.
Chapter 2: Data Privacy and Security

The CoC, HMIS Lead, and agencies participating in the CE process all have roles and responsibilities to protect a participant’s PII. These responsibilities, along with all data privacy and security requirements, should be stated in the CoC’s CE policies and procedures. The following data privacy and security sections reflect these responsibilities, baseline requirements, and recommendations.

2.1 Data Privacy Policies

CoCs are responsible for addressing data privacy in their CE policies and procedures. At a minimum, HUD requires the CE process to adhere to the baseline HMIS privacy requirements for all methods of data collection, use, and disclosure, including electronic, paper, and verbal disclosures. A CoC may add additional privacy requirements, but the additional elements cannot conflict with the HMIS privacy regulations or notices and must provide greater protection to the participant.

CoCs should develop a universal Privacy Notice that clearly states the CoC’s privacy standards for HMIS (or CE data system). The CoC should consider requiring or encouraging participating providers to adopt the Privacy Notice to ensure uniform privacy practices across providers. If there is not uniform adoption, every CHO must have a Privacy Notice that meets the HMIS privacy standards. A CoC’s Privacy Notice should include several important elements: a description of participants’ rights, participants’ options, the provider’s responsibilities to protect PII, and how the provider will use and disclose a participant’s information. Even if the CoC fails to include HUD’s requirements in its Privacy Notice, the CoC must still meet all of HUD’s privacy standards.

A provider must collect PII by lawful and fair means and, where appropriate, with the knowledge or consent of the individual. When a provider is required by law to collect information it must ask for the required information, although participants may refuse to provide the information and still receive services. In all circumstances, providers should make data collection transparent by providing participants with a written copy of the CoC’s Privacy Notice, describing the notice in plain language, and posting a public statement like the following:

**We collect personal information directly from you for reasons that are discussed in our Privacy Notice. We may be required to collect some personal information by law or by organizations that give us money to operate this program. The personal information we collect is important to run our programs, to improve services for persons experiencing homelessness, and to better understand the needs of persons experiencing homelessness. We only collect information that we consider to be appropriate.**

Uses and Disclosures

*Uses* are internal activities for which providers interact with participant PII. *Disclosures* of PII occur when providers share PII with an external entity.

Once collected, providers have obligations about how PII information may be used and disclosed. Uses and disclosures either are *required* by HUD (e.g., participants’ access to their own information, oversight of compliance with the HMIS data privacy and security
Chapter 2: Data Privacy and Security

standards) or are permitted by HUD (e.g., to provide services, reporting to funders).HUD’s required and permitted uses and disclosures must be stated in the CoC’s Privacy Notice.

Per the 2004 HMIS Data and Technical Standards, HUD permits the following uses and disclosures of PII without participant consent, provided that the uses and disclosures are listed in the CoC’s Privacy Notice. If any of these uses and disclosures is not listed in the Privacy Notice, consent is required:

- To provide or coordinate services to an individual
- For functions related to payment or reimbursement for services
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management functions
- For creating de-identified from PII

Per the 2004 HMIS Data and Technical Standards, HUD also permits the following types of uses and disclosures of PII without participant consent, provided that these additional uses and disclosures are listed in the Privacy Notice. If any of these uses and disclosures is not listed in the Privacy Notice, consent is required:

- Uses and disclosures required by law
- Uses and disclosures to avert a serious threat to health or safety
- Uses and disclosures about victims of abuse, neglect, or domestic violence
- Uses and disclosures for research purposes
- Uses and disclosures for law enforcement purposes

Per the 2004 HMIS Data and Technical Standards, HUD requires two mandatory disclosures regardless of their inclusion in the Privacy Notice:

- Participants’ access to their own information
- Disclosures for oversight of compliance with HMIS data privacy and security standards

Certain uses and disclosures may also be prohibited or otherwise restricted by other federal, state, or local laws. For instance, recipients of Violence Against Women Act funding are prohibited from disclosing PII without the participant’s written consent. For more information on when providers are prohibited from disclosing PII, see HUD’s comparable database decision tree.

A CoC may provide additional information in its Privacy Notice about these various uses and disclosures—for instance, listing the recipients of disclosures and the specific purposes of those disclosures—but this additional information may not contradict what is required and permitted per the 2004 HMIS Data and Technical Standards. Uses and disclosures not allowed by the 2004 HMIS Data and Technical Standards require participant consent. If a CoC chooses to adopt more-restrictive uses and disclosures, it should consider identifying practices to support a comprehensive prioritization list that discloses limited or no PII, as well as how it will track the acceptance or denial of referrals and project placement. The following decision tree will help providers determine when consent is needed.
Do I need the client’s consent (written or oral) to use or disclose information?

**TYPES OF USES AND DISCLOSURES**

**Mandatory:**
- Client access to their information; and
- Disclosures for oversight of compliance with HMIS privacy and security standards.

**Permitted:**
- To provide or coordinate services to an individual;
- For functions related to payment or reimbursement for services;
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions; and
- For creating de-identified from PII.

**Additional permissions:**
- Uses and disclosures required by law;
- Uses and disclosures to avert a serious threat to health or safety;
- Uses and disclosures about victims of abuse, neglect or domestic violence;
- Uses and disclosures for research purposes; and
- Uses and disclosures for law enforcement purposes.

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*Best practice is to provide a copy of the Privacy Notice and verbally explain it in plain language to all participants.*
Chapter 2: Data Privacy and Security

Uses and Disclosures for Providing or Coordinating Services to an Individual

This section details some examples of the array of CE activities that can be covered under the permitted use and disclosure principle to provide or coordinate services to an individual.

A CoC may choose to articulate or further elaborate on these activities in its Privacy Notice, but adding examples is not required or necessary. However, a CoC may wish to include additional language to help make the principle more transparent to stakeholders. If the CoC includes examples in its Privacy Notice, the examples need to be clearly marked as such and not as an exhaustive list of permitted uses and disclosures. Below are some examples that the CoC may wish to include:

- **Use and disclose information to identify appropriate resources and services.** Disclosing assessment data to multiple providers participating in CE could be part of a formal and coordinated process for determining the right mix of resources needed. The CoC may further list out the names of the providers that would receive the participant’s information.

- **Use and disclose information to determine participant prioritization for housing.** Disclosing assessment data can help staff determine the placement of an individual on a prioritization list, and if needed, develop a safe sheltering plan while the individual is waiting for placement into permanent housing.

- **Use and disclose information to make referrals.** Disclosing participant information can help match the person to the right resource and potentially create multiple referral options.

- **Use and disclose information to determine participant progress.** HMIS can be used to build a single participant record that contains information collected throughout the CE process, from access to housing move-in.

Uses and Disclosures that Require Consent

A CoC may identify some uses or disclosures it considers necessary to make its coordinated entry process operate effectively and efficiently but that are not permitted without consent per HUD’s 2004 HMIS Data and Technical Standards. In such a case, the CoC should consider adopting a standard authorization form to obtain participants’ consent. Many CoCs already use a form called a “Release of Information.” A CoC should be sure that its standard authorization form covers both uses and disclosures that require consent for coordinated entry–related activities.

When considering what uses and disclosures are appropriate (whether allowed by the 2004 HMIS Data and Technical Standards or authorized by consent), the following questions may help a CoC determine whether to allow and how to restrict uses and disclosures:

- Will disclosing participant information in this specific way help participants gain access to appropriate housing or services more effectively or efficiently?

- Can we disclose less of a participant’s information and still accomplish the same objective?

- Can we disclose a participant’s information to fewer entities and still accomplish the same objective?

- Is the use or disclosure prohibited by any federal, state, or local laws?
Privacy and Security Grievances

The CoC and participating providers must both establish procedures for accepting and considering questions or complaints about data privacy and security policies and practices. Further, a participating provider must require each member of its staff (including employees, volunteers, affiliates, contractors, and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the Privacy Notice and that pledges compliance with that Privacy Notice.

Comparable Databases

Victim service providers are prohibited from entering PII into HMIS. Instead, such providers must use a relational database comparable to HMIS in its capacity to support HUD data privacy and security requirements and, at a minimum, meet Data Standards requirements and produce HUD-required reporting files. Even if a provider’s mission does not designate it a victim service provider, the provider still may be prohibited from entering PII into HMIS if it receives any funds from the Violence Against Women Act, Family Violence Prevention and Services Act, or Victims of Crime Act, depending on how it uses the funding. If the provider uses the funding agency wide or for agency administrative purposes, all projects operated by the provider, regardless of project type, are prohibited from entering PII into HMIS, and instead must use a comparable database. If the provider uses the funding only for specific projects, only those specific projects are prohibited from entering PII into HMIS.

Although victim service providers are prohibited from entering PII into HMIS, the CoC should still include them as full and integral partners in the community’s CE process. If the CoC uses HMIS for its CE data system, the CoC will need to consider how to incorporate those providers without violating HUD’s requirements and should consider recent guidance released by the National Network to End Domestic Violence. Regardless of where survivors of domestic violence present for services, the CE process must ensure safe and equal access to housing and services.

Privacy Practice Planning Checklist

HUD encourages all CHOes to revisit their privacy practices for the following requirements and model practices:

☐ Adopt a universal Privacy Notice for all coordinated entry-participating providers that uses plain language and includes the following:
  a. List of permitted uses and disclosures
  b. If desired, examples of permitted uses and disclosures
  c. Statement of participants’ rights
  d. Description of the participating providers’ responsibility to protect and secure participant information
  e. Statement that the policy may be amended at any time, and that amendments affect information obtained before the date of the amendment

☐ Each provider participating in CE requires each member of its staff (including employees, volunteers, affiliates, contractors, and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the Privacy Notice and that pledges compliance with it.

☐ Place a sign at data collection points with a statement explaining why information is being collected and how to obtain the Privacy Notice. In instances where data is collected by phone, operators read the statement to all callers.
Privacy Practice Planning Checklist

- Place a sign at data collection points with a statement explaining why information is being collected and how to obtain the Privacy Notice. In instances where data is collected by phone, operators read the statement to all callers.
- In all coordinated entry assessment and project intake interactions, be proactive by giving all participants a copy of the Privacy Notice.
- The CE policy oversight entity works with relevant stakeholders to establish the universe of coordinated entry-related uses and disclosures included in the standard authorization form for use in obtaining consent for uses and disclosures not covered in the Privacy Notice.
- Before revising the Privacy Notice or changing the privacy policy in any material way, discuss the privacy policies and practices with appropriate stakeholders.
- Have a legal advisor review privacy practices and determine how other local, state, and federal laws affect the CoC’s privacy and security requirements.
- Determine how to implement a safe and confidential CE process for survivors of domestic violence, using guidance from the National Network to End Domestic Violence.
- Train coordinated entry and other intake staff on the CoC’s privacy practices to maximize consistency and clarity for participants.
- Establish grievance procedures for accepting and considering questions or complaints about data privacy and security policies and practices.

2.2 Data Security Policies

Often for the sake of convenience, providers compromise data security in their day-to-day operations. For instance, staff store PII on unencrypted thumb drives, store PII in unencrypted google sheets to maintain by-name or active lists, transmit PII in unencrypted files using unencrypted email, use a coworker’s login and password because they have forgotten their own, leave printouts containing PII in a conference room after a meeting, fail to lock file cabinets or offices containing case files, or discuss PII over the phone in a public place. There are many opportunities to compromise PII, and all of the examples above expose participants’ PII to risk.

The CoC is responsible for making sure the CE data security policies and practices meet the baseline security standards articulated in the most recent HUD HMIS security regulations or notices. The CoC, in coordination with the HMIS Lead and providers, has a responsibility for ensuring that hardware, software, and physical environments that store, transmit, or process CE data are compliant with these requirements. Safeguards should address confidentiality, integrity, and availability of PII. The data security policies and practices should protect against reasonable threats to the security of the information and reasonably anticipate and prevent the use and disclosure of PII that are not permitted.

When carrying out CE activities, a CHO must apply system security provisions to all the systems where PII is stored. This can be software applications, databases, data warehouses, servers, computers, or other devices that store, transmit, or process PII. Paper copies and other physical media containing such data should also be protected against unauthorized uses and disclosures. The following covers key requirements and considerations. More detailed descriptions can be found in the 2004 HMIS Data and Technical Standards and any future updates.
Chapter 2: Data Privacy and Security

Anyone who records, uses, or processes PII on participants for a CE data system must secure the system with:

- Username and password protocols that meet industry standards for user authentication
- Commercially available virus protection software that automatically scans and updates
- Firewalls between the CE data system and other systems or networks outside the organization
- Secure connections from approved computers and systems.
- Access controls for data systems and paper records in public areas
- Back-up storage practices for disaster protection and recovery
- Reformatting practices to delete data on data storage media
- Regular, systematic monitoring of data security practices and user access logs

Additional data security practices can be put in place, but only if they provide greater protections for all CE data in electronic and paper formats.

CE data systems must have documented procedures for responding to and reporting security breaches. Federal, state, or local laws may be relevant to the reporting of and response to any security breach. At a minimum, the CoC needs to implement policies and procedures to address breaches that occur while carrying out CE-related activities.

Securing Coordinated Entry–Related Disclosures

CoCs may be using a separate CE data system to support the functionality of the CE process or to develop centralized priority lists outside of HMIS. To safely and securely protect a participant’s PII, the Coordinated Entry Notice requires, “When a community uses a system other than HMIS to record information from a coordinated entry process, it must meet HUD’s requirements in 24 CFR 578.7(a)(8) and Section II.A and be compliant with HUD’s HMIS Privacy and Security Notice or any future regulations that update the requirements therein.”

In addition to disclosing participant information within HMIS or through a separate CE data system, CE management entities or providers may want to disclose information in face-to-face meetings, electronically, or by phone. Common reasons for these disclosures are to review active or missing participant reports, verify contacts with participants who appear to be missing, and verify housing placements that are not yet documented in the HMIS or CE data system. Regardless of the mechanism for disclosure, once information is disclosed outside of a secure electronic database, it is much more susceptible to security breaches. CE policies and procedures should establish data security protocols for any disclosure scenario outside of a secure electronic database, including at a minimum the following practices:

- **Minimize the client-level data included in active or missing client reports.** Although PII is useful to produce an active client report, it is important to limit PII to the information necessary to conduct assessment, prioritization, and referral. It is not necessary to include sensitive medical or disability information. Similarly, if project names may reveal information about a participant’s medical condition, reports need not identify the specific project the client is active in, but could instead identify the project type. Referral to and enrollment in HOPWA projects, for example, could disclose a participant’s HIV status.
- **Pay attention to attendance in case conferencing meetings.** Attendance in case conferencing meetings or portions of meetings should be limited to necessary staff and managed thoughtfully, ensuring that attending staff understand the terms of information disclosures and how to securely protect information. This may mean limiting meetings to staff from agencies that have signed agreements that bind them to the CE policies and procedures related to privacy and data security. Though HMIS end-user agreements should already cover privacy and data security standards, these may be insufficient to cover the disclosures within a case conferencing meeting because providers that do not contribute to HMIS may be present.

- **Develop a plan for physical and electronic file destruction.** Physical and electronic copies of participant information may be generated for various phases of CE. Providers may want to transfer participant information electronically to facilitate an intake or referral. Whether in person, on the phone, or by electronic transfer, policies and procedures must address how electronic and paper files will be stored, transported, and destroyed such that client privacy and data security are protected.

**Coordinated Entry Across CoC Boundaries**

A regional or statewide CE implementation does not require a regional or statewide HMIS or CE data system, but it does require that any participant information disclosed for a permitted purpose is disclosed securely. If multiple CoCs participate in a regional or statewide CE and share the same HMIS or CE data system, then the CoCs should work closely with their HMIS Lead and CE data system solution provider to ensure that the system(s) meets all HUD HMIS privacy and data security requirements.
Chapter 3: Data Systems
Chapter 3: Data Systems

There are many functionalities in a data system—whether HMIS or another system—that can make coordinated entry easier for frontline staff and administrators and can deliver better service to persons presenting for assistance. The CoC should first determine its CE process and then discuss what parts of the process would benefit from a data management system and what functionality is required. From this information, the CoC can develop a list of functional requirements for the software and hardware solution. If a CoC starts reviewing technologies or retains a technology consultant before determining need, measuring their achievements toward delivering a functional CE data system can be difficult.

Although not every system may have or need each one of these functionalities, the policy oversight entity should use this list as a reference in determining the best solution for the coordinated entry implementation. In selecting among these and other functionalities, CoCs should consider the benefits, costs, and level of effort in implementing them. In considering each of the following HMIS functionalities, HMIS Lead staff must be an integral part of the assessment and ultimate decision about whether and how to implement each.

- **Access, Assessment, Prioritization, and Referral:**
  - *Standardized assessment workflow,* with prompts for additional information if needed and warnings for missing information
  - *Vacancy tracking, so referrals can be made to available units/beds.* Some software can support reservation options to ensure staff on the receiving end know to reserve a bed as they wait for the participant to arrive
  - *Assessment results.* Depending on how the CoC has set up its standardized assessment process, the standardized assessment could rely on self-reported information, HMIS service use data, or system involvement records—e.g., emergency room visit records or corrections histories—or a combination of these information sources. Each type of information source can play a valuable role in assessing the relative severity of a participant’s service needs, vulnerabilities, or housing barriers. Depending on the extent to which each type of information is incorporated in the assessment process, the HMIS or CE data system will benefit from different functionalities.
    - If a CE process relies on *self-reported information,* it could increase efficiency to program the self-report assessment tool into HMIS or CE data system. However, automation removes the opportunity for intake staff or the participant to offer additional context to the assessment responses beyond the CoC’s standard questions or data points. Particularly when a CE process relies heavily on self-reported assessment information, assessors may also need to draw on their and others’ professional experiences and history with the person they are assessing
    - If a CE process relies on *HMIS service use data,* the HMIS or CE data system would benefit from additional functionalities that illuminate, flag, or calculate relevant areas of participant service use—for example, total bed nights for each participant, flagging returns to the system, and other data points that would inform assessment and prioritization
    - If a CE process relies on *system involvement records,* the HMIS or CE data system would benefit from data integration functionality
Regardless of the technological functionalities a CoC adopts, it will have to strike a balance between greater assessment efficiency and achieving the most meaningful assessment that accounts for a participant’s vulnerabilities, service needs, or housing barriers, as well as participant choice and preferences, as critical pieces of a successful housing placement.

- **Automated housing and service options.** Produces a list of housing options and supportive services resources with specific eligibility criteria, such as HIV+/AIDS status, to more efficiently identify and refer resources.

- **Documentation repository.** Can be an electronic scanning and/or upload feature that allows documents to be attached to a participant’s record for eligibility and/or security purposes.

- **Referral tracking with real-time status updates.** Some systems will allow frontline staff to document a referral to an agency, and then (with the participant’s consent) the receiving agency staff can see the referral and document it as accepted, pending, or rejected, with reasons for the rejection.

**Coordinated entry management:**

- **Systematic workflow.** All users of the system have access to the same workflow, from entering the person’s record through follow-up and post housing enrollment. This can make frontline staff support and training easier.

- **Homeless and mainstream resource directory with map capabilities.** A searchable database of housing and supportive services resources that can be maintained by the CoC. It allows the CoC to keep critical information in a structured and systematic way, including eligibility and exclusionary criteria, resource availability, and contact information.

- **Generation and real-time updates of priority list.** This may be a single priority list or several lists by subpopulation or sub-region within the CoC’s implementing jurisdiction.

- **Administrative reports.** Reports can be built into some software that allow system managers to see frontline staff workload, outstanding referrals, and process roadblocks.

- **Referral results reports.** Show the number of referrals rejected, outstanding, or that resulted in a participant’s successful entry into a project.

**Coordinated entry performance reports:**

- **Project level.** Can help the CoC fine-tune coordinated entry by showing whether a project conducting assessments or referrals is performing as expected.

- **System level.** Can help the CoC evaluate access, assessment, prioritization, and referral phases to determine what is working and what needs adjustment.

Many of these functionalities likely require the robust platform of an HMIS. However, if the CoC decides to use a data system other than HMIS for coordinated entry, it should consider establishing a clear and transparent process to select the alternate system, consistent with the identified functional needs and wants. The CoC should undertake a legal review to ensure the system meets all federal, state, and local laws, including the data privacy and security requirements. The CoC will also be responsible for the development of a staffing plan for the alternate system, including training and support in the alternate system.
Chapter 4: Annual CE Evaluation
Chapter 4: Annual CE Evaluation

Although both performance monitoring and CE evaluation rely on the data collected by coordinated entry providers, these two activities serve different purposes. *Performance monitoring*, which focuses on system functioning, should happen at least quarterly. HUD requires CE evaluation to occur annually, focusing on the quality and effectiveness of the entire coordinated entry experience, including intake, assessment, and referral processes, for both participating projects and participants. *Participating projects* include CoC Program- and ESG-funded shelter and housing projects that are required to participate in coordinated entry, as well as other publicly and privately funded shelter and housing projects serving people experiencing homelessness. *Participants* are households, including unaccompanied children and youth, experiencing homelessness or who have been connected to housing through the CE process in the last year.

Though HUD does not prescribe the scope or specific methods of the required annual CE evaluation, the effectiveness and efficiency of the CE process, feedback about the ease of use from persons experiencing a housing crisis, and an assessment of referral outcomes should all inform the annual update to the CoC’s policies and procedures and regular updates to ESG written standards. Effectiveness is ensuring not only that the CE is operating as intended, but also that the CE is positively affecting the overall system performance. This evaluation creates an opportunity to modify CE operations to better achieve positive outcomes.

4.1 Establishing a CE Evaluation Plan

The plan for conducting this evaluation should be developed early in the process of planning coordinated entry and then reviewed frequently throughout its implementation. Setting up the plan for collecting the data necessary to carry out a full and complete evaluation takes time and considerable forethought; data that are not collected cannot be analyzed. CoCs must ensure that evaluation is on their implementation planning agenda from day one, even if the planned evaluation is relatively small in scope.

In establishing an evaluation plan, the evaluation responsibilities should include the following:

- Determine which aspects of the effectiveness of its system will be measured.
- Determine which aspects of the process will be evaluated for fidelity to CE policies and procedures and HUD’s coordinated entry requirements.
- Determine how to gather data to track the selected measures, incorporating in the evaluation process the required stakeholders, at a minimum.
- Determine whether and how the CoC uses evaluation results to inform other aspects of system planning and monitoring, including evaluating whether the CoC has too much or too little of certain housing and supportive services resources overall and for specific subpopulations (e.g., youth, adults with children).
- Coordinate with partners (e.g., ESG recipients, SSVF recipients, etc.) so data are collected consistently across programs, to make sure evaluations are thorough and coordinated.

The CoC also may consider working with local evaluators or universities to determine the best evaluation approach for their system.
4.2 Collecting Additional Data

Data available for evaluation will vary significantly from one implementation to another. In addition to the client-level data collected through the HMIS (or other data system), the evaluation entity may need to collect supplemental information. The list below offers some suggestions for sources of data. Not all these sources will apply to every implementation, but the evaluation entity should consider each source carefully to determine whether it can be useful to that evaluation. Consideration of each source in advance will ensure the data are collected with the particular evaluation in mind.

Participant Interviews and Focus Groups

The participant perspective on the functioning of the CE process is crucial to incorporate into any evaluation. In addition to engaging participants in planning the evaluation, evaluators can also incorporate one-on-one interviews or focus groups with them. These interactions can be used to gather observations about participants’ experiences, including efficiency of intake, efficiency of assessment, effectiveness of the referrals made, and recommendations for CE process improvement.

Call Center or Intake Data

Implementations using a call center to refer persons to an assessment center or appointment can incorporate data on call volume, hold times, dropped calls, call length, length to appointment time, and referral results.

Screening and Assessment Tools and Results

Evaluators can review the assessment tools used, as well as the data collected, to determine whether tools appear to be effective based on the defined scoring parameters. The collected data should be analyzed to track demographics, prioritization determination, service eligibility, service request, and housing barrier data. These outcome data can be compared with data from other sources (e.g., HMIS, Point-in-Time count, or local census data) to determine whether the population presenting for screening and assessment appears to be consistent with the larger service population.

Policies, Procedures, and Other Governance Documentation

Evaluators should review available policies and procedures, documentation, directives, training materials, and manuals that pertain to the operation of the CE process issued by the CoC or other appropriate leadership entity.

Observation of the Assessment Process

If appropriate, evaluators can observe the assessment process at different CE assessment sites (if there is more than one for the CoC) to determine fidelity to the CoC’s policies and procedures and to the training provided.

Interviews with Key Stakeholders

Evaluators can elicit feedback on the CE system in one-on-one interviews with CoC leadership, key advisors, participating providers, and non-participating providers. The interviews can be conducted by telephone or in person. They can be used to determine the reach of system participation, adherence to policies and procedures, quality of collaboration,
Chapter 4: Annual CE Evaluation

quality of referrals, and functioning of the referral process and to collect recommendations for system improvement.

Cost and Resource Data

Evaluators can review coordinated entry budget and funding documentation to calculate the incremental cost of the system per household. For decentralized implementations, this can be done on a per-site basis.

4.3 Basic Approaches: Compliance Evaluation

This section highlights the key areas for evaluation of whether the CE process meets HUD’s requirements and the CoC’s design. A CE process may be initially designed to align with the requirements in the Coordinated Entry Notice. However, over time, changes can be intentionally or unintentionally made that put the CE process out of compliance with the requirements or with the CoC’s CE policies and procedures. A systematic review of the Access, Assessment, Prioritization, and Referral practices as they are being implemented in the community, including data from stakeholders, will provide the qualitative data needed to assess compliance.

The Coordinated Entry Self-Assessment provides a comprehensive assessment of HUD’s requirements for coordinated entry from the Coordinated Entry Notice, the Prioritization Notice, the Coordinated Entry Policy Brief, the CoC Program interim rule, the ESG interim rule, and the HUD Equal Access rule. CoCs should ensure that their coordinated entry design addresses each required element and that their written coordinated entry policies and procedures clearly describe the process or expectation for each element. Compliance evaluation should also assess that the CE process is compliant with locally established policies and procedures that go beyond HUD’s requirements. Other important resources for understanding requirements include the Coordinated Entry and Victim Service Providers FAQ and the Coordinated Entry and HMIS FAQs.

Once the policies and procedures review has been conducted, then the CoC should gather information on the actual implementation of each element through observation of different points of the CE process and through surveys, focus groups, or interviews with participating projects and participants.

Evaluation of coordinated entry is an opportunity to identify areas that should be addressed in a continuous quality improvement process to increase CE effectiveness and efficiency.

4.4 Basic Approaches: Effectiveness Evaluation

CoCs can also evaluate how effective their CE process is in connecting people experiencing homelessness to appropriate referrals. In this type of evaluation, questions would explore system need, time to referral, referral appropriateness, and referral outcomes. In general, these questions rely on collecting and analyzing quantitative or administrative data.
Chapter 4: Annual CE Evaluation

Gaps in the Current System

- Are some CoC stakeholders, projects, or providers not participating in the CE process (e.g., victim service providers)?

- What does participation mean—listing vacancies, accepting referrals, something else? Does level and type of participation vary across stakeholders, projects, or providers?

- Are areas of the CoC geography not adequately covered by coordinated entry?

- What is the anticipated annual demand for crisis response services? For permanent housing resources?

- Can the current inventory of crisis response housing and supportive services meet the projected demand?

- What is the distribution of referrals by project type?

Phone Screening (If applicable)

- How long are screening calls and hold times, and how often are calls not completed (drops or hang-ups)? Is duration of the call tied to outcome?

- Is the information collected during phone screenings incorporated into additional in-person screenings?

- Are people getting connected to the resources to which they are referred by phone (i.e., differentiating between those eligible and ineligible for services)?

Assessment, Prioritization, and Referral

- Some participants may self-resolve, exiting the crisis response system without further assessment or CoC assistance. Are the timelines for different stages of assessment appropriate for the pattern of self-resolvers in the community?

- How long does it take a participant to be assessed, if appropriate and necessary, after he or she is first encountered or engaged?

- How long does it take from the point of a completed assessment and prioritization ranking or score to making an actual referral?

- What is the length of time from referral to placement in permanent housing?

- When referred, how often do participants get admitted or enrolled in projects?

- When referred, how often do participants accept referral options?

- What are the rates and reasons for referral rejections, both by participants and by projects?

- Are high-priority populations being successfully referred and enrolled in available housing and supportive services interventions?

- What is the experience when a participant is referred to a project? Was project information about a vacancy accurate? Was the participant connected to the project in a timely manner? Did the project receive enough information about the participant to facilitate quick enrollment?

- Is any information collected that is not readily used for assessment, prioritization, referral, or subsequent provider intake?
Implementation Consistency and Access Issues

- Are all persons afforded fair and equal access to CE services regardless of their physical location in the CoC, where they access CE services, or their membership in a federally protected class?
- If the CoC has established different access points for single adults, families with children, unaccompanied youth, and domestic violence survivors, are these subpopulations referred and enrolled at rates different from rates of other groups? Do rates of return to homelessness vary by participant characteristics or assessment site?

4.5 Basic Approaches: Process Assessment

This section highlights key questions that an evaluation can explore about how the CE process has been implemented and whether it is currently operating in accordance with the CoC’s established policies and procedures. Each CoC’s CE process is characterized by a different combination of demographics, resource constraints, provider capacity, housing stock affordability and quality, and access to transportation and employment. Analysis of quantitative data from each assessment site can help document operational issues. Review of qualitative data from documents, focus groups, and stakeholder interviews can round out the understanding of implementation issues and challenges.

Access, Assessment, Prioritization, and Referral

- Do persons experiencing a housing crisis and participating providers believe the process is clear, fair, effective, efficient, and reasonable in terms of data collection and documentation requirements?
- Given the process developed for determining prioritization, is the assessment conclusion reasonable based on the information gathered during the assessment?
- How much staff support is provided to participants who receive a referral, to encourage them to pursue the housing and supportive services referred?
- Are there variations in staffing, process, or tools from assessment site to assessment site that result in inefficiencies, inconsistencies, or uncertainty for providers or persons experiencing a housing crisis?
- Is the assessment process respectful of participant preferences, culturally appropriate, and trauma-informed?

Quality of Collaboration

- How are project eligibility criteria documented, and how are project-specific criteria considered during the referral process?
- How are CoC decisions made, documented, and communicated?
- Why did non-participating housing providers choose not to join the coordinated entry process?
- Are there any differences across federal programs as far as assessment, access, or outcome expectations and oversight?
- How do participating agencies perceive the coordinated entry process?
• Are victim service providers using the same or a different coordinated entry system? If different, how parallel is it to the routine coordinated entry system?

• Do participating agencies have an opportunity to provide feedback on the CE process as it is implemented? Is their feedback considered as processes are developed or changed?

**Governance and Oversight**

• How are policy guidance and participation expectations communicated, monitored, and enforced?

• Do the participating agencies and site staff understand and conform to the expectations and direction of the CoC?

• Have any population-specific or assessment-site-specific formal or informal changes been made to the process that have made it more or less expedient? If so, are these changes documented?

**Funding and Sustainability**

• How many access points and assessment sites are operating in the CoC, and how many participants are being seen per staff member per site?

• What is the current incremental cost of operating the system per household, and how do these costs compare across service strategies? If data are available, how does this compare with households who did not participate in CE?

• Is the coordinated entry process supported by more than one ongoing (annually renewing) funding source?
Special Attention of:  
All CPD Directors  
HUD Field Offices  
HUD Regional Offices  
All Continuums of Care  
All ESG Program Recipients and Subrecipients

Notice: CPD-21-05  
Issued: April 14, 2021  
Expires: This notice is effective until amended, superseded, or rescinded

TITLE: Waiver and Alternative Requirements for the Emergency Solutions Grants (ESG) Program Under the CARES Act

SUMMARY: This Notice announces additional flexibility for recipients and subrecipients administering rapid re-housing (RRH) assistance with Emergency Solutions Grants Program funds provided under the CARES Act (ESG-CV funds). Specifically, this notice establishes new waiver and alternative requirements to allow ESG-CV funds to be used for short- and medium-term rental assistance and housing relocation and stabilization services for individuals and families who are residing in housing and receiving time limited subsidies funded by another source and who met the definition of “homeless” prior to entering that housing and whose subsidy is within 30 days of expiring. Additionally, it allows recipients and subrecipients to accept inspections conducted by other providers indicating that the housing is safe and sanitary instead of having to conduct their own habitability inspections prior to providing RRH assistance funded by ESG-CV, as set forth below. This Notice does not add, remove, or change any existing flexibility or requirements other than as specifically stated in this Notice.

OVERVIEW INFORMATION

A. Federal Agency Name: Department of Housing and Urban Development, Office of Community Planning and Development.


C. Publication. This Notice is initially being published on HUD’s website.

D. Assistance Listing Number: 14.231 Emergency Solutions Grants Program (ESG).

E. For Further Information: Written questions may be sent to: Norm Suchar, Director, Office of Special Needs Assistance Programs, Department of Housing and Urban Development, 451 Seventh Street, SW, Room 7266, Washington, DC, 20410 or ESG-CV@hud.gov. Additionally, persons with hearing or speech disabilities may access further information via TTY by calling the Federal Information Relay Service at 800-877-8339 (this is a toll-free number).

TABLE OF CONTENTS:
I. Background

On March 27, 2020, the president signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) into law. The CARES Act provided $4 billion for the Emergency Solutions Grants (ESG) Program to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus. HUD allocated the first $1,000,000,000 of this ESG-CV funding on April 2, 2020 and allocated the remaining $2.96 billion of this ESG-CV funding on June 9, 2020. HUD issued its primary notice establishing ESG-CV funding requirements and flexibilities (HUD Notice CPD-20-08) on September 1, 2020. Other ESG-CV flexibilities were made available as announced on May 22, 2020 and September 30, 2020 (although some of these flexibilities have since expired by their own terms). This notice adds to the ESG-CV flexibilities that are currently available.

II. Waiver Authority

As provided by the CARES Act, HUD may waive, or specify alternative requirements for, any provision of any statute or regulation that the Secretary administers in connection with the obligation by the Secretary or the use by the recipient of ESG-CV funds, except for requirements related to fair housing, nondiscrimination, labor standards, and the environment.

III. Waiver Availability

Based on the reasons stated in the justification for each waiver and alternative requirement below, HUD has determined that good cause exists for each waiver and alternative requirement and that each waiver and alternative requirement is necessary to prevent, prepare for, and respond to coronavirus. Accordingly, HUD is adding these waivers and alternative requirements for all ESG-CV funds. Subject to the respective conditions in sections IV and V below, these waivers and alternative requirements have the same retroactive effect as the waivers and alternative requirements in Notice CPD-20-08 and are extended to cover annual ESG grant funds used to prevent, prepare for, and respond to coronavirus. This Notice does not add, remove, or change any existing flexibility or requirements other than as specifically stated in this Notice.
1. Eligibility for Rapid Re-housing (RRH) Assistance

Requirement: An individual or family must meet the criteria under paragraph (1) of the definition of “homeless” at 24 CFR 576.2 or meet the criteria under paragraph (4) of the “homeless” definition and live in an emergency shelter or other place described in paragraph (1) of the “homeless” definition to be eligible for rapid re-housing assistance.

Citation: Section 415(a)(4) and (5) of the McKinney-Vento Homeless Assistance Act and 24 CFR 576.104

Explanation: Section 415(a)(4) of the McKinney-Vento Homeless Assistance Act makes eligible short- or medium-term rental assistance to individuals and families experiencing homelessness or at risk of homelessness while Section 415(a)(5) makes eligible housing relocation and stabilization services for individuals and families experiencing homelessness or at risk of homelessness. 24 CFR 576.104 establishes the RRH component and makes eligible housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help individuals and families who meet the criteria under paragraph (1) of the “homeless” definition at 24 CFR 576.2 or under paragraph (4) of the “homeless” definition who live in an emergency shelter or other place described in paragraph (1) of the “homeless” definition.

Applicability: HUD is establishing alternative requirements and waiving section 415(a)(4) and (5) of the McKinney-Vento Homeless Assistance Act and 24 CFR 576.104 to the extent necessary to provide that:

a. In addition to individuals and families who meet the existing requirements in 24 CFR 576.104, a recipient may expand the scope of eligible RRH beneficiaries to include individuals and families who meet ALL of the following criteria:
   i. Qualified as “homeless” as defined in 24 CFR 576.2 immediately before moving into their current housing;
   ii. Have been residing in housing with time-limited rental assistance provided under a homeless assistance program (which means assistance limited to or reserved, either federally or locally, for people who are “homeless” as defined in 24 CFR 576.2) other than the ESG program (e.g., time-limited rental assistance that was funded under the Supportive Services for Veteran Families Program or the Coronavirus Relief Fund and provided only to people who qualified as “homeless” as defined in 24 CFR 576.2);
   iii. Would not have any overlap in rental assistance between the non-ESG program and the ESG program, due to
iv. Would not have a gap of more than one month (or equivalent amount of days) between the end of the non-ESG rental assistance and the beginning of their ESG RRH rental assistance; and

v. Do not have the resources or support networks (beyond an eviction moratorium) (e.g., family, friends or other social networks) needed to retain their existing housing without ESG assistance;

b. Recipients that expand the scope of RRH beneficiaries as provided above must amend their consolidated plans as provided by 24 CFR 91.505 and 576.200(b), except that the recipient is not required to comply with any consultation or citizen participation requirements (as provided by the CARES Act), provided that the recipient publishes its plan to include these newly eligible RRH beneficiaries, at a minimum, on the Internet at the appropriate Government web site or through other electronic media.

c. If individual or family meets the new RRH criteria above but is already an ESG RRH program participant (because they have been receiving services under 24 CFR 576.105), the individual or family may be provided ESG-funded rental assistance without being treated as a new applicant or program participant for purposes of HUD’s coordinated assessment, written standards, HMIS, initial evaluation, re-evaluation, housing stability plan, and recordkeeping and reporting requirements (24 CFR 576.400(d), (e), (f); 576.401(a), (b), (e)(1)(ii), and 576.500). However, with respect to any other individuals and families for which the recipient exercises the new flexibilities provided in this notice, the recipient must account for the new RRH beneficiaries by making corresponding changes as appropriate to the applicable written standards for administering RRH assistance (including beneficiary eligibility and prioritization criteria), HMIS, and procedures for centralized or coordinated assessment, initial evaluation, re-evaluation, and recordkeeping and reporting.

**Justification:**

Many individuals and families experiencing homelessness are able to be housed with time-limited rental assistance funded by homelessness assistance resources other than ESG. In some cases, despite the efforts of local service providers, some households continue to be unable to afford housing at the end of the assistance period and would lose their housing without continued assistance. Waiving the eligibility criteria for ESG funded RRH as discussed above will ensure individuals and families currently receiving time-limited rental assistance funded through other sources will not lose their housing during the coronavirus public health crisis and the
subsequent economic downturn. This will reduce the spread and harm of coronavirus by enabling households receiving homelessness assistance who had previously experienced homelessness to continue to practice social distancing, isolate, or quarantine in their housing.

2. Minimum Standards for Permanent Housing

Requirement: Recipients or subrecipients cannot use ESG funds to help program participants remain in or move into housing that does not meet minimum habitability standards provided at 24 CFR 576.403(c).

Citation: 24 CFR 576.403(c)

Explanation: 24 CFR 576.403(c) requires recipients and subrecipients to ensure housing meets minimum habitability standards related to structure and materials, space and security, interior air quality, water supply, sanitary facilities, thermal environment, illumination and electricity, food preparation, sanitary conditions, and fire safety before ESG funds can be used to help a program participant move into or remain in that housing.

Applicability: For recipients who choose to serve individuals and families made eligible for RRH assistance in Section III.1 of this Notice, the requirements at 24 CFR 576.403(c) are waived and the ESG recipient or subrecipient can provide rental assistance and housing relocation and stabilization services without first inspecting the unit so long as:

a. The recipient or subrecipient maintains documentation showing the prior rental assistance provider determined that the housing meets:
   i. The habitability standards established at 24 CFR 576.403(c); or
   ii. Housing Quality Standards (HQS) established at 24 CFR 982.401; or
b. The recipient or subrecipient provides no more than 90 days of RRH assistance to the program participant; or
c. The recipient or subrecipient conducts an inspection within the first 90 days and determines the housing meets the habitability standards established at 24 CFR 576.403(c) or the HQS established at 24 CFR 982.401.

Justification: The habitability standards established at 24 CFR 576.403(c) are meant to ensure that program participants are residing in housing that is safe and sanitary. Accepting the housing inspection reports of previous rental assistance providers as evidence and allowing up to 90 days to conduct initial inspections to determine the housing is safe and sanitary will allow recipients and subrecipients to provide rental assistance and housing relocation and stabilization services to households that qualify for RRH
assistance in Section III.1 of this Notice without a gap between their prior assistance and ESG funded RRH assistance while still ensuring their housing is safe and sanitary. This will help maintain positive relationships with landlords while helping program participants maintain housing during the public health crisis and subsequent economic downturn. This will reduce the spread and harm of COVID-19 by enabling affected households to continue to socially distance, isolate, or quarantine in their housing.

IV. RETROACTIVE EFFECT

As authorized by the CARES Act, the additional ESG-CV flexibilities provided in this Notice shall be deemed to be effective as of the date a State or unit of local government began preparing for coronavirus, which HUD shall presume to be January 21, 2020 – the date the first confirmed case was reported in the United States. However, each recipient must maintain adequate documentation to assure these waivers and alternative requirements are used only with respect to ESG- or ESG-CV eligible activities the recipient or its subrecipients implemented to prevent, prepare for, and respond to coronavirus, including documentation demonstrating when their particular state or local government began preparing for coronavirus, such as notes on formal planning meetings or calls.

V. PRIOR ESG APPROPRIATIONS

A. General. The waivers and alternative requirements in this Notice (“new ESG-CV RRH flexibilities”) apply to FY 2020 and prior fiscal year ESG grant funds a recipient uses to prevent, prepare for, and respond to coronavirus, as defined in Section I.B.2.f of HUD Notice CPD-20-08, subject to the following conditions:

1. If the recipient has not already done so, it must identify the specific activities and funding allocated to prevent, prepare for, and respond to coronavirus in the Integrated Disbursement and Information System (IDIS) activity description before drawing down funds in accordance with these new ESG-CV RRH flexibilities;

2. The recipient reports the amount of annual ESG funding expended to prevent, prepare for, and respond to coronavirus in the CAPER by component type for each annual grant;

3. Alternative requirements that limit activities in comparison with the requirements at 24 CFR Part 576 do not apply to the use of annual ESG funds that are used to prevent, prepare for, and respond to coronavirus; and

4. The recipient must develop and implement policies and procedures to assure and document that:
   a. The ESG-CV flexibilities are used only for activities and costs that are to prevent, prepare for, and respond to coronavirus, as defined in Section I.B.2.f of HUD Notice CPD-20-08; and
   b. The annual ESG funds specifically designated in IDIS for use in preventing, preparing for, and responding to coronavirus meet the same waiver conditions and alternative requirements that apply for ESG-CV funds, except for the requirements that limit activities in comparison with the requirements at 24 CFR Part 576.

B. Consultation and citizen participation requirements. To allow for effective use of the flexibilities provided in this notice, HUD is extending the CARES Act’s exemption from
consultation and citizen participants to FY2020 or prior year funds only to the extent necessary to amend recipients’ plans to include the newly eligible RRH beneficiaries as provided by this notice and make corresponding changes with respect to the applicable written standards for ESG assistance and only if the recipient publishes its plan to include the newly eligible RRH beneficiaries, at a minimum, on the Internet at the appropriate Government web site or through other electronic media (as provided above for ESG-CV funds). For all other purposes (including changing the amounts allocated to ESG activities to account for the newly eligible RRH beneficiaries), FY2020 and prior year funds remain subject to the consultation and citizen participation requirements that otherwise apply.

VI. Finding of No Significant Impact

A Finding of No Significant Impact (FONSI) with respect to the environment has been made in accordance with HUD regulations at 24 CFR part 50, which implement section 102(2)(C) of the National Environmental Policy Act of 1969 (42 U.S.C. 4332(2)(C)). The FONSI is available for inspection at HUD’s Funding Opportunities web page at: https://www.hud.gov/coronavirus/grantees.

James A. Jemison II
Principal Deputy Assistant Secretary for Community Planning and Development

Official Record Copy U.S. Department of Housing and Urban Development form HUD-713.1 (02/03)
Special Attention of: Directors of HUD Regional and Field Offices of Public Housing; Agencies that Administer the Housing Choice Voucher Program

Notice PIH 2021-15 (HA)

Issued: May 5, 2021
Expires: This notice remains in effect until amended, superseded, or rescinded.

SUBJECT: Emergency Housing Vouchers – Operating Requirements

1. Purpose

This notice describes the process HUD is using to allocate approximately 70,000 emergency housing vouchers (EHVs) to public housing agencies (PHAs).

These EHV$s are to assist individuals and families¹ who are experiencing homelessness; at risk of experiencing homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless and for whom providing rental assistance will prevent the family’s homelessness or having high risk of housing instability.

This notice also sets forth the operating requirements for the EHV$s, including the administrative fees and fees for other eligible expenses; the housing assistance payments (HAP) funding renewal process; family eligibility requirements; EHV waivers, alternative requirements, and special rules, including a requirement that families are offered housing search assistance and that PHAs partner with the Continuum of Care (CoC) or other homeless or victim services providers to assist qualifying families through a direct referral process; the EHV recapture and redistribution procedures, and the prohibition on the reissuance of turnover EHV$s after September 30, 2023.

2. Background

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (P.L. 117-2, hereafter referred to in this notice as “the ARP”) into law, which provides over $1.9

¹ While the ARP and the definitions of the qualifying categories specifically refer to “individuals and families,” under the HCV program regulations at 24 CFR 982.4, the term “family” is a person or a group of persons, as determined by the PHA consistent with 24 CFR 5.403, approved to reside in a unit with assistance under the program. The term “family” used in EHV/HCV context always includes a family that is comprised of a single individual as well as a group of persons.
trillion in relief to address the continued impact of the -COVID-19 pandemic on the economy, public health, State and local governments, individuals, and businesses.

Section 3202 of the ARP appropriates $5 billion for new incremental EHVVs, the renewal of those EHVVs, and fees for the cost of administering the EHVVs and other eligible expenses defined by notice to prevent, prepare, and respond to coronavirus to facilitate the leasing of the emergency vouchers, such as security deposit assistance and other costs related to retention and support of participating owners.2

Eligibility for these EHVVs is limited to individuals and families who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking; or (4) recently homeless and for whom providing rental assistance will prevent the family’s homelessness or having high risk of housing instability. After September 30, 2023, a PHA may not reissue any previously leased EHV, regardless of when the assistance for the formerly assisted family ends or ended.

EHVs are tenant-based rental assistance under section 8(o) of the United States Housing Act of 1937 (42 U.S.C. 1437f(o)). The ARP further provides that HUD may waive any provision of any statute or regulation used to administer the amounts made available under section 3202 (except for requirements related to fair housing, nondiscrimination, labor standards and the environment) upon a finding that any such waivers or alternative requirements are necessary to expedite or facilitate the use of amounts made available for the EHVVs.

To facilitate and expedite leasing, PIAs that accept an allocation of EHVVs will receive an allocation of administrative fee funding for other eligible expenses defined by this notice that are not normally eligible administrative expenses under the Housing Choice Voucher (HCV) program, as well as administrative fees for the cost of administering EHVVs. The administrative fees and fees for EHV eligible expenses are described in detail in section 6 of this notice.

EHV Housing Assistance Payment (HAP) funding (both the initial funding allocation and subsequent renewals) and both forms of administrative fee funding have been appropriated separate and apart from the regular HCV program appropriations provided through HUD’s annual appropriations acts. The ARP limits the use of all EHV funding by time and purpose. Consequently, ARP EHV funding HAP and administrative fee funding (including services fees) covered by this notice may only be used for the EHVVs and may not be for the PHA’s regular HCVs or other special purpose vouchers (including Mainstream vouchers).

2Under Section 3202, the $5 billion in appropriations may also be used for “adjustments in the calendar year 2021 section 8 renewal funding allocations, including mainstream vouchers, for public housing agencies that experience a significant increase in voucher per-unit costs due to extraordinary circumstances or that, despite taking reasonable cost savings measures, would otherwise be required to terminate rental assistance for families as a result of insufficient funding.” Use of a portion of the $5 billion for that purpose will be covered under a separate notice.
3. **PHA Eligibility**

To be eligible to receive an EHV funding allocation, a PHA must currently administer the HCV program through an existing Consolidated Annual Contributions Contract (CACC) with HUD. Non-profit agencies that only administer HCV Mainstream vouchers are not eligible to receive an EHV allocation.

4. **EHV Allocation Formula**

HUD’s allocation formula is designed to direct emergency vouchers to the PHAs operating in areas where the EHV’s eligible populations have the greatest need while also taking into account PHA capacity and the requirement to ensure geographic diversity, including rural areas.

The following data and indicators were used to develop the statutorily mandated allocation formula:

a. **Comparative homeless and at-risk of homelessness need**

   In developing an allocation formula based on comparative need, HUD focused on “homeless need” and “at-risk of homelessness need.” These measures also serve as a proxy for relative need regarding the eligibility categories that includes those fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking\(^3\); as well as recently homeless families for whom providing rental assistance will prevent the family’s homelessness or having a high risk of housing instability.

   HUD is defining homeless need as the total count of persons experiencing homelessness (whether sheltered or unsheltered). HUD is using January 2020 Continuum of Care (CoC) Point-in-Time (PIT) homeless data for this measure. HUD does not generally use PIT homeless data to allocate funds. However, as was the case when HUD allocated Emergency Solutions Grant (ESG)-CV2 funding\(^4\), HUD is using PIT homeless data to allocate these emergency vouchers to PHAs as expeditiously as possible.

   For at-risk of homelessness need, HUD used special tabulation data from the American Community Survey (ACS 2013-17) on rental households with incomes less than 30

\(^3\) The 2018 Part 2 Annual Homeless Assessment Report (AHAR) notes that it is difficult to count the full extent that individuals are fleeing domestic and other violence, but based on bed capacity, we expect a substantial portion of those in the homeless data are in fact homeless because of domestic violence: “Based on the bed counts in the 2018 HIC, 12 percent of the emergency shelter, safe haven, and transitional housing beds for people currently experiencing homelessness were intended for survivors of domestic violence (DV). A smaller share, 6 percent, of all the beds available year-round in the homeless services system (including beds in permanent housing programs) were targeted to domestic violence survivors. Approximately 16 percent of all DV beds were in permanent housing programs.” [https://www.huduser.gov/portal/sites/default/files/pdf/2018-AHAR-Part-2.pdf](https://www.huduser.gov/portal/sites/default/files/pdf/2018-AHAR-Part-2.pdf)

percent of Area Median Income (AMI). HUD used data sets on those households living in overcrowded units (1.01 or more persons per room) and/or without complete kitchen or plumbing (referred to below as “At-risk Category 1”); and for those households that in addition to meeting the income and housing condition criteria are also severely rent burdened (paying more than half their income for rent) (referred to below as “At-risk Category 2”).

To construct need measures for PHAs, HUD had to convert data to the county level. ACS at-risk of homelessness data are available at the county level. However, the PIT homeless data are available at the Continuums of Care geographies that can vary from a place within a county to being multiple counties. HUD allocated the PIT homeless data to the county level using a county-to-CoC crosswalk based on the renter share in each county with income less than 30 percent of AMI and then used it to determine comparative homeless and at-risk of homelessness need at a county-by-county level.

To allocate the PIT homeless data and the ACS at-risk of homelessness data to PHAs, each PHA was allocated these need variables based on their December 2020 share of voucher leasing in each county. For example, if a PHA’s share of currently served voucher tenants in a county is 20 percent, they would be allocated 20 percent of the need for that county. Their total need is the sum of their county allocated need across all counties in which they have active voucher tenants.

b. Ensuring geographic diversity including with respect to rural areas

As discussed above, HUD’s allocation formula is primarily driven by relative EHV eligibility need under the assumption that a PHA with an operating area that includes a higher number of homeless or at-risk of homelessness people should receive a larger allocation share than a PHA with relatively few homeless or at-risk of homelessness individuals and families in its operating area. However, PHAs serving rural areas might have a relatively low absolute number of such individuals and families due to the low population of the area in general, but nonetheless have a high rate of homeless and at-risk individuals and families as a percentage of that general population. To address these circumstances, HUD’s allocation formula also identifies PHAs that operate in areas which have high rates of homelessness or at-risk of homelessness (among all PHAs, those with a rate of need in the top quartile for any of the three need variables – homeless persons, At-risk Category 1, and At-risk Category 2), even if the overall number of those individuals and families is comparatively low when compared to the rest of the country. The formula ensures that at least one PHA operating in each area with these high homeless or at-risk of homelessness rates will receive an EHV allocation.

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5The McKinney-Vento definition of “at-risk” homelessness for households specifies that they have incomes of less than 30 percent of Area Median Income in addition to one or more other characteristic that puts them at risk for homelessness.
c. Public housing agency capacity

The HUD allocation formula considers two factors when determining the PHA’s capacity to implement this program effectively and quickly. The first is how many vouchers an agency currently administers within each county. As discussed above, the more vouchers a PHA administers in a county relative to other PHAs with jurisdiction in that same county, the greater the share of the homeless/at-risk of homelessness need within the county that will be potentially allocated to that PHA.

The second factor is the PHA’s estimated leasing potential, as measured by the PHA’s current number of unleashed vouchers and its available budget authority to lease those vouchers (over and above voucher turnover) in its existing HCV program. PHAs with HCV programs that are fully leased or almost fully leased are assumed to have the operational capacity to take on a new allocation of vouchers, specifically an allocation targeted for traditionally hard-to-house homeless and at-risk of homelessness populations. In contrast, PHAs that will simultaneously need to put significant attention and effort into leasing a significant number of unused vouchers that are already part of the PHA’s HCV program are assumed to have less capacity to administer the EHV.

HUD calculates leasing potential using the PHA’s actual leasing and cost data reported by the PHA in the Voucher Management System (VMS) and all the budget authority available to the PHA for the calendar year (including reserves). HUD projects PHA spending for the future months based on VMS information (e.g., vouchers that have been issued to families that are currently engaged in their housing search, per unit cost (PUC) trends, etc.) and then estimates the number of vouchers the PHA could potentially lease, factoring in the need for the PHA to maintain a reasonable reserve. Once the need from each county is assigned to a PHA consistent with paragraphs (a) and (b) above, that need is then adjusted based on a PHA’s current leasing potential for their existing HCV program.

Leasing potential for the initial 39 MTW agencies is calculated in the following manner. The Planned Number of MTW HCV Households Served, as stated in an MTW PHA’s FY2020 Annual MTW Plan, is the total number of households that the MTW PHA planned to serve through the full Plan Year. This total is compared to VMS data from the last month of the MTW PHA’s Fiscal Year 2020 (e.g., for an MTW PHA with a Fiscal Year 2020 that spans January 1, 2020 – December 31, 2020, December 2020 VMS data is used). Based on an MTW PHA’s agreed upon baseline worksheet for the MTW statutory requirement of Serving Substantially the Same (STS) number of families as it otherwise would have absent MTW designation, certain Special Purpose Vouchers (SPVs) may have also been included in the leasing calculation if applicable to an MTW PHA’s specific STS compliance documents.

The total number of MTW voucher units in VMS is then divided by the Planned Number of MTW HCV Households Served as stated in an agency’s FY 2020 Annual MTW Plan, to arrive at a leasing percentage that determines if an agency has met its stated goal for
housing MTW voucher households for FY2020. MTW PHAs that have achieved less than 95 percent of their Planned Number of MTW HCV Households Served will have the allocation adjusted downward in proportion to the extent that it is below 95 percent.

Finally, with further respect to capacity, HUD may determine a PHA, including an MTW PHA, lacks capacity to administer EHV’s based on unresolved outstanding civil rights violations or major program management findings from an Inspector General audit, HUD management review, or Independent Public Accountant (IPA) audit for the PHA’s HCV program, or other significant program compliance issues that were not resolved, or in the process of being resolved, as determined by HUD.

d. Base formula structure

All PHAs will be assigned a base formula allocation, which is estimated using a dual formula structure that provides the highest allocation of vouchers for a PHA based on one of these formulas:

**Formula A. Homeless Need Adjusted for PHA Capacity**

*The estimated Homeless Need as described in paragraph (a) assigned to a PHA reduced by the PHA’s leasing potential divided by total Homeless Need less national leasing potential multiplied by the number of EHV’s available to be allocated.*

**Formula B. At-risk of Homelessness Need Adjusted for PHA Capacity**

*At-risk Category 1 assigned to a PHA reduced by a PHA’s leasing potential divided by all PHA At-risk Category 1 less national leasing potential multiplied by 50 percent of EHV’s available to be allocated plus At-risk category 2 assigned to a PHA reduced by a PHA’s leasing potential divided by all PHA At-risk category 2 less national leasing potential multiplied by 50 percent of EHV’s available to be allocated.*

The formula compares the allocation the PHA would receive under each formula and uses the formula allocation that allocates the highest number of EHV’s to the PHA. That assigned voucher allocation is then subject to a pro-rata reduction so that the total number of EHV’s that will be allocated to all PHAs is equal to the 70,000 vouchers available to be allocated.

e. Minimum allocation size and rural area adjustments

HUD generally considers 25 vouchers to be the necessary minimum allocation size for a PHA to implement a targeted voucher program that has unique rules and alternative requirements. Accordingly, the basic allocation formula requires that the PHA must qualify for a minimum of 25 vouchers in order to receive an allocation with the following exception. As discussed earlier, the formula makes adjustments with respect to this minimum size in order to ensure high need rural areas are represented. For areas (county
or group of counties) with high rates of homelessness or at-risk of homelessness populations, at least one PHA will receive an allocation of EHV s, even if no PHA met the minimum 25 voucher requirement. The PHA that is primarily operating in the high need area and to which the formula would allocate the largest allocation of EHV s will be allocated the greater of (1) the number of vouchers it received under the base formula or (2) 15 EHV s.

Each state has a base allocation, which is the total number of EHV s allocated to each PHA in the state under the base formula allocation in paragraph d. The minimum size allocation requirement and the rural high need adjustments may, however, cause the base allocation of some states to change. To restore the state base allocation (and to maintain the national total of 70,000 EHV s), the formula makes one final pro-rata adjustment. If there are not enough “below the minimum” vouchers (EHV s not allocated because they were part of an allocation that was less than 25 vouchers) within the state necessary to make up for the rural high need adjustments (where PHAs received additional vouchers to reach the 15-voucher minimum), each PHA will always receive its minimum size allocation. The minimum allocation size is 25 vouchers in most cases but will be 24 to 15 vouchers for PHAs that received the rural high need adjustment.

If on the other hand there are more vouchers available for the state because of the number of “below the minimum” vouchers exceeded the number of vouchers needed to make the rural high need adjustments, the formula makes the following adjustment. First, the number of vouchers available for reallocation is reduced proportionate across all of this subgroup of states to support the vouchers allocated above the state base amounts described in the paragraph above.

Next, for the remaining vouchers, for states where there is a state agency that administers the HCV program, the state agency will receive the additional vouchers because the state agency is likely to be able to operate in those rural areas of the state that did not get an allocation because they did not qualify as a high need area. For states without a state agency administering the HCV program, HUD will prorate the excess “below the minimum” vouchers to all PHAs in the state that qualified for an EHV allocation based on their share of allocated vouchers above the high need rural area 15-voucher minimum.

HUD will reallocate any vouchers within the state that become available because PHAs declined their initial EHV allocation using the same approach described above, that is, allocating to state agencies if a state has a state agency or pro-rata within the state if it does not.

5. **Invitation/Acceptance Process**

Once HUD has determined the EHV allocation in accordance with section 4 above, HUD will notify eligible PHAs of the number of EHV s allocated to the PHA no later than May 10, 2021.
The notification will specify the number of vouchers allocated to the PHA in accordance with the allocation formula and will provide specific instructions regarding how the PHA may either accept or decline the allocation. While PHAs are encouraged to accept the entire EHV allocation, the PHA may choose to accept a lower number of vouchers than the number offered by HUD in the notification, but not less than the minimum allocation of 25 or 15 EHV, as applicable.

HUD may subsequently contact PHAs to ask them to accept or decline the offer of additional EHV if additional EHV become available because other PHAs declined their allocation.

PHAs are encouraged to respond to HUD’s notification as soon as possible but must provide their acceptance of the allocation (or a portion of the allocation) and the terms and conditions of the program no later than 14 calendar days following HUD’s notification.\(^6\)

6. Administrative Fees and Funding for Other Eligible Expenses

The ARP provides funding for fees for the costs of administering the EHV and other eligible expenses defined by notice to prevent, prepare for and respond to coronavirus to facilitate the leasing of the emergency housing vouchers, such as security deposit assistance and other costs related to retention and support of participating owners.

PIHAs will be allocated administrative fee funding for EHV administrative costs and for other eligible expenses described in this notice. These fees may only be used for EHV administration and other eligible expenses and must not be used for or applied to other PHA programs or vouchers (e.g., regular HCVs, Mainstream vouchers, etc.). As is the case with Mainstream vouchers, the PHA must maintain separate financial records from its regular HCV funding for all EHV funding, both HAP and administrative fee amounts. Please see section 15 below for more information on the use of funds, reporting, and financial records.

PHAs will be allocated administrative fees as follows:

a. Preliminary Fee. PHAs will receive a single, one-time preliminary fee of $400 per EHV allocated to the PHA once the PHA’s CACC is amended to reflect the EHV funding obligation. This fee amount will support the anticipated immediate start-up costs that the PHA will incur in implementing the EHV alternative requirements, such as the outreach to and coordination with the CoC\(^7\) and other potential partnering agencies and planning and development. This fee may be used for any eligible administrative expenses related to the EHV. This fee may also be used to pay for any of the eligible activities under the EHV services fee (see paragraph d below).

b. Placement Fee/Expedited Issuance Reporting Fee. This fee amount will support initial lease-up costs as well as the added cost and effort required to expedite the leasing

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\(^6\) PHAs are not required to have the memorandum of understanding (MOU) in place with the CoC at the time they accept the allocation. PHAs that agree to accept an allocation must enter into a MOU with a partnering CoC within 30 days of the effective date of the ACC funding increment for the EHV. See section 9.b below.

\(^7\) Please see the description of the CoC and its partnership role in referring families to the PHA in section 9.b below.
of the EHV$s$. Initial lease-up costs are expected to include the PHA’s costs to establish and refine the direct referral process with its partners and to expedite income determinations, family briefings, and voucher issuance. It also supports the PHA’s costs to report the issuance of the EHV to HUD ahead of the normally applicable reporting deadlines, which will allow HUD access to EHV issuance data in a timely manner as possible.

PHAs will receive $100 for each EHV that is initially leased upon the effective leasing date of that voucher if the PHA reported the voucher issuance date\(^8\) in the Public Housing Information Center-Next Generation (PIC-NG) system within 14 days of the later of the voucher issuance date or the date when the system becomes available for reporting. (See Section 15 for additional information on reporting requirements.)

PHAs will receive an additional placement fee of $500 for each EHV family placed under a HAP contract that is effective no later than four months after the effective date of the ACC funding increment for that EHV, or $250 for each EHV family placed under a HAP contract with an effective date that is after 4 months but no later than six months after the effective date of the ACC funding increment for that EHV.\(^9\) This bifurcated fee structure is based on the anticipated extra costs the PHA will experience in its efforts to expedite the leasing of the EHV$s$ and the expectation that those costs should start to diminish as the PHA gains more experience operating the EHV program and resolving leasing challenges for EHV families.

In cases where the PHA received more than one EHV allocation and the funding increments have different dates, HUD will determine the PHA’s eligibility for the placement fee based on the effective date of the PHA’s initial increment. EHV$s$ from the initial increment are expected to be issued and leased first for purposes of calculating the placement fee. Once the number of EHV$s$ under lease equals the total number of vouchers allocated under the initial increment, HUD will use the effective date of the PHA’s subsequent allocation to determine the PHA’s eligibility for the $500 or $250 placement fee.

For example, if the PHA reported the voucher issuance within 14 days and leased the voucher within the four-month window, the PHA would receive $600 as the total placement and expedited issuance fee. If the PHA reported the voucher issuance within 14 days and leased the voucher within the six-month window, the PHA would receive $350. If the PHA reported the voucher issuance within 14 days but did not lease the voucher until after the six-month window had passed, the PHA would receive $100. The PHA does not receive the fee if the issued voucher is never leased.

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\(^8\) The “voucher issuance date” is the actual date the voucher is issued to the family, line 2 on the Voucher (form HUD-52646).

\(^9\) For example, if the funding increment for the family’s EHV is June 1, 2021, the HAP contract must have an effective date of no later than October 1, 2021, for the PHA to earn the $500 placement fee, or no later than December 1, 2021, for the PHA to earn the $250 placement fee.
The placement/expedited issuance reporting fee is only applicable to the initial time the voucher is leased by the PHA. The placement/expedited issuance reporting fee is not paid for subsequent lease-ups (e.g., the family moves to another unit or the EHV participant leaves the program and the voucher is reissued to another family prior to the prohibition on reissuance of turnover vouchers after September 30, 2023).

This placement fee may be used for any eligible administrative expenses related to the EHV. This fee may also be used to pay for any of the eligible activities under the EHV services fee (see paragraph d below).

c. On-going Administrative Fee. The on-going administrative fee for EHV is calculated in the same manner as the on-going administrative fee that the PHA receives for its regular HCV program. PHAs will be allocated the full Column A administrative fee amount for each EHV that is under HAP contract as of the first day of each month. The Column A administrative fee rates for the HCV program are available on HUD’s website and may be accessed at the following:

https://www.hud.gov/program_offices/public_indian_housing/programs/hcv

As the ARP appropriations for the EHV are obligated to PHAs and expended by PHAs on program purposes over time, HUD may be required to prorate the EHV ongoing administrative fee calculations in future years, based on available EHV funding.

Similar to the regular HCV administrative fee process, HUD will make the EHV ongoing administrative fees available to PHAs each month based on actual leasing reported by the PHA for prior months. HUD will reconcile the PHA’s EHV’s administrative fees on a periodic basis and at the end of each calendar year (commencing with CY 2022). HUD recognizes that prior month EHV leasing data will not be available during the early stages of the PHA’s EHV program. For each of the first three months following the ACC funding increment effective date, HUD will advance the PHA ongoing administrative fees equal to the amount of ongoing administrative fees the PHA would receive for that month if all EHV’s allocated to the PHA were fully leased so that the PHA also has ongoing administrative fees available to meet the initial costs of EHV administration. The advanced ongoing administrative fees will be taken into account when HUD first reconciles the PHA’s EHV administrative fees.

EHV ongoing administrative fees may be used for any eligible administrative expenses related to the EHV. These fees may also be used to pay for any of the eligible activities under the EHV services fee (see paragraph d below).

d. Services Fee. A PHA will be allocated a one-time services fee to support its efforts in implementing and operating an effective EHV services program that will best address the needs of EHV eligible individuals and families in its jurisdiction. This fee will be allocated to the PHA once the PHA’s CACC is amended to reflect the EHV funding obligation. The amount allocated to each PHA will be equal to $3,500 for each EHV allocated to the PHA. Note that the services fee amount is not tied to each voucher, but instead is the combined total of the services fees are available to the PHA to design a
menu of services that will best address the leasing challenges faced by the EHV eligible families in the PHA’s community. The PHA may use the services fee to provide any or all of the defined eligible uses to assist families to successfully lease units with the EHV.

The PHA is strongly encouraged to consult with its CoC and its other homeless servicesvictim services referral partners in establishing which activities it will undertake in support of EHV’s and any parameters or requirements regarding the application of those activities. For example, if the PHA is working with several direct referral partners and one partner is able to provide security deposit assistance and the other is not, the PHA may provide security deposit assistance for direct referral families from the latter agency but not for families who are already eligible for and receiving security deposit assistance from the partnering agency. The PHA may limit the amount of assistance that it provides for any of the eligible uses and place other restrictions on those uses. However, the services fee funding must be initially used for these defined eligible uses and not for other administrative expenses of the EHV. Service fee funding may never be used for the HCV program.

The eligible uses implemented by the PHA and the parameters/requirements established by the PHA must be described in the PHA’s administrative plan. Any services fee assistance that is returned to the PHA after its initial or subsequent use (such as security deposits/utility deposits/other assistance that may be wholly or partly returned to the PHA by the owner/utility supplier/family) may only be applied to the eligible services fee uses defined by this notice (or subsequent notice) or other EHV administrative costs. Any amounts not expended for these eligible uses when the PHA’s EHV program ends must be remitted to HUD.

The eligible uses are designed to prevent and respond to coronavirus by facilitating the leasing of the EHV’s, which will provide vulnerable individuals and families a much safer housing environment to minimize the risk of coronavirus exposure or spread. Individuals and families who are homeless or at-risk of homelessness are often living in conditions that significantly increase the risk of exposure to coronavirus in addition to other health risks.

The services fees fall into four main components comprised of specific activities:

i. Housing Search Assistance.

As discussed in section 9.d below, the PHA is required to ensure housing search assistance is made available to EHV families during their initial housing search. The PHA may use the services fee funding to provide this required housing search assistance to EHV families during their initial housing search. Housing search assistance is a broad term which may include many activities such as but not limited to helping a family identify and visit potentially available units during their housing search, helping to find a unit that meets the household’s disability-related needs, providing transportation and directions, assisting with the completion of rental applications and PHA forms, and helping to expedite the EHV leasing process for
the family. For specific information on the EHV housing search assistance requirement, please refer to section 9.d.

ii. Security Deposit/Utility Deposit/Rental Application/Holding Fee Uses.

A. Application fees/non-refundable administrative or processing fees\(^1\)/refundable application deposit assistance. The PHA may choose to assist the family with some or all these expenses.

B. Holding fees. In some markets, it is not uncommon for an owner to request a holding fee that is rolled into the security deposit after an application is accepted but before a lease is signed. The PHA may cover part or all of the holding fee for units where the fee is required by the owner after a tenant’s application has been accepted but before the lease signing. The PHA and owner must agree how the holding fee gets rolled into the deposit, and under what conditions the fee will be returned. In general, owners need to accept responsibility for making needed repairs to a unit required by the initial housing quality standards (HQs) inspections and can only keep the holding fee if the client is at fault for not entering into a lease.

C. Security deposit assistance. The PHA may provide security deposit assistance for the family. The amount of the security deposit assistance may not exceed the lesser of two months’ rent to owner, the maximum security deposit allowed under applicable state and/or local law, or the actual security deposit required by the owner. The PHA may choose to pay the security deposit assistance directly to the owner or may pay the assistance to the family, provided the PHA verifies the family paid the security deposit. The PHA may place conditions on the security deposit assistance, such as requiring the owner or family to return the security deposit assistance to the PHA at the end of the family’s tenancy (less any amounts retained by the owner in accordance with the lease). Security deposit assistance returned to the PHA must be used for either services fee eligible uses or other EHV administrative costs.

D. Utility deposit assistance/utility arrears. The PHA may provide utility deposit assistance for some or all of the family’s utility deposit expenses. Assistance can be provided for deposits (including connection fees) required for the utilities to be supplied by the tenant under the lease. The PHA may choose to pay the utility deposit assistance directly to the utility company or may pay the assistance to the family, provided the PHA verifies the family paid the utility deposit. The PHA may place conditions on the utility deposit assistance, such as requiring the utility supplier or family to return the utility

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\(^1\) In some markets, non-refundable administrative fees are becoming more common as states pass laws limiting application fees, or as an alternative to refundable deposits.
deposit assistance to the PHA at such time the deposit is returned by the utility supplier (less any amounts retained by the utility supplier). In addition, some families may have large balances with gas, electric, water, sewer, or trash companies that will make it difficult if not impossible to establish services for tenant-supplied utilities. The PHA may also provide the family with assistance to help address these utility arrears to facilitate leasing. Utility deposit assistance that is returned to the PHA must be used for either services fee eligible uses or other EHV administrative costs.

iii. Owner-related uses.

A. Owner recruitment and outreach. The PHA may use the service fee funding to conduct owner recruitment and outreach specifically for EHV's. In addition to traditional owner recruitment and outreach, activities may include conducting pre-inspections (see section 9.1 below) or otherwise expediting the inspection process, providing enhanced customer service, and offering owner incentive and/or retention payments (see paragraph B that follows below).

B. Owner incentive and/or retention payments. The PHA may make incentive or retention payments to owners that agree to initially lease their unit to an EHV family and/or renew the lease of an EHV family. The PHA may design the owner incentive payment to meet its specific needs (such as, for example, limiting the incentive payments to new owners or owners in high opportunity neighborhoods, or structuring all or part of the payment as a damages or unpaid rent mitigation fund, where the owner receives the mitigation payment only if the security deposit is insufficient to cover damages and other amounts owed under the lease). The PHA may condition the offer of the owner incentive payment on the owner’s agreement to abide by certain terms and conditions. For example, the PHA could require the owner to agree to contact and work with the family’s CoC case manager or other intervention services (assuming such services are available) should lease violations or other tenant-related issues arise during the assisted tenancy before taking action to evict the tenant.

HUD anticipates that owner incentive/retention payments would typically be made as a single payment at the beginning of the assisted lease term (or lease renewal if a retention payment). However, regardless of the frequency that the PHA chooses to make such payments, owner incentive/retentions payments are not housing assistance payments and are not part of the rent to owner. Owner incentive/retention payments are not taken into consideration when determining whether the rent for the unit is reasonable.

iv. Other eligible uses.

A. Moving expenses (including move-in fees and deposits). The PHA may provide assistance for some or all of the family’s reasonable moving expenses
when they initially lease a unit with the EHV. The PHA may not provide moving expenses assistance for subsequent moves unless the family is required to move for reasons other than something the family did or failed to do (e.g., the PHA is terminating the HAP contract because the owner did not fulfill the owner responsibilities under the HAP contract or the owner is refusing to offer the family the opportunity to enter a new lease after the initial lease term, as opposed to the family choosing to terminate the tenancy in order to move to another unit), or a family has to move due to domestic violence, dating violence, sexual assault, or stalking, for example.

B. **Tenant-readiness services.** The PHA may use the services fee funding to help create customized plans to address or mitigate barriers that individual families may face in renting a unit with an EHV, such as negative credit, lack of credit, negative rental or utility history, or to connect the family to other community resources (including COVID-related resources) that can assist with rental arrears.

C. **Essential household items.** The PHA may use the services fee funding to assist the family with some or all of the costs of acquiring essential household items as defined by the PHA (e.g., tableware, bedding, etc.).

D. **Renter’s insurance if required by the lease.** The PHA may use the services fee funding to assist the family with some or all of the cost of renter’s insurance, but only in cases where the purchase of renter’s insurance is a condition of the lease.

7. **Housing Assistance Payments (HAP) Funding**

   ARP funding obligated to the PHA as HAP funding may only be used for eligible EHV HAP expenses (i.e., rental assistance payments). EHV HAP funding may not be used for EHV administrative expenses or for the eligible uses under the EHV services fee.

   EHV HAP funding amounts will be calculated as follows:

   a. **Initial funding allocation**

      Upon the PHA’s acceptance of the EHV allocation in accordance with section 5 above and the requirements of the allocation notification, HUD will amend the PHA’s CACC to reflect the obligation of the EHV funding and the associated units for the initial funding term of those vouchers.

      The initial funding term will expire on December 31, 2022.

      The initial funding increment for the EHV allocation will be based on the PHA’s per unit cost (PUC) for the PHA’s HCV program, adjusted for inflation and taking into consideration that the initial term is longer than 12 months. However, if during the initial term a PHA can demonstrate based on actual leasing and costs that the HAP funding will
be insufficient to cover its actual HAP costs for the EHV for the initial term, the PHA may request that HUD adjust the initial funding increment amount for the EHV during the initial funding term. If the PHA has demonstrated the need to do so, HUD will adjust the initial funding amount based on the actual costs incurred upon request by the PHA to ensure the PHA has sufficient funding during the initial funding term to lease all of its EHV and pay its EHV HAP costs through December 31, 2022. If the PHA believes that it needs an adjustment, it should contact its financial analyst in HUD’s Office of Housing Voucher Programs Financial Management Center (FMC).

b. Renewal funding process

HUD will provide renewal funding to the PHA for the EHV on a calendar year basis commencing with CY 2023. The renewal funding allocation will be based on the PHA’s actual EHV HAP costs and leasing, similar in many respects to the renewal process for the regular HCV program. However, renewal funding for the EHV is not part of the annual HCV renewal funding formula nor are the funds for EHV renewals appropriated in HUD’s annual appropriations Acts. EHV are renewed separately from the regular HCV program (similar to Mainstream vouchers). All renewal funding for the duration of the EHV program has already been appropriated as part of the $5 billion provided by the ARP. No additional EHV HAP renewal appropriations are anticipated at this time.

The process for determining the PHA’s EHV renewal funding for CY 2023 and subsequent calendar years is described below. Note that PHAs may receive an estimated renewal amount for the first few months of the calendar year until their final renewal eligibility is determined for the calendar year.

(1) The HAP funding baseline is established based on the PHA’s actual EHV leasing and cost data for the previous calendar year.

(2) The Renewal Funding Inflation Factor (RFIF) used in the HCV program, adjusted for localities, will be applied to the PHA’s EHV HAP funding baseline described above. The RFIFs are published by HUD’s Office of Policy, Development and Research (PD&R) and can be found at https://www.huduser.gov/portal/datasets/rlfif/cfif.html.

(3) HUD will review the PHA’s EHV Restricted Net Position (RNP), including amounts held by HUD, for the PHA’s EHV. HUD may adjust the CY renewal allocation based on the calculated year end EHV RNP and HUD Held Reserves. Starting with the CY 2024 renewal allocations, HUD will also take into consideration the number of EHV that have turned over and cannot be reissued because of the statutory prohibition on reissuance of turnover vouchers after September 30, 2023. HUD will further adjust the renewal allocation based on the number of vouchers that are being reallocated to other PHAs due to the PHA’s failure to lease its authorized vouchers as described in section 14 below.

HUD will consider the number of vouchers that have not yet been leased and if the number of EHV leased increased throughout the baseline CY. If the renewal
allocation and the PHA’s EHV RNP and HUD Held Reserves are insufficient to account for the increased leasing or expected increased leasing, HUD will adjust the renewal funding allocation accordingly.

(4) Adjustments to the PHA’s EHV renewal allocation may also be made during the HCV renewal funding calendar year. Subject to availability of the remaining funds, HUD will adjust renewal allocations upon request by the PHA for (1) EHV per-unit cost increases for unforeseen circumstances that occurred within or after the benchmarking period which the PHA could not reasonably have anticipated and were out of the PHA’s control, and (2) a PHA that would otherwise be required to terminate participating EHV families from the program due to insufficient funds, despite taking reasonable cost savings measures as determined by HUD.

(5) When the remaining EHV HAP renewal funding is no longer sufficient to fully fund all PHAs’ EHV renewal funding eligibility, HUD will prorate EHV renewal funding allocations. To determine the proration factor for the EHV renewal allocation, HUD will calculate the total HAP renewal funding eligibility for all PHAs still administering EHV and compare that amount to the remaining available EHV HAP renewal funds. This proration factor is then applied to each PHA’s EHV HAP renewal eligibility to determine the EHV renewal allocations.

HUD will provide the PHA with detailed information on its EHV renewal calculations and the process by which PHAs may request renewal funding allocation adjustments during the covered renewal period.

8. **Individual and Family Eligibility under the Qualifying Categories**

In order to be eligible for an EHV, an individual or family must meet one of four eligibility categories:

- Homeless
- At risk of homelessness
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
- Recently homeless and for whom providing rental assistance will prevent the family’s homelessness or having high risk of housing instability.

In general, the verification that the individual or family meets one of these four eligibility categories is conducted by the CoC or another partnering agency that makes direct referrals to the PHA. The CoC or other direct referral partner must provide supporting documentation to the PHA of the referring agency’s verification that the family meets one of the four eligible categories for EHV assistance.

The following definitions always apply with respect to EHV eligibility, regardless of whether the PHA may have established another definition for any of these terms in its PHA administrative plan.
a. **Individuals and families who are homeless**

The meaning of “homeless” is as such term is defined in section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a)), which is codified in HUD’s Continuum of Care Program regulations at 24 CFR 578.3 and reads as follows:

*Homeless* means:

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

   (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

   (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

2. An individual or family who will imminently lose their primary nighttime residence, provided that:
   
   (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

   (ii) No subsequent residence has been identified; and

   (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.

3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

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 child 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.

b. Individuals or families who are at-risk of homelessness

The meaning of “at-risk of homelessness” is as such term is defined in section 401(1) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(1)), which is codified in HUD’s Continuum of Care Program regulations at 24 CFR 578.3 and reads as follows:

*At risk of homelessness. (1) An individual or family who:

(i) Has an annual income below 30 percent of median family income for the area, as determined by HUD;

(ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “Homeless” definition above; and

(iii) Meets one of the following conditions:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) Is living in the home of another because of economic hardship;

(C) Has been notified in writing that their right to occupy their
current housing or living situation will be terminated within 21 days of the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

(2) A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or

(3) A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

c. Individuals or families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking

This category is composed of any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking. This includes cases where a HUD-assisted tenant reasonably believes that there is a threat of imminent harm from further violence if they remain within the same dwelling unit, or in the case of sexual assault, the HUD-assisted tenant reasonably believes there is a threat of imminent harm from further violence if they remain within the same dwelling unit that they are currently occupying, or the sexual assault occurred on the premise during the 90-day period preceding the date of the request for transfer.
**Domestic violence** includes felony or misdemeanor crimes of violence committed by:

a. a current or former spouse or intimate partner of the victim (the term “spouse or intimate partner of the victim” includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship),

b. a person with whom the victim shares a child in common,

c. a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner,

d. a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or

e. any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.

**Dating violence** means violence committed by a person:

a. Who is or has been in a social relationship of a romantic or intimate nature with the victim; and

b. Where the existence of such a relationship shall be determined based on a consideration of the following factors:

1. The length of the relationship;
2. The type of relationship; and
3. The frequency of interaction between the persons involved in the relationship.

**Sexual assault** means any nonconsensual sexual act proscribed by Federal, Tribal, or State law, including when the victim lacks capacity to consent.

**Stalking** means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

(1) Fear for the person’s individual safety or the safety of others; or
(2) Suffer substantial emotional distress.

**Human trafficking** includes both sex and labor trafficking, as outlined in the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7102). These are defined as:

*Sex trafficking* means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of
age; (and)

*Labor trafficking* means the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

d. **Individuals or families who are recently homeless**

This category is composed of individuals and families determined by the CoC or its designee to meet the following definition.

*Recently homeless* is defined as individuals and families who have previously been classified by a member agency of the CoC as homeless but are not currently homeless as a result of homeless assistance (financial assistance or services), temporary rental assistance or some type of other assistance, and where the CoC or its designee determines that the loss of such assistance would result in a return to homelessness or the family having a high risk of housing instability. Examples of households that may be defined as recently homeless by the CoC include, but are not limited to, participants in rapid rehousing, and permanent supportive housing.

Individuals and families classified as recently homeless must be referred by the CoC or its designee.

9. **Waivers and Alternative Requirements.**

The Secretary may waive or specify alternative requirements for any provision of the United States Housing Act of 1937 or regulation applicable to such statute other than requirements related to fair housing, nondiscrimination, labor standards, and the environment, upon a finding that the waiver or alternative requirement is necessary to expedite or facilitate the use of EHV funding.

EHVs are tenant-based vouchers under Section 8(o) of the United States Housing Act of 1937. Unless expressly waived below, all statutory and regulatory requirements and HUD directives regarding the HCV program are applicable to EHV, including the use of all HUD-required contracts and other forms. The administrative policies adopted in the PHA’s written administrative plan apply to the EHV vouchers unless such local policy conflicts with the requirements of the ARP, the requirements of this notice, or the waivers and alternative requirements outlined below.

These waivers and alternative requirements have been determined by the Secretary to be necessary to expedite and facilitate the use of the EHV funding. These waivers or alternative requirements are exceptions to the normal HCV requirements, which otherwise apply to the administration of the EHV.
HUD may waive and/or establish alternative requirements for additional statutory and regulatory provisions by subsequent notice. A PHA may request additional good cause regulatory waivers in connection with the use of the EHV, which HUD will consider and assess upon the request of the PHA.

a. COVID-19 waivers (waivers authorized for the regular HCV program under the CARES Act)

The Coronavirus Aid, Relief and Economic Security (CARES) Act (Public Law 116-136) provides HUD with broad authority to waive or establish alternative requirements for numerous statutory and regulatory requirements for the HCV program. However, the CARES Act waiver authority does not cover EHV funding appropriated by the ARP.

HUD recognizes that the challenges the COVID-19 pandemic has created for the regular HCV program will likewise apply to the administration of the EHV. Consequently, HUD is exercising its waiver authority under the ARP to provide some of the same menu of HCV-applicable CARES Act waivers to PHAs for administration of the EHV assistance. The use of these COVID-19-related EHV waivers is at the discretion of the individual PHA. A PHA may choose to apply all, some, or none of the waivers to the EHV assistance.

Unlike the other ARP waivers provided through this notice, these EIIV COVID-19 waivers have limited periods of availability that currently match the same periods of availability for the CARES Act waivers. The period of availability for these EHV COVID-19 waivers/alternative requirements, collectively or individually, may be further extended by PIH notice should HUD determine that such similar extension is necessary for the CARES Act waivers, or if HUD otherwise determines it necessary to further extend these waivers for the EHV. PHAs that implement these waivers are not required to keep the waiver/alternative requirement in-place for the full period of availability (including any extension) but may at any time choose to revert to regular program requirements and operations.

Attachment 1 of this notice provides the list of COVID-19 related waivers that the PHA may apply to the EHV. PHAs should refer to Notice PIH 2021-14 or its successor notice(s) for detailed information on the individual waivers listed in Attachment 1.

b. Required partnerships with the CoC and other organizations for direct referrals and services

EHVs are one of several resources that communities can use to house individuals and families who are experiencing homelessness or have unstable housing. To ensure that the EHV assist families who are most in need, PHAs are required to work with community partners to determine the best use and targeting for the vouchers along with other resources available in the community.
HUD’s CoC program is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389). The program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

The CoC is organized to carry out the responsibilities required under the program and is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

Provisions in the CoC Program Interim Rule at 24 CFR § 578.7(a)(8) require that CoCs establish a Coordinated Entry (CE) System. The CE System is a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area of the CoC, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

HUD is establishing an alternative requirement under which the PHA must enter into a Memorandum of Understanding (MOU) with the CoC to establish a partnership for the administration of the EHV. The primary responsibility of the CoC under the MOU is to make direct referrals of qualifying individuals and families to the PHA (see section 9.c below). Partner CoCs are responsible for determining whether the family qualifies under one of the four eligibility categories for EHV. Additionally, CoCs are encouraged to offer or make connections to supportive services for families that are referred to the PHA, including, but not limited to, short- or long-term case management, collecting necessary verifications to support referrals, housing counseling, housing search assistance and utility deposit assistance.¹¹ HUD recommends CoCs and PHAs seek a diverse range of supportive services by partnering with organizations trusted by people experiencing homelessness. The specific services that the CoCs will provide to individuals or families referred for the EHV program must be outlined in the MOU with the CoC.

¹¹PHAs may use services fee funding for housing search assistance and utility deposit services, but if such services are already available through the CoC, the services fee funding should be directed to other uses that are not available through the CoC. It is important that the PHA collaborate with the CoC and any other partnering agencies in designing its menu of uses for the services fee funding.
PHAs that agree to accept an allocation must enter into an MOU with a partnering CoC within 30 days of the effective date of the ACC funding increment for the EHV.

The MOU is a complete statement of the responsibilities of the parties and evidence of a commitment of resources to the EHV program. The MOU may be subsequently amended to add or change the services that the CoC may provide but must always retain the direct referral responsibility of the CoC. A sample MOU template is included in Attachment 2 of this notice.

The MOU must include at a minimum:

1. The PHA’s and CoC’s commitment to administering the EHV in partnership.
2. The goals and standards of success in administering the EHV.
3. The staff position for each organization that will serve as the lead EHV liaison.
4. A statement that all parties agree to cooperate with any program evaluation efforts undertaken by HUD, or a HUD-approved contractor, including compliance with HUD evaluation protocols and data sharing requests.
5. The specific population eligible for the EHV assistance that will be referred to the PHA by the CoC or other partnering referral agency.
6. The services, including financial assistance, that will be provided to assist EHV applicants and participants and who will provide them.
7. The roles and responsibilities of the PHA and CoC, including but not limited to the CoC making direct referrals of families to the PHA through the CE system.

A PHA that experiences difficulty in identifying a CoC partner, or where the CoC may be unwilling or reluctant to enter the MOU due to capacity issues or other concerns, or where the PHA is worried about its ability to fulfill this requirement within the required deadline despite a good-faith effort, is encouraged to contact HUD as promptly as possible for assistance. HUD or its Technical Assistance (TA) provider will work with the PHA to help facilitate a partnership, which may include using a partnering referral agency other than the CoC. In rare circumstances HUD may waive the partnership/direct referral requirement for the PHA for an interim period if such a step is necessary while building capacity at the CoC or other potential partnering referral agency. Information on EHV technical assistance and how to request it will be provided by HUD during the EHV webinar to be conducted after issuance of this notice.

c. **Admissions process - Direct referrals from the CoC and other partnering organizations**

PHAs must accept referrals for EHV directly from the CE System. Accepting direct referrals from the CE System will help ensure families are able to get assistance quickly and eliminate the administrative burden on the PHA regarding the determination as to whether the family meets the definition of a qualifying individual or family for EHV assistance. CoC partners may also support applicants through the application process and attend meetings with applicants and PHAs to aid individuals and families through the admissions process. Direct referrals for EHV are not added to the PHA’s regular HCV
waiting list.

In general, EHV families are issued EHVs as the result of either:

1. the direct referral process from the CoC CE System and/or other partnering organizations, or

2. a situation where the PHA makes an EHV available in order to facilitate an emergency transfer in accordance with the Violence Against Women Act (VAWA) as outlined in the PHA’s Emergency Transfer Plan. (PHAs are strongly encouraged to utilize EHVs as a resource to effectuate emergency transfers for a victim of domestic violence, dating violence, sexual assault, or stalking, as part of their Violence Against Women Act (VAWA) Emergency Transfer Plan.)

The PHA must also take direct referrals from outside the CoC CE system if:

1. the CE system does not have a sufficient number of eligible families to refer to the PHA, or

2. the CE system does not identify families that may be eligible for EHV assistance because they are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking.

In those instances the PHA must enter into a partnership to receive direct referrals from another entity (a Victim Services provider or anti-trafficking service provider, for example, if the CE system is not referring victims fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human tracking) or another homeless services provider (if there are not enough direct referrals coming through the CE system), assuming there are such additional organizations that can certify that an individual or family is homeless or at risk of homelessness, formerly homeless, is an individual or family is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking. (Applicants under the “Recently homeless” category must by definition (see section 8.d above) always be referred by the CoC or its designee.) The PHA must enter an MOU with partnering referral agency as described above in section 9.b. Alternatively, the partnering referral agency may be added to the MOU between the PHA and CoC.

The referring agency must provide documentation to the PHA of the referring agency’s verification that the family meets one of the four eligible categories for EHV assistance. The PHA must retain this documentation as part of the family’s file. HUD has attached to this notice two examples of certifications that could be used to document the referring agency’s verification. (See Attachments 3 and 4).

Other than cases where a family is requesting an emergency transfer in accordance with VAWA as outlined in the PHA’s Emergency Transfer Plan, the PHA must refer a family
that is seeking EHV assistance directly from the PHA to the CoC or other referring agency partner for initial intake, assessment, and possible referral for EHV assistance.

If at any time the PHA is not receiving enough referrals or is not receiving referrals in a timely manner from the CoC CE system or other partner referral agencies (or the PHA and CoC cannot identify any such alternative referral partner agencies), the PHA should contact HUD for assistance. HUD may permit the PHA on a temporary or permanent basis to take EHV applications directly from applicants and admit eligible families to the EHV program in lieu of or in addition to direct referrals in those circumstances.

PHAs must inform families on the HCV waiting list of the availability of EHVs by, at a minimum, either by posting the information to their website or providing public notice in their respective communities. The PHA notice must describe the eligible populations to which the EHVs are limited and clearly state that the availability of these EHVs is managed through a direct referral process. The PHA notice must advise the family to contact the CoC (or any other PHA referral partner, if applicable) if the family believes they may be eligible for EHV assistance. In providing this notice, PHAs must ensure effective communication with persons with disabilities, including those with vision, hearing, and other communication-related disabilities. PHAs must also take reasonable steps to ensure meaningful access for persons with limited English proficiency (LEP). (See Section 11 – Nondiscrimination and Equal Opportunity Requirements - for more information.)

If the PHA has a preference for victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking for the regular HCV program, the PHA must refer any applicant on the waiting list that indicated they qualified for this preference to the CoC or the applicable partnering referral agency. The CoC or partnering referral agency will determine if the family is eligible (based on the qualifying definition for EHV assistance for those fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking or another eligible category as applicable) for an EHV.

If the PHA has a homeless preference for the regular HCV program, the PHA must refer any applicant on the waiting list that indicated they qualified for the homeless preference to the CoC. The CoC will determine whether the family is eligible for an EIIV (based on the qualifying definition for EHV assistance for homelessness or another eligible category as applicable). The CoC will also determine if the family is eligible for other homeless assistance through the CE system.

With the exception of special admissions, the HCV regulations require that the PHA admit an applicant as a waiting list admission. In order to implement the above alternative requirements, HUD is waiving § 982.204(a), which requires that except for special admissions, participants must be selected from the PHA waiting list and that the PHA must select participants from the waiting list in accordance with admission policies.

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12 A special admission (24 CFR § 982.203) is a non-waiting list admission that is only applicable if HUD awards a PHA program funding that is targeted for families living in specified units.
in the PHA administrative plan.

d. **Required housing search assistance**

Housing search assistance can help EHV participants successfully move to areas of higher opportunity, as well as broaden the pool of landlords participating in the EHV program, including culturally or racially diverse landlords and landlords with smaller numbers of units. HUD has established as an alternative requirement that the PHA must ensure housing search assistance is made available to EHV families during their initial housing search. The housing search assistance may be provided directly by the PHA or through the CoC or another partnering agency or entity.

Housing search assistance is a broad term which can include many activities, but with respect to this requirement it must at a minimum (1) help individual families identify potentially available units during their housing search, including physically accessible units with features for family members with disabilities, as well as units in low-poverty neighborhoods, (2) provide transportation assistance and directions to potential units, (3) conduct owner outreach, (4) assist with the completion of rental applications and PHA forms, and (5) help expedite the EHV leasing process for the family. Other recommended, but not required, housing search activities include helping individual families identify barriers to leasing (e.g., low credit score, evictions history) and strategies to address these barriers, workshops on how to conduct an effective housing search, enhanced support for portability processing, regular proactive check-ins for families searching with a voucher, regular reminders to the family of their voucher expiration date and extension policies, and a dedicated landlord liaison for EHV voucher families. The PHA may use any of the EHV administrative fees (including the services fees) described in section 6 for EHV housing search assistance.

e. **Separate waiting list for EHV**

The HCV program regulations at § 982.204(f) provide that a PHA must use a single waiting list for admission to its HCV program.

It is possible that the number of applicants referred by partnering agencies at a given time may exceed the EHV available for the PHA to issue to families. HUD recognizes that requiring PHAs to utilize its existing HCV waiting list to manage EHV referrals will create unnecessary administrative burden, complications, and delays.

HUD is therefore waiving § 982.204(f) to establish an alternative requirement under which the PHA shall maintain a separate waiting list for EHV referrals/applicants to help expedite the leasing process, both at initial leasing and for any turnover vouchers that may be issued prior to the September 30, 2023 turnover voucher cut-off date.

Because the EHV waiting list is based on direct referrals or requests through the PHA’s VAWA emergency transfer plan and not applications from the general public, HUD is also waiving § 982.206, which requires the PHA to give public notice when opening and
closing the waiting list. Under this alternative requirement, the PHA will work directly with its CoC and other referral agency partners to manage the number of referrals and the size of the EHV waiting list.

f. Local Preferences

Under the HCV program, the PHA may establish a system of local preferences for the selection of families. The PHA may have an existing set of local preferences for its HCV program that understandably does not align with the specific targeted purpose of the EHV. Furthermore, the PHA, in conjunction with the CoC and other referral partners, may wish to establish preferences specifically designed for EHV admissions that the PHA would not want to apply to its regular HCV waiting list. Excluding EHVs from the PHA’s normally applicable local preference system will simplify EHV administration and ensure that EHVs are not being prioritized based on preferences designed for the broad universe of HCV eligible applicants rather than the subset of EHV qualifying families.

HUD is waiving § 982.207(a) and establishing an alternative requirement that the local preferences established by the PHA for HCV admissions do not apply to EHVs. The PHA may choose, in coordination with the CoC and other referral partners, to establish separate local preferences for EHVs, or may simply choose to not establish any local preferences for the EHV waiting list.

In establishing any local preferences for the EHV waiting list, the preference may not prohibit EHV admissions from any of the four qualifying categories of eligibility. The preference system prioritizes the order in which families on the EHV waiting list are assisted but does not allow the PHA to refuse to accept a referred family that meets one of the four EHV eligibility categories, or otherwise delay issuance of an available voucher to that eligible family in order to “hold” the voucher for a future referral of a preference holder. In cases where the PHA and the referral agency partners are contemplating local preferences for the EHV waiting list, HUD strongly encourages PHAs and their partners to consider designing preferences that take into consideration the comparative health risks that COVID-19 poses to the subgroup of families eligible for EHVs (e.g., individuals or families living in environments where practicing social distancing or taking other preventive measures may be particularly challenging). The PHA must ensure any local preferences did not discriminate on the basis of any federally protected classes and cannot utilize criteria or methods of administration which would result in discrimination. See Section 11 – Nondiscrimination and Equal Opportunity Requirements for more information on applicable federal civil rights requirements.

The HCV program regulations at § 982.207(b) allows a PHA to adopt and implement a residency preference in accordance with the non-discrimination and equal opportunity requirements listed at § 5.105(a). Given the emergency nature of these vouchers, the fact that many individuals and families in the targeted populations may not necessarily qualify as a “resident” due to their housing circumstances, and the direct referral
entry aspect of EHV administration, it is not appropriate to apply residency preferences for EHV admission. Consequently, HUD is waiving § 982.207(b) and establishing an alternative requirement under which a PHA may not apply any residency preference to EHV applicants.

g. **Restrictions on PHA denial of assistance to an EHV applicant**

The HCV program regulations at § 982.552 and § 982.553 cover the grounds under which a PHA may deny an applicant admission to the program and in certain cases is required to do so. These grounds include the following:

- If any member of the family has been evicted from federally assisted housing in the last five years.
- If a PHA has ever terminated assistance under the program for any member of the family.
- If any member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program.
- If the family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.
- If the family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
- If the family breached an agreement with the PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA.
- If the family engaged in or threatened abusive or violent behavior toward PHA personnel.
- If the family has been engaged in criminal activity or alcohol abuse as described in § 982.553.

HUD is waiving §982.552 and § 982.553 in part and establishing an alternative requirement with respect to mandatory and permissive prohibitions of admissions for EHV applicants. The EHV alternative requirement is as follows:

**Mandatory Prohibitions.**

1. The PHA must apply the standards it established under § 982.553(a)(1)(ii)(C) that prohibit admission if any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing to EHV applicants.

2. The PHA must apply the standards it established under § 982.553(a)(2)(i) that prohibit admission to the program if any member of the household is subject to a lifetime registration requirement under a State sex offender registration program to EHV applicants.

**Permissive Prohibitions.**
The PHA may prohibit admission of a family for the grounds stated below. The PHA may choose not to prohibit admission for these grounds or may establish a more permissive policy than the PHA’s policy for admission to the regular HCV program. The PHA may not establish a permissive prohibition policy for EHV applicants that is more prohibitive than the policy established for admissions to the regular HCV program. The PHA policy on EHV permissive prohibitions must be described in the PHA’s administrative plan.

If the PHA intends to establish permissive prohibition policies for EHV applicants, the PHA must consult with its CoC partner to understand the impact that the proposed prohibitions may have on referrals and must take the CoC’s recommendations into consideration. The PHA policy on EHV permissive prohibitions must be described in the PHA’s administrative plan. Determinations must be made based on an individualized assessment of relevant mitigating information.13 The permissive prohibitions are:

(1) If the PHA determines that any household member is currently engaged in, or has engaged in within the previous 12 months:
   a. Violent criminal activity.
   b. Other criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity.14

(2) If any member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program within the previous 12 months.

(3) If the family engaged in or threatened abusive or violent behavior toward PHA personnel within the previous 12 months.

Unlike regular HCV admissions, PHAs may not deny an EHV applicant admission regardless of whether:

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13 See Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions (April 4, 2016), available at https://www.hud.gov/sites/documents/HUD_OGCGUIDAPPFHASTANDCR_PDF at 7 (“individualized assessment of relevant mitigating information beyond that contained in an individual’s criminal record is likely to have a less discriminatory effect than categorical exclusions that do not take such additional information into account. Relevant individualized evidence might include: the facts or circumstances surrounding the criminal conduct . . . evidence that the individual has maintained a good tenant history before and/or after the . . . conduct; and evidence of rehabilitation efforts.”)

14 Please see PIH Notice 2015-19. The purpose of PIH 2015-19 is to inform PHAs and owners of other federally-assisted housing that arrest records may not be the basis for denying admission, terminating assistance or evicting tenants, to remind PHAs and owners that HUD does not require their adoption of “One Strike” policies, and to remind them of their obligation to safeguard the due process rights of applicants and tenants. See also Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions (April 4, 2016), available at https://www.hud.gov/sites/documents/HUD_OGCGUIDAPPFHASTANDCR_PDF (overviewing how applying criminal records screening too broadly may implicate fair housing liability for housing providers).
• Any member of the family has been evicted from federally assisted housing in the §A PHA has ever terminated assistance under the program for any member of the family.
• The family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.
• The family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
• The family breached an agreement with the PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA.
• The family would otherwise be prohibited admission under alcohol abuse standards established by the PHA in accordance with §982.553(a)(3).
• The PHA determines that any household member is currently engaged in or has engaged in during a reasonable time before the admission, drug-related criminal activity.

Similar to the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program, HUD is eliminating the PHA’s permissive prohibitions for EHV admissions for drug-related criminal activity. The eligible populations of homeless and at-risk of homelessness individuals and families may include individuals struggling with drug addiction, and that addiction may be one of the root causes of their homelessness. As demonstrated by the “Housing First” model, providing the individual with safe housing may be a critical first step in helping the individual recover from addiction. Consequently, prohibitions based on criminal activity for the eligible EHV populations regarding drug possession should be considered apart from criminal activity against persons (i.e., violent criminal activity). Further, the Department remains concerned about the potential discriminatory effect that reliance on drug-related criminal activity history as grounds for denial of admission may pose for the EHV program. For further information on the use of criminal histories and the Fair Housing Act, please see HUD’s Office of General Counsel Guidance on the Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions, issued on April 4, 2016.15

The PHA must still deny admission to the program if any member of the family fails to sign and submit consent forms for obtaining information in accordance with 24 CFR part 5 as required by § 982.552(b)(3), but should notify the family of the limited EHV grounds for denial of admission first.

When adding a family member after the family has been placed under a HAP contract with EHV assistance, the regulations at § 982.551(h)(2) apply. Other than the birth,

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15 Available at https://www.hud.gov/sites/documents/HUD_OGCGUIDAPPPFHAESTANDCR.PDF. This Guidance cautions against the screening of applicants for tenancy using criminal records where such screening may disproportionately impact protected classes, and where the housing provider cannot prove such a policy is necessary to achieve a substantial, legitimate, nondiscriminatory interest.
adoption or court-awarded custody of a child, the PHA must approve additional family members and may apply its regular screening criteria in doing so.

h. Income Verification at Admissions

Under the HCV program, PHAs must determine whether an applicant family’s income exceeds the applicable income limit as established by HUD in the jurisdiction where the family wishes to lease a unit. While the verification hierarchy described in Notice PIH 2018-18 applies to income determinations for applicants, the Enterprise Income Verification (EIV) system generally is not available for verifying income of applicants.

The program regulations under § 982.201(e) requires that the PHA must receive information verifying that an applicant is eligible within the 60-day period before the PHA issues a voucher to the applicant. For verification purposes, Notice PIH 2018-18 states that third-party generated documents be dated within 60 days of the PHA’s request.

For homeless families and other EHV eligible families, documentation may not be readily on-hand and may be difficult to obtain quickly. Accepting self-certifications and allowing for the delay of receipt of documentation and/or third-party verification will allow the CoC/partnering agency to assist the family in obtaining the necessary documentation without unduly delaying the family’s housing assistance.

HUD is waiving the third-party income verification requirements for EHV applicants and, alternatively, allowing PHAs to consider self-certification as the highest form of income verification at admission. Applicants must submit an affidavit attesting to reported income, assets, expenses and other factors which would affect an income eligibility determination. Additionally, applicants may provide third-party documentation which represents the applicant’s income within the 60-day period prior to admission or voucher issuance but is not dated within 60 days of the PHA’s request. For example, a Supplemental Security Income (SSI) benefit letter that was issued in November 2020 to represent the applicant’s benefit amount for 2021 and was provided to the PHA in September 2021 would be an acceptable form of income verification. As a reminder, the PHA may also use the SSI benefit letter as proof of disability.

Once HUD makes the EIV data available to PHAs under this waiver and alternative requirement, the PHA must: review the EIV Income and Income Validation Tool (IVT) Reports to confirm/validate family-reported income within 90 days of the PIC-NG (see Section 15 of this notice below) submission date; print and maintain copies of the EIV Income and IVT Reports in the tenant file; and resolve any income discrepancy with the family within 60 days of the EIV Income or IVT Report dates.

Prior to admission, PHAs must continue to use HUD’s EIV system to search for all household members using the Existing Tenant Search. The PHA may be required to deny assistance to household members already receiving assistance from another program.
PHAs are encouraged to incorporate additional procedures to remind families of the obligation to provide true and complete information. PHAs that conduct eligibility determinations under this waiver/alternative requirement will be responsible for addressing any material discrepancies (i.e., unreported income or a substantial difference in reported income) that may arise later and must take necessary enforcement actions if the tenant was never eligible due to their income, as well as initiate HUD-compliant payment plans for those whose unreported income was unintentional and do not make the tenant ineligible for the program accordingly.

The adoption of this waiver does not authorize any ineligible family to receive assistance under these programs. If a PHA later determines that an ineligible family received assistance, the PHA must take steps to terminate that family from the program.

i. Eligibility Determination: Social Security Number and Citizenship Verification

HCV applicants must disclose and document and PHAs must verify the social security numbers (SSN) of each applicant. Applicant documentation may include a valid SSN card issued by the Social Security Administration; an original document issued by a federal or state government agency which contains the individual’s name, SSN and other identifying information; or other evidence of the SSN as prescribed by HUD. Generally, a PHA may not admit an applicant until the required documentation is provided to verify the SSN of each household member.

PHAs also must verify evidence of U.S. citizenship or eligible immigration status for noncitizens claiming eligibility for assistance. Each eligible household member must sign a declaration of their status and eligible noncitizens must also provide supporting documentation, which must be submitted by the time of the eligibility determination. Documentation verifying U.S. citizenship may also be requested. Since eligibility for assistance is limited to U.S. citizens and noncitizens who have eligible immigration status, families in which not all members are U.S. citizens or have eligible immigration status are only eligible to receive pro-rated housing assistance based on the percentage of family members who qualify for assistance.

Additionally, PHAs must verify each family member’s date of birth to verify identity and determine age and disability status per 24 CFR § 5.403, if claimed. These family characteristics impact the income and tenant rent calculations.

This documentation may not be readily on hand and may be difficult to obtain for individuals and families experiencing homelessness. Accepting self-certifications and delaying the receipt of documentation and/or third-party verification will allow PHAs to assist EHV families more quickly and provide time for the family (with assistance from the CoC or other partnering agencies) to obtain the necessary documentation.

HUD is consequently waiving the requirement to obtain and verify SSN documentation and documentation evidencing eligible noncitizen status before admitting the family to the EHV program. PHAs may adopt policies to admit EHV applicants who are unable to
provide the required SSN or citizenship documentation during the initial eligibility determination. As an alternative requirement, such individuals must provide the required documentation within 180 days of admission to be eligible for continued assistance, pending verification, unless the PHA provides an extension based on evidence from the family or confirmation from the CoC or other partnering agency that the family has made a good-faith effort to obtain the documentation. If a family member appeals secondary verification of immigration documents, PHAs are reminded that assistance may not be delayed, denied, reduced or terminated on the basis of immigration status pending the completion of the appeal as described in § 5.514(e).

Additionally, PHAs may accept self-certification of date of birth and disability status if a higher level of verification is not immediately available. If self-certification is used, the PHA must obtain a higher level of verification within 90 days of admission or verify the information in EIV.

PHAs are encouraged to incorporate additional procedures to remind families of the obligation to provide true and complete information. PHAs that conduct eligibility determinations under this waiver/alternative requirement will be responsible for addressing any material discrepancies (i.e., erroneous SSNs) that may arise later and must take necessary enforcement actions accordingly. The adoption of this waiver does not authorize any ineligible family to receive assistance under these programs. If a PHA determines that an ineligible family received assistance, the PHA must take steps to terminate that family from the program.

j. Inapplicability of Income Targeting Requirements

The PHA must determine income eligibility for EIV families in accordance with § 982.201. However, the income targeting requirements of section 16(b) of the United States Housing Act of 1937 and § 982.201(b)(2) are waived and do not apply for EHV families so that participating PHAs can effectively serve individuals and families in all the eligibility categories under the ARP who may be at a variety of income levels, including low-income families. The PHA may still choose to include the admission of extremely low-income EHV families in its income targeting numbers for the fiscal year in which these families are admitted. In conformance with normal program rules, PHAs may not deny admission to a family with zero income and must consider hardship circumstances before charging a minimum rent in accordance with § 5.630(b).

k. Use of recently conducted initial income determinations and verifications at admission

Some families who were recently homeless but are now currently residing in rapid rehousing or are receiving other time-limited housing assistance may have had their income recently verified under that housing assistance program. Furthermore, families who are eligible for EHV assistance as victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking may be currently assisted through other subsidized housing programs such as public housing. PHAs may accept income
calculations and verifications from third-party providers or from an examination that the PHA conducted on behalf of the family for another subsidized housing program in lieu of conducting an initial examination of income as long as the income was (1) calculated in accordance with rules outlined at 24 CFR Part 5 and within the last six months and (2) the family certifies there has been no change in income or family composition in the interim. At the time of the family’s annual reexamination the PHA must conduct the annual reexamination of income as outlined at 24 CFR § 982.516.

For each new admission under this waiver and alternative requirement, the PHA must: review the EIV Income and IVT Reports to confirm/validate family-reported income within 90 days of the PIC-NG (see Section 15 of this notice) submission date; print and maintain copies of the EIV Income and IVT Reports in the tenant file; and resolve any income discrepancy with the family within 60 days of the EIV Income or IVT Report dates.

1. **Pre-inspection of HQS units**

To expedite the leasing process, PHAs may pre-inspect available units that EHV families may be interested in leasing in order to maintain a pool of eligible units. If an EHV family selects a unit that passed a HQS inspection (without intervening occupancy) within 45 days of the date of the Request for Tenancy Approval (form HUD-52517), the unit may be approved as long as it meets all other conditions under § 982.305. However, the family must be free to select their unit and cannot be required to accept a pre-screened unit.

m. **Initial Search Term**

While the EHV program provides the PHA with funding designed to help increase the success rate of EHV families in obtaining housing (such as security deposit assistance, landlord incentives, and housing search assistance), these families may still face significant challenges with their housing search. An initial search term of 60 days may be inadequate for EHV families. Consequently, HUD is waiving § 982.303(a), which provides that the initial search term must be at least 60 days and is establishing an alternative requirement that the initial term for an EHV must be at least 120 days. Any extensions, suspensions, and progress reports will remain under the policies in the PHA’s administrative plan but will apply after the minimum 120-day initial search term.

As a reminder, a PHA must grant reasonable accommodation requests to extend the housing search term that may be necessary for individuals with disabilities to find a unit that meets their disability-related needs. For example, it may be challenging to find a unit that includes specific accessibility features, is close to accessible transportation, or close to supportive services or medical facilities.

n. **Initial lease term**
Under the HCV program, the family must enter into an initial lease with the owner for at least one year, unless a shorter term would improve housing opportunities for the tenant and the shorter term is a prevailing market practice. To provide a greater range of housing opportunities for EHV families, HUD is waiving Section 8(o)(7)(A) of the United States Housing Act of 1937 and § 982.309(a)(2)(ii). The initial lease term for an EHV family may be less than 12 months regardless of whether the shorter term is a prevailing market practice.

o. **Portability**

The normal HCV portability procedures and requirements generally apply to EHVs with the following exceptions.

i. **No prohibition on portability for non-resident applicants**

Under the HCV program, if neither the household head nor spouse of an assisted family already had a ‘domicile’ (legal residence) in the jurisdiction of the PHA at the time the family first submitted an application for participation in the program, the family does not have any right to portability during the 12-month period from when the family is admitted to the program. Such a family is a “non-resident applicant.” The initial PHA may choose to allow portability during this period but is not required to do so.

In order to provide maximum housing choice for the targeted populations, HUD is removing this restriction for EHV nonresident applicants to allow all EHV families to immediately move under portability. Accordingly, HUD is waiving section 8(r)(1)(B)(i) of the United States Housing Act of 1937 and § 982.353(c). The PHA may not restrict an EHV family from exercising portability because they are a non-resident applicant.

ii. **Portability billing and absorption**

A receiving PHA cannot refuse to assist an incoming EHV family, regardless of whether the PHA does or does not currently administer EHVs under its own ACC.

If the EHV family moves under portability to another PHA that administers EHVs under its own ACC:

- The receiving PHA may only absorb the incoming EHV family with an EHV (assuming it has an EHV voucher available to do). If the PHA does not have an EHV available to absorb the family, it must bill the initial PHA. The receiving PHA must allow the family to lease the unit with EHV assistance and may not absorb the family with a regular HCV when the family leases the unit.

- Regardless of whether the receiving PHA absorbs or bills the initial PHA for the family’s EIV assistance, the EIV administration of the voucher is in accordance with the receiving PHA’s EHV policies, although neighboring
PHAs and PHAs in the same metro area or region are strongly encouraged to work collaboratively with one another to align EHV policies and help facilitate EHV portability moves between their jurisdictions.

If the EHV family moves under portability to another PHA that does not administer EHV under its own ACC, the receiving PHA may absorb the family into its regular HCV program or may bill the initial PHA.

iii. Family briefing/initial PHA and receiving PHA coordination on services

In addition to the applicable family briefing requirements at § 982.301(a)(2) as to how portability works and how portability may affect the family’s assistance, the initial PHA must inform the family how portability may impact the special EHV services and assistance that may be available to the family.

The initial PHA is required to help facilitate the family’s portability move to the receiving PHA and inform the family of this requirement in writing taking reasonable steps to ensure meaningful access for persons with limited English proficiency (LEP). If the portability move is in connection with the EHV family’s initial lease-up, the receiving PHA and the initial PHA must consult and coordinate on the EHV services and assistance that will be made available to the family. The primary purpose of this communication is to ensure there is no duplication of EHV services and assistance provided to the family and that the receiving PHA is aware of the maximum amount of services fee funding that the initial PHA may provide to the receiving PHA on behalf of the family. (Further information on this subject is provided in subsection iv below.)

iv. EHV portability – HAP and EHV administrative fees

A. HAP and ongoing fees

The requirements at 982.355(e) apply to portability billing arrangements on behalf of an EHV family:

- The initial PHA must promptly reimburse the receiving PHA for the full amount of the housing assistance payments made by the receiving PHA for the family.
- The initial PHA must promptly reimburse the receiving PHA for the lesser of 80 percent of the initial PHA’s EHV ongoing administrative fee or 100 percent of the receiving PHA’s ongoing administrative fee (or the receiving PHA’s EHV ongoing administrative fee if the receiving PHA administers the EHV program). If both PHAs agree, the PHAs may negotiate a different amount of reimbursement.

B. Services Fee Funding:

If the receiving PHA, in consultation and coordination with the initial PHA, will provide eligible services or assistance to the incoming EHV family, the receiving
PHA may be compensated for those costs by the initial PHA. This is the case regardless of whether the receiving PHA bills the initial PHA or absorbs the family into its own program at initial lease-up.

If the receiving PHA administers EHV’s under its CACC, the receiving PHA may use its own services fee and may be reimbursed by the initial PHA, or the initial PHA may provide the services funding upfront to the receiving PHA for those fees and assistance. If the receiving PHA does not administer EHV’s under its CACC, the initial PHA must provide the services funding upfront to the receiving PHA. Any amounts provided to the receiving the PHA that are not used for services or assistance on behalf of the EHV family must promptly be returned by the receiving PHA to the initial PHA.

The amount of the service fee provided by the initial PHA may not exceed the lesser of the actual cost of the services and assistance provided to the family by the receiving PHA or $1750, unless the initial PHA and receiving PHA mutually agree to change the $1750 cap.

C. Placement fee/issuance reporting fee:

If the portability lease-up qualifies for the placement fee/issuance reporting fee, the receiving PHA receives the full amount of the placement component of the placement/issuing reporting fee. The receiving PHA is eligible for the placement fee regardless of whether the receiving PHA bills the initial PHA or absorbs the family into its own program at initial lease-up. The initial PHA qualifies for the issuance reporting component of the placement fee, as applicable.

Note that the entire preliminary fee is always paid to and retained by the initial PHA and is not impacted by an EHV portability move.

p. Payment standard amounts

The HCV regulations at 24 CFR § 982.503(a)(3) provide that the PHA voucher payment standard schedule shall establish a single payment standard amount for each unit size, and that for each unit size, the PHA may establish a single payment standard amount for the whole Fair Market Rent (FMR) area, or may establish a separate payment standard amount for each designated part of the FMR area.

Many rental markets with a high need for the EHV’s are very competitive with a shortage of affordable rental units. EHV recipients who are homeless or at risk of homelessness may have relatively lower incomes than regular HCV recipients, limiting their ability to rent units with rents above the payment standard. In addition, landlords may be more reluctant to rent to homeless individuals who may have limited or poor credit history, a limited established rental history, or other issues.
Due to those factors and the emergency nature of these vouchers, HUD is waiving § 982.503(a)(3) and establishing an alternative requirement permitting PHAs to establish separate higher payment standards for the EHV in order to increase the potential pool of available units for EHV families. The separate EHV payment standard must comply with all other HCV requirements under § 983.503 with the exception of the waivers of § 982.503(b)(i) and § 982.503(b)(iii) discussed below.

Establishing a separate EHV payment standard is at the discretion of the PHA and the PHA is not required to do so. PHAs are not permitted to establish a separate payment standard for the EHV that is lower than the regular HCV payment standard. If the PHA is increasing the regular HCV payment standard, the PHA must also increase the EHV payment standard if it would be otherwise lower than the new regular HCV payment standard.

In addition, HUD is waiving § 982.503(b)(1)(i) and establishing an alternative requirement to allow the PHA to establish a payment standard amount for a unit size at any level between 90 percent and 120 percent (as opposed to 110 percent) of the published FMR for that unit size. HUD approval is not required to establish an EHV payment standard within that range.

Furthermore, HUD is waiving § 982.503(b)(1)(iii) and establishing an alternative requirement to provide that a PHA that is not in a designated Small Area FMR area or has not opted to voluntarily implement Small Area FMRs under 24 CFR 888.113(c)(3) may establish exception payment standards for a ZIP code area above the basic range for the metropolitan FMR based on the HUD published Small Area FMRs. The PHA may establish an exception payment standard up to 120 percent (as opposed to 110 percent) of the HUD published Small Area FMR for that ZIP code area. As is the case for the regular HCV program, the PHA must notify HUD if it establishes an EHV exception payment standard based on the Small Area FMR. The exception payment standard must apply to the entire ZIP code area.

PHAs may also still request approval for exception EHV payment standards above 120% of the applicable FMR/SAFMR from HUD in accordance with § 982.503(b)(1)(iv) or § 982.503(c) if needed.

All rent reasonableness requirements at § 982.507 continue to apply to EHV units, regardless of whether the PHA has established an alternative or exception EHV payment standard. As discussed in section 6 above, PHAs may provide EHV owner incentive payments to recruit and retain owners, but the rent charged for the unit must be a reasonable rent in comparison to rent for other comparable units.

q. **Increase in Payment Standard During HAP Contract Term**

The HCV regulations at 24 CFR § 982.505(c)(4) require that if the payment standard amount is increased during the term of the HAP contract, the increased payment standard amount shall be used to calculate the monthly housing assistance payment for the family.
beginning at the effective date of the family’s first regular reexamination on or after the effective date of the increase in the payment standard amount.

HUD is waiving this requirement and as an alternative requirement providing a PHA with the discretion to establish a policy in the PHA administrative plan on when to apply the increased payment standard (e.g., interim reexamination, owner rent increase) after the effective date of the increase in the payment standard amount, provided the increased payment standard is used to calculate the HAP no later than the effective date of the family’s first regular reexamination following the change.

10. Moving-to-Work (MTW) Agencies

MTW agencies that administer EHVAs are bound by the terms and conditions of this notice. As discussed above in section 9, all HCV statutory and regulatory requirements and HUD directives are applicable to EHVAs unless waived by this notice. However, MTW agencies may request approval from HUD’s Office of Housing Voucher Programs to administer EHVAs in accordance with the HCV programmatic flexibilities approved under PHA’s Annual MTW Plan or MTW Supplement to the PHA Plan, as permitted by its MTW Agreement or the MTW Operations Notice. The Office of Housing Voucher Programs may approve the MTW PHA’s request provided it determines the requested MTW flexibility is not in direct conflict with an EHV waiver or alternative requirement and its application would not have a detrimental impact on EHV families. MTW PHAs must submit such requests with supporting justification through their local Field Office.

EHV funding is not eligible for MTW fungibility but must only be used for EHV eligibility activities and to assist EHV eligible families. This applies to EHV HAP funding and to all forms of EHV administrative fees.

11. Nondiscrimination and Equal Opportunity Requirements

PHAs are reminded in administering the EHV program to follow all applicable nondiscrimination and equal opportunity requirements at 24 CFR 5.105(a) and 24 CFR 982.53, including but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act, HUD’s Equal Access Rule, and Title II of the Americans with Disabilities Act of 1990. These requirements prohibit discrimination on the basis of race, color, religion, sex, familial status, national origin, disability, age, sexual orientation, gender identity, and marital status. PHAs should also comply with Title III of the Americans with Disabilities Act of 1990 (see 28 CFR 35.160 and 28 CFR 36.303).

When an EHV household is or includes a person with disabilities, reasonable accommodations may be necessary. A reasonable accommodation is a change, exception or adjustment to rules, policies, practices or services that may be necessary in order to enable an applicant or resident with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common areas, or to participate in or access programs and activities. This extends to various aspects of EHV program implementation including for
example, denial or termination of assistance, initial search term of the EHV, initial lease term, and informal reviews and hearings, as well as reasonable accommodations that may be necessary during one’s tenancy. Under Section 504, reasonable accommodations may also include a structural change to a unit.

In addition, the PHA must also provide effective communication to persons with disabilities, including those with vision, hearing, and other communication related disabilities, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters, accessible website and other accessible electronic communications. See 24 CFR 8.6. The PHA must also take reasonable steps to ensure meaningful access for persons with limited English proficiency (LEP). LEP guidance and LEP information is available here: https://www.federalregister.gov/documents/2007/01/22/07-217/final-guidance-to-federalfinancial-assistance-recipients-regarding-title-vi-prohibition-against

12. **Inapplicability of Project-based Voucher Assistance**

   Section 3202(b)(1) of the ARP provides that the EHVs "shall be tenant-based assistance under section 8(o) of the United States Housing Act of 1937." In addition to the requirement that EHVs must be tenant-based voucher assistance, several provisions of section 3202 are not compatible with project-based voucher assistance. In particular, the requirement with respect to the termination of vouchers upon turnover discussed below in Section 13 is clearly compatible with tenant-based voucher assistance, but it is not compatible with multi-year PBV contracts where assistance is tied to the project. Furthermore, tenant-based assistance, when coupled with the funding for other eligible expenses designed to facilitate the leasing of the emergency vouchers (notably the security deposit assistance and other costs related to the retention and support of owners specifically included in the Act), offers the most expeditious approach to assisting families as quickly as possible with these emergency housing vouchers.

Consequently, PHAs may not project-base EHVs but must administer these vouchers exclusively as tenant-based assistance.

13. **Termination of Vouchers upon Turnover after September 30, 2023**

   The ARP provides that after September 30, 2023, a PHA may not reissue the EHV when assistance for an assisted family ends. This means that when an EHV participant (a family that is receiving rental assistance under a HAP contract) leaves the program for any reason, the PHA may not reissue that EHV to another family unless it does so no later than September 30, 2023.

   For example, if an EHV participant leaves the program and their HAP contract terminates on August 31, 2023, that EHV must be reissued to another family no later than September 30, 2023. If the PHA does not reissue the EHV to another family by September 30, 2023, the EHV may not be reissued and effectively sunsets. Provided the EHV re-issuance date is no later than September 30, 2023, the term of the EHV may extend beyond September 30, 2023.
However, if the family that was issued the EHV is ultimately unsuccessful in finding a unit and that EHV expires after September 30, 2023, the EHV may not be reissued to another family. All EHVs under lease on or after October 1, 2023, may not under any circumstances be reissued to another family when the participant leaves the program for any reason.

An EHV that has never been issued to a family may be initially issued and leased after September 30, 2023, since this prohibition only applies to EHVs that are being reissued upon turnover after assistance to a family has ended. However, HUD may direct PHAs administering EHVs to cease leasing any unleased EHVs if such action is determined necessary by HUD to ensure there will be sufficient funding available to continue to cover the HAP needs of currently assisted EHV families. (While HUD anticipates most EHVs under the initial allocation would be leased by September 30, 2023, PHAs may have subsequently received a new allocation of EHVs as part of the recapture/reallocation process described in section 14 below.)

HUD will remove any turnover EHV that cannot be reissued from the PHA’s CACC as part of the next funding renewal process.

14. **HUD authority to revoke and reallocate vouchers for PHA failure to use vouchers promptly**

The ARP provides that if a PHA fails to lease its authorized EHVs within a reasonable period of time, HUD may revoke and redistribute any unleased vouchers and associated funds to other public housing agencies. This would include recapturing any funds previously obligated to the PHA that are associated with those revoked vouchers, as described further below.

HUD will be closely monitoring EHV leasing and will evaluate the PHA’s leasing progress for purposes of EHV reallocation by assessing the PHA’s EHV performance. This evaluation will occur no sooner than the one-year anniversary of the effective date of the PHA’s EHV funding increment. A PHA that has a substandard EHV leasing performance may be subject to having some or all of its unissued vouchers revoked and reallocated. However, under no circumstances will PHAs that have leased at least 95 percent of their EHVs have any of their unissued vouchers recaptured and reallocated.

HUD will refresh the formula allocation data when determining the number of vouchers for which a PHIA qualifies under the reallocation. PHIs that have reduced their leasing potential by increasing voucher utilization during the intervening months, for example, may benefit from that improved performance when the allocation formula is run again to reallocate the recaptured vouchers.

In a situation where EHVs are being revoked, the number of EHVs under that PHA’s CACC will be reduced to reflect that some or all of the PHA’s EHVs have been revoked. The “associated funds” subject to recapture along with the unleased vouchers are the following:

- HAP funding HUD obligated to the PHA that is attributable to the unleased voucher in
the initial funding allocation (and/or subsequent renewal allocations if applicable), unless the excess HAP funding has already been accounted for through HUD’s renewal process.

- Ongoing administrative fees that were advanced to the PHA unless the advanced ongoing administrative fees have already been accounted for through HUD’s reconciliation process.
- An amount equivalent to 50 percent of the services fee for each EHV that is being revoked, not to exceed the total amount of unexpended services fees available to the PHA.
- Preliminary fee. The preliminary fee is provided to the PHA for planning and other implementation efforts and it is not expected to be available for recapture and reallocation. However, any unused preliminary fee amounts remaining at the time of recapture and reallocation will be subject to recapture and reallocation.
- Placement/issuance reporting fee. The placement/issuance reporting fee is provided to the PHA to enable the PHA to fulfill lease-up responsibilities. It is not expected that any amounts from this fee will remain at the time of recapture and reallocation. However, any unused placement fee amounts remaining at the time of recapture and reallocation will be subject to recapture and reallocation.

HUD will issue a separate notice that details the process by which vouchers may be revoked and reallocated at least four months before the PHA’s leasing performance will be evaluated. PHAs that experience difficulties in leasing EHV’s should contact HUD for technical assistance (see section 17 below).

15. Use of funds, reporting, and financial records

EHV funds allocated to the PHA for HAP (both funding for the initial allocation and HAP renewal funding) may only be used for eligible EHV HAP purposes. EHV HAP funding obligated to the PHA may not be used for EHV administrative expenses or the other EHV eligible expenses under this notice. Likewise, EHV administrative fees and funding obligated to the PHA are to be used for those purposes and must not be used for HAP. See section 7 above for instructions if the PHA needs an adjustment to its initial HAP funding allocation or its HAP renewal funding to fully lease its EHV’s or meet its EHV HAP costs.

The appropriated funds for EHV’s are separate from the regular HCV program. Similar to the Mainstream program, these funds may not be used for the regular HCV program but may only be expended for EHV eligible purposes. EHV HAP funds may not roll into the regular HCV restricted net position (RNP) and must be tracked and accounted for separately as EHV RNP. EHV administrative fees and funding for other eligible expenses permitted by this notice may only be used in support of the EHV’s and cannot be used for regular HCV’s. EHV funding may not be used for the repayment of debts or any amounts owed to HUD by HAP program participants including, but not limited to, those resulting from Office of Inspector General (OIG), Quality Assurance Division (QAD) or other monitoring review findings.
HUD will update the Voucher Management System (VMS) to collect aggregate data from participating PHAs on a monthly basis consistent with other programs under Section 8(o) of the United States Housing Act of 1937. This data will initially be used to track leasing and cost data and to reconcile funds advanced to participating PHAs against actual expenditures reported.

HUD plans to leverage PIC-NG, the new information technology platform developed for the MTW Demonstration program’s expansion, to collect EHV tenant information as opposed to using the existing legacy IMS/PIC system. HUD expects to issue a streamlined Form 50058 in the near future that will allow HUD to pay monthly HAP and administrative fee disbursements based on that information. Once the new application and processes are implemented, HUD plans to reduce or eliminate VMS reporting requirements for the program. Additional information will be forthcoming on PIC-NG rollout and implementation requirements including expedited timelines for tenant characteristics reporting. PHAs do not report into IMS/PIC for EHV families.

In the meantime, in order to account for and track the use of the EHV funding, PHAs must comply with the following reporting and financing record requirements.

a. Voucher Management System reporting:

Because EHV’s are funded from a separate appropriation than the regular HCVs, HUD will modify VMS to track the following data points for EHV’s from participating PHAs:

- Emergency Housing Vouchers— Leasing
- Emergency Housing Vouchers - HAP Expenses
- Emergency Housing Vouchers – Preliminary Fee Expenses
- Emergency Housing Vouchers—Placement/Issuance Reporting Fee Expenses
- Emergency Housing Vouchers—Ongoing Administrative Fee Expenses
- Emergency Housing Vouchers – Services Fee – Housing Search Assistance Expenses
- Emergency Housing Vouchers- Services Fee – Security/Utility Deposit/Rental Application/Holding Fee Expenses
- Emergency Housing Vouchers -Services Fee -Owner Incentive Expenses
- Emergency Housing Vouchers – Services Fee – Other Expenses
- Emergency Housing Vouchers - Number of New Vouchers Issued but Not Under HAP Contract as of the Last Day of the Month
- Emergency Housing Vouchers - HAP Expenses After the First of the Month
- Emergency Housing - FSS Escrow Deposits
- Emergency Housing Vouchers - FSS Escrow Forfeitures This Month
- Emergency Housing Vouchers - Fraud Recovery Total Collected This Month
- Emergency Housing Vouchers - Unrestricted Net Position Funds (UNP) as of the Last Day of the Month
- Emergency Housing Vouchers - Restricted Net Position Funds (RNP) as of the Last Day of the Month
- Emergency Housing Vouchers - Cash/Investment as of the Last Day of the Month
The PHA must enter the data on a monthly basis into VMS. These reporting requirements also apply to MTW agencies.

b. Financial Data Schedule (FDS) Reporting for EHV Program:

HUD’s Uniform Financial Reporting Standards (UFRS) Rule (24 CFR § 5.801) requires PHAs that administer the Section 8 programs to submit annual financial data to HUD. Specifically, UFRS requires that the financial data is: 1) prepared in accordance with Generally Accepted Accounting Principles (GAAP) as further defined by HUD in supplementary guidance; 2) submitted electronically to HUD through the internet; and 3) submitted in such form and substance as prescribed by HUD.

To meet the goals of the UFRS rule, PHAs are required to submit their financial information to HUD’s Financial Assessment Sub-system for Public Housing (FASS-PH). PHAs are required to submit this financial information in a prescribed format, the Financial Data Schedule (FDS) (also referred to as Public Housing Financial Management template). Financial information collected in the FASS-PH system includes the reporting of the receipts, uses, and balances of all PHA funds regardless of the funding source (i.e., entity-wide reporting). This financial information is reported at the funding source level.

As a separate funding source, the ARP supplemental funding for the EHV’s must be reported separately on the FDS. The default reporting level is at the Catalog of Federal Domestic Assistance (CFDA) level. However, when a CFDA number does not exist or is not applicable, HUD will provide a program number under which the PHA should report its financial information.

Due to the likely one-time appropriation of the supplemental funds provided under ARP, CFDA numbers for these EHV funds will not be issued. However, HUD must still meet its monitoring responsibilities and provide transparency in the PHAs’ receipts and uses of EHV supplemental funding. Thus, HUD recommends that PHAs establish a separate general ledger for the program or at the very least provide subsidiary details under the existing HCV program sufficient to provide the necessary information in the FDS.

Rather than have PHAs report under the generic Federal Program columns that are already established in the FASS-PH system (e.g., Federal Program 1, Federal Program 2), the Real Estate Assessment Center (REAC) has established a new column on the FDS for reporting EHV supplemental funds. REAC will publish specific guidance on revenue recognition in a future notice.

The PHA must maintain complete and accurate accounts and other records for the program and provide HUD and the Comptroller General of the United States full and free access to all accounts and records that are pertinent the administration of the EHV’s in accordance with the HCV program requirements at § 982.158.
16. **Reconciliation and recapture of unexpended EHV funds at program end**

As noted above, the appropriated funds for EHV programs are separate from the regular HCV program and may only be used for EHV purposes. If any of these funds are not expended on eligible EHV expenses before the end of the EHV program, the remaining unexpended EHV funds must be recaptured by HUD.

Currently, the EHV program end date for each individual PHA is unknown and additional guidance regarding program wrap-up and closeout will be issued in the future. However, outer boundaries are known. For example, when a PHA no longer has any EHV families under lease and is not permitted to reissue any of its remaining EHV due to the statutory September 30, 2023 reissuance prohibition, the PHA’s program will have effectively ended and all associated unexpended funds must be remitted to HUD. Likewise, the funds appropriated for the EHV program are available for obligation by HUD only until September 30, 2030 and will be cancelled as a matter of law on September 30, 2035.

HUD will conduct a final reconciliation of the PHA’s EHV funding and expenses when each PHA’s EHV program ends. Accounting and remittance guidance on HAP and administrative fee funding will be forthcoming under separate notice.

17. **Technical Assistance**

The ARP makes resources available to HUD to provide technical assistance to the PHAs administering EHV assistance. Information regarding technical assistance for these EHV programs will be made available to PHAs in the near future.

18. **Further Information.**

Question concerning this notice should be submitted by email to the following HUD mailbox: ehv@hud.gov.
19. **Paperwork Reduction Act.**

The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C 35013520). In accordance with the PRA, HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number. The following active information collections contained in this notice have been approved under the PRA-OMB Control Numbers 2577-0169 and 2577-0083.


/s/

Dominique Blom
General Deputy Assistant Secretary
for Public and Indian Housing
COVID-19 waivers and alternative requirements the PHA may choose to apply to its EHV$s for a limited period of availability. Details on the individual waivers and alternative requirements are found in Notice PIH 2021-14.

This chart summarizes the COVID-19 waivers/alternative requirements the PHA may choose to apply to its EHV$s and the periods of availability. PHAs must keep written documentation on the waivers applied by the PHA as well as the effective dates.

<table>
<thead>
<tr>
<th>Waiver Code in Notice PIH 2021-14 (see for details)</th>
<th>Statutory and regulatory waivers</th>
<th>Summary of alternative requirements</th>
<th>Availability Period Ends</th>
</tr>
</thead>
</table>
| PH and HCV-4 Family Income and Composition: Interim Examinations | **Statutory Authority**  
Section 3(a)(1) | • Waives the requirement to use the income verification requirements, including the use of EIV, for interim reexaminations | 12/31/21 |
|                                                      | **Regulatory Authority**  
§§ 5.233(a)(2), 982.516(c)(2), 960.257(a), (b) and (d), 960.259(c) | | |
|                                                      | **Sub-regulatory Guidance**  
Notice PIH 2018-18 | | |
| PH and HCV-5 Enterprise Income Verification (EIV) Monitoring | **Regulatory Authority**  
§ 5.233 | • Waives the mandatory EIV monitoring requirements | 12/31/21 |
|                                                      | **Sub-regulatory Guidance**  
Notice PIH 2018-18 | | |
| HQS-1 Initial Inspection Requirements | **Statutory Authority**  
Section 8(o)(8)(A)(i), Section 8(o)(8)(C) | • Changes initial inspection requirements, allowing for owner certification that there are no life-threatening deficiencies  
• Where self-certification was used, PHA must inspect as soon as reasonably possible but no later than 6/30/22. | 12/31/21  
6/30/22 |
|                                                      | **Regulatory Authority**  
§§ 982.305(a), 982.305(b), 982.405 | | |
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| HQS-3 Initial Inspection: Non-Life-Threatening Deficiencies (NLT) Option | **Statutory Authority** Section 8(o)(8)(A)(ii)  
**Sub-regulatory Guidance** HOTMA HCV Federal Register Notice January 18, 2017 | • HQS waiver does not include a waiver of 24 CFR 35.15, visual assessment for deteriorated paint  
• Allows for extension of up to 30 days for owner repairs of non-life threatening conditions | 12/31/21 |
| HQS-4 HQS Initial Inspection Requirement: Alternative Inspection Option | **Statutory Authority** Section 8(o)(8)(A)(iii)  
**Sub-regulatory Guidance** HOTMA HCV Federal Register Notice January 18, 2017 | • Under Initial HQS Alternative Inspection Option - allows for commencement of assistance payments based on owner certification there are no life-threatening deficiencies  
• Where self-certification was used, PHA must inspect the unit as soon as reasonably possible but no later than 6/30/22. | 12/31/21  
6/30/22 |
| HQS-6 HQS Interim Inspections | **Statutory Authority** Section 8(o)(8)(F)  
**Regulatory Authority** §§ 982.405(g), 983.103(e) | • Waives the requirement for the PHA to conduct interim inspection and requires alternative method  
• Allows for repairs to be verified by alternative methods | 12/31/21 |
| HQS-9 HQS Quality Control Inspections | **Regulatory Authority** §§ 982.405(b), 983.103(e)(3) | • Provides for a suspension of the requirement for QC sampling inspections | 12/31/21 |
COVID-19 waivers and alternative requirements the PHA may choose to apply to its EHV for a limited period of availability. Details on the individual waivers and alternative requirements are found in Notice PIH 2021-14.

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<tr>
<td>HQS-10 Housing Quality Standards: Space and Security</td>
<td>Regulatory Authority § 982.401(d)</td>
<td>• Waives the requirement that each dwelling unit have at least 1 bedroom or living/sleeping room for each 2 persons.</td>
<td>Remains in effect one year from beginning of lease term</td>
</tr>
<tr>
<td>HCV-1 Administrative Plan</td>
<td>Regulatory Authority § 982.54(a)</td>
<td>• Establishes an alternative requirement that policies may be adopted without board approval until 9/30/21 • Any provisions adopted informally must be adopted formally by 12/31/21</td>
<td>• 9/30/21 • 12/31/21</td>
</tr>
<tr>
<td>HCV-2 Information When Family is Selected: PHA Oral Briefing</td>
<td>Regulatory Authority §§ 982.301(a)(1), 983.252(a)</td>
<td>• Waives the requirement for an oral briefing • Provides for alternative methods to conduct required voucher briefing</td>
<td>• 12/31/21</td>
</tr>
<tr>
<td>HCV-3 Term of Voucher: Extensions of Term</td>
<td>Regulatory Authority § 982.303(b)(1)</td>
<td>• Allows PHAs to provide voucher extensions regardless of current PHA policy • Note that the initial term of the EHV must be a minimum of 120 days (see section 9.m of this notice)</td>
<td>• 12/31/21</td>
</tr>
<tr>
<td>HCV-4 PHA Approval of Assisted Tenancy: When HAP Contract is Executed</td>
<td>Regulatory Authority § 982.305(c)</td>
<td>• Provides for HAP payments for contracts not executed within 60 days • PHA must not pay HAP to owner until HAP contract is executed</td>
<td>12/31/21</td>
</tr>
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| HCV-5 Absence from Unit                               | Regulatory Authority § 982.312   | • Allows for PHA discretion on absences from units longer than 180 days  
• PHAs must not make HAP payments beyond 12/31/20 for units vacant more than 180 consecutive days | 12/31/21                   |
| HCV-6 Automatic Termination of HAP Contract           | Regulatory Authority § 982.455   | • Allows PHA to extend the period of time after the last HAP payment is made before the HAP contract terminates automatically. | 12/31/21                   |
Attachment 2

Sample MOU Template

Memorandum of Understanding

[** This sample document demonstrates the Memorandum of Understanding requirements for the administration Emergency Housing Voucher. Unless otherwise noted, all elements are required. **]

This Memorandum of Understanding (MOU) has been created and entered into on [** Insert execution date. **].

[PHA Name and Address]

[CoC Name and Address]

I. Introduction and Goals (the following elements, listed in a. – c., are required elements of the MOU):

a. PHA and CoC’s commitment to administering the EHV's in accordance with all program requirements.

b. PHA goals and standards of success in administering the program.

c. Identification of staff position at the PHA and CoC who will serve as the lead EHV liaisons.
   Lead HCV Liaison:

   [Name and title of PHA staff position]  
   Responsibilities of the PHA EHV liaison [**Optional**].

   [Name and title of CoC staff position]  
   Responsibilities of the CoC EHV liaison [**Optional**].

II. Define the populations eligible for EHV assistance to be referred by CoC.
III. Services to be provided to eligible EHV families

1. List the services to be provided to assist individuals and families have success in the program and who will provide them.

[**The following services are listed for example purposes. **]

1. Partnering service providers will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance; while aiding households in addressing barriers.

2. Partnering service providers will support PHAs in ensuring appointment notifications to eligible individuals and families and will assist eligible households in getting to meetings with the PHA.

3. PHAs will establish windows of time for EHV applicants to complete intake interviews for EIV.

4. Partnering service providers will provide housing search assistance for eligible individuals and families.

5. Partnering service providers will provide counseling on compliance with rental lease requirements.

6. Partnering service providers will assess individuals and families who may require referrals for assistance on security deposits, utility hook-up fees, and utility deposits.

7. Partnering service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

IV. PHA Roles and Responsibilities

[**The following responsibilities are listed for example purposes. **]

1. Coordinate and consult with the CoC in developing the services and assistance to be offered under the EHV services fee.

2. Accept direct referrals for eligible individuals and families through the CoC Coordinated Entry System.

3. Commit a sufficient number of staff and necessary resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.

4. Commit a sufficient number of staff and resources to ensure that inspections of units are completed in a timely manner.

5. Designate a staff to serve as the lead EHV liaison.
6. Comply with the provisions of this MOU.

V. CoC Roles and Responsibilities

[**The following responsibilities are listed for example purposes. **]

1. Designate and maintain a lead EHV liaison to communicate with the PHA.

2. Refer eligible individuals and families to PHA using the community’s coordinated entry system.

3. Support eligible individuals and households in completing and applying for supportive documentation to accompany admissions application to the PHA (i.e. self-certifications, birth certificate, social security card, etc.).

4. Attend EHV participant briefings when needed.

5. Assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.

6. Identify and provide supportive services to EHV families. (While EHV participants are not required to participate in services, the CoC should assure that services are available and accessible.)

7. Comply with the provisions of this MOU.

VI. Third Party Entity Roles Responsibilities

[**The following responsibilities are listed for example purposes. **]

1. Describe how the State, local, philanthropic, faith-based organizations, Victim Service Providers or CoC recipients it designates will fulfill each of the following responsibilities:

   a. Outline resource and/or service being provided in support of the community’s EHV Program. Commit a sufficient number of staff and necessary resources to ensure that the application, certification and voucher issuance processes are completed in a timely manner.

   b. Comply with the provisions of this MOU.

VII. Program Evaluation

The PHA, and CoC or designated CoC recipient agree to cooperate with HUD, provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor, including possible random
assignment procedures.

[Signed and dated by the official representatives of the PHA, CoC, CoC Contractor organization (if applicable), and third-party entities (if applicable.)]

Signed by

___________________________________    ______________________
Executive Director, PHA          Date

___________________________________    ______________________
CoC Executive Director          Date
Emergency Housing Voucher (EHV)

HOMELESS CERTIFICATION

EHV Applicant Name: 

☐ Household without dependent children (complete one form for each adult in the household)
☐ Household with dependent children (complete one form for household)

Number of persons in the household: ______

This is to certify that the above named individual or household meets the following criteria based on the check mark, other indicated information, and signature indicating their current living situation—

Check only one box and complete only that section

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

☐ The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) 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 station, airport, or camp ground.

Description of current living situation:

__________________________________________________________
__________________________________________________________
__________________________________________________________

Homeless Street Outreach Program
Name: 

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

Authorized Agency Representative Signature: 

Date: 

__________________________________________________________
Living Situation: Emergency Shelter

☐ The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name:

This emergency shelter must appear on the CoC’s Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g., newly established Emergency Shelter).

Authorized Agency Representative Signature: __________________________

Date: ______________________

Living Situation: Recently Homeless

☐ The person(s) named above is/are currently receiving financial and supportive services for persons who are homeless. Loss of such assistance would result in a return to homelessness (ex. Households in Rapid Rehousing Programs, residents of Permanent Supportive Housing Programs participating in Moving On, etc.)

Authorized Agency Representative Signature:

This referring agency must appear on the CoC’s Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory.

Immediately prior to entering the household’s current living situation, the person(s) named above was/were residing in:

☐ emergency shelter   OR   ☐ a place unfit for human habitation

Authorized Agency Representative Signature: __________________________

Date: ______________________
Emergency Housing Voucher (EHV)

SAMPLE HUMAN TRAFFICKING CERTIFICATION

Purpose of Form:

The Victims of Trafficking and Violence Protection Act of 2000 provides assistance to victims of trafficking making housing, educational health care, job training and other Federally-funded social service programs available to assist victims in rebuilding their lives.

Use of This Optional Form:

In response to this request, the service provider may complete this form and submit it to the Public Housing Agency (PHA) to certify eligibility for EHV assistance.

Confidentiality: All information provided to the service provider concerning the incident(s) of human trafficking shall be kept confidential and such details shall not be entered into any shared database. Employees of the PHA will not have access to these details, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED ON BEHALF OF HUMAN TRAFFICKING SURVIVOR

EHV Applicant Name: __________________________________________________________

This is to certify that the above named individual or household meets the definition for persons who are fleeing or attempting to flee human trafficking under section 107(b) of the Trafficking Victims Protection Act of 2000.

Immediately prior to entering the household’s current living situation, the person(s) named above was/were residing in:

________________________________________________________________________

________________________________________________________________________
This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual(s) named above is/has been a victim of human trafficking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Authorized Agency Representative Signature: ________________  Date: ________________