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**COC & ESG
written standards**

**Serving Central Sierra Continuum of Care (CA-526)**

*Amador, Calaveras, Mariposa, & Tuolumne Counties*

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# **Introduction**

This document outlines the requirements for HUD Continuum of Care (CoC), Emergency Solutions Grant (ESG), and Homeless Housing Assistance and Prevention (HHAP) funding recipients (“service providers”). In the Central Sierra Continuum of Care (CSCoC), CoC funding supports permanent supportive housing and rapid re-housing, ESG funding supports emergency shelter, homeless prevention, and rapid re-housing, and HHAP funding supports permanent, interim and emergency housing as well as street outreach. This document aggregates HUD guidance around these program types, as well as local requirements and priorities, to create a comprehensive guide to the rules and regulations attached to each of the ESG and CoC project types in the CSCoC.

Standards for the state of California’s one-time California Emergency Solutions and Housing (CESH), Homeless Emergency Aid Program (HEAP), and Homeless Housing, Assistance and Prevention Program (HHAP) funds can also be found in Appendix A, B, and C in order to guide the CSCoC distribution process in the case that the funds are not spent down, as well as to call out the local requirements and priority populations.

For information about CalWORKs’ Housing Support Program (HSP), APS, MHSA, Home Safe, or other CalWORKs funding, please contact your respective county’s agency:

* Amador: Amador County Social Services,
	+ [https://www.amadorgov.org/services/social-
	services](https://www.amadorgov.org/services/social-services)
* Calaveras: Calaveras County HHSA,
	+ <https://hhsa.calaverasgov.us/Public-Assistance/Eligibility/CalWORKs>
* Mariposa: Mariposa County HHSA,
	+ <https://www.mariposacounty.org/FAQ.aspx?TID=62>
* Tuolumne: Tuolumne County Department of Social Services,
	+ <https://www.tuolumnecounty.ca.gov/294/CalWORKs>

Each service provider is required to have their own policies and procedures, which should be informed and supplemented by the CSCoC community-wide Written Standards. For more information about this document or for more information about how to meaningfully integrate the CSCoC Written Standards into your existing projects, please contact the Administrative Entity, Amador-Tuolumne Community Action Agency - Denise Crawford from ATCAA at dcloward@atcaa.org.

***Forms and Handbook are on the website:*** centralsierracoc.org

# **CARES Act & ESG-CV and Definitions**

The **Coronavirus Aid, Relief, and Economic Security Act (**CARES Act) appropriated a total of $4 billion in **supplemental ESG CARES Act funding (ESG-CV)** nationwide. The U.S. Department of Housing and Urban Development (HUD) awarded the State of California millions to prevent, prepare for, and respond to COVID-19 among individuals and families who are at risk of or presently experiencing homelessness as a result of the COVID-19 pandemic. These policies will be in place until such time as determined to no longer be necessary by the U.S. Department of Housing and Urban Development.

Core parts of the way crisis response systems operate had to change as a result of COVID-19. These COVID-19 standards for how major parts of the system operate are documented in these written standards, specified under ESG-CV designations. CSCoC has coordinated with public health partners to establish COVID-19-specific procedures, shelters funded by ESG-CV have established referral pathways to isolation and quarantine if a client needs such services and will maintain social distancing requirements (as needed) in partnership with the local department of public health.

Affirmative Marketing and Outreach

The CoC Program interim rule at 24 CFR § 578.93(c) requires recipients of CSCoC Program funds to affirmatively market their projects to eligible households regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CSCoC shall also be made available to households without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR § 5.105(a)(2).

CoC

Within the context of homelessness, a Continuum of Care is, first and foremost, a fellowship of care providers who assist community members along a wide spectrum of needs and services from preventing homelessness to providing immediate or long-term shelter and continuing to job placement. The sharing of information and resources across this spectrum makes it possible for these various businesses, providers, and services to work more efficiently and effectively together. This promotes communitywide commitment to the goal of ending homelessness; provides funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promotes access to and effect utilization of mainstream programs by homeless individuals and families; and optimizes self-sufficiency among individuals and families experiencing homelessness.

Collaboration with Public Health

During COVID-19, CSCoC modified assessment or prioritization to include COVID-19 vulnerabilities such as age, specific health conditions, and/or medical frailty. CSCoC has enacted these Written Standards for coordination among emergency shelter providers, essential services providers, homelessness prevention, and rapid rehousing (RRH) assistance providers; other homeless assistance providers; and mainstream service and housing providers (see §576.400(b) and (c) for a list of programs with which ESG-funded activities to be coordinated and integrated to the maximum extent practicable). The local department of public health is available to conduct testing for people experiencing homelessness. ESG-CV funded shelters and outreach programs encourage (but do not require) people experiencing homelessness to get tested if they are experiencing COVID-19 symptoms. Shelters in the CSCoC may use funds provided through ESG-CV to purchase technology to access telehealth services provided through Healthcare for the Homeless.

Coordinated Entry

To maintain Written Standards evaluating individuals’ and families’ eligibility for assistance under ESG, coordinated entry systems (CES) have been modified to expedite the assessment, scoring, and eligibility determinations to prioritize those at high risk for severe illness from COVID-19 for shelter and housing. Coordinated entry modifications are consistent with fair housing and nondiscrimination requirements. In collaboration with the local Healthcare for the Homeless, the CSCoC has streamlined and updated the CES Assessment to include COVID-19 vulnerabilities outlined in the state protective health order which established non-congregate shelters (NCS) for people experiencing homelessness. This assessment is in use for housing placement during the pandemic. To maintain standards for targeting and providing essential services related to street outreach, standards for providing street outreach have been updated or modified in coordination with public health partners.

The coordinated entry process is an approach to coordination and management of a crisis response system’s resources that allows for consistent decisions from available information, to efficiently and effectively connect households to interventions that will rapidly end their homelessness. The goal is to develop a fair, rapid, coordinated, evidence-based, and transparent homeless response system.

CSCoC

The Central Sierra Continuum of Care is the organization that has been created to organize the continuum of care and services within the four counties of Amador, Calaveras, Mariposa, and Tuolumne. By pooling resources across the CSCoC, we can leverage existing resources to achieve care and services for each household and avoid duplication of services. This group is committed to a unified plan toward ending homelessness across these four counties.

Economic Impact

CSCoC maintains standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time. The CARES Act provides that ESG-CV funds be used to mitigate the economic impact of COVID-19. CSCoC programs have extended/adjusted the maximum number of rental assistance months to address unemployment, loss of income, or benefits due to COVID-19.

RRH sub-recipients use a progressive engagement model; this practice supports using the least intensive intervention to help resolve homelessness for the individual or family. CSCoC providers add more assistance only as necessary if the less intensive intervention is unsuccessful. RRH households receiving rental assistance subsidies must contribute a minimum of 30 percent of their monthly adjusted income toward their monthly rent. This tenant rent contribution may be adjusted at any time based on changes to household income. There is no minimum rent requirement and tenant rent contribution may be zero for households with no income.

Eligibility

In the context of the coordinated entry process, determining eligibility is a project-level process governed by written standards as established in CFR § 576.400(e) and 24 CFR § 578.7(a)(9). Eligibility information is not used as part of prioritization and ranking. Projects may be legally permitted to limit eligibility through a federal statute which requires that assistance be utilized for a specific population via state or local permissions in instances where federal funding is not used, and federal civil rights laws are not violated.

Emergency Shelters

Written Standards have been revised for admission, diversion, referral, and discharge by emergency shelters assisted under ESG, including standards regarding the length of stay, and safeguards to meet the safety and shelter needs of special populations (e.g., victims of domestic violence, sexual assault, and stalking) and individuals and families who have the highest barriers to housing and are likely to be homeless the longest. Emergency shelters are a vital, life-saving resource that play a key role in communities’ COVID-19 responses.

Shelters funded by ESG-CV do not turn away eligible program participants and the CSCoC has established referral pathways to other shelter or housing if the shelter is at maximum capacity. Shelters utilize referral pathways to isolation and quarantine if a client is in need of such services. Someone who presents at an ESG-funded shelter with respiratory symptoms (e.g., cough) is not turned away solely because of their health symptoms. Shelters funded by ESG-CV do not implement a maximum length of stay when a discharge will result in program participants returning to unsheltered settings or situations putting them at a higher risk of COVID-19 infection.

Entry Point or HUB

Entry points are the places – either virtual or physical – where a household in need of assistance accesses the coordinated entry process. To ensure accessibility to households in need, CSCoC provides access to projects from multiple, convenient physical locations. Households may initiate a request for services in person through any of the designated HUB Stations or through additional housing community service providers.

ESG

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act, revising the Emergency Shelter Grants Program in significant ways and renaming it the Emergency Solutions Grants (ESG) program. The ESG Interim Rule took effect on January 4, 2012. The change in the program’s name, from Emergency Shelter Grants to Emergency Solutions Grants, reflects the change in the program’s focus from addressing the needs of homeless people in emergency or transitional shelters to assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

ESG-CV

The **Coronavirus Aid, Relief, and Economic Security Act (**CARES Act) appropriated a total of $4 billion in **supplemental ESG CARES Act funding (ESG-CV)** nationwide. The U.S. Department of Housing and Urban Development (HUD) awarded the State of California millions to prevent, prepare for, and respond to COVID-19 among individuals and families who are at risk of or presently experiencing homelessness as a result of the COVID-19 pandemic. These policies will be in place until such time as determined to no longer be necessary by the U.S. Department of Housing and Urban Development.

Outlined below are the standards for each component type allowed under ESG-CV programming. Unless exceptions are outlined below, all other requirements outlined in the Central Sierra Continuum of Care (CSCoC) Written Standards shall apply.

HMIS

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless households and households at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Home Safe

The Home Safe Program, created by Assembly Bill (AB) 1811 (Chapter 35, Statutes of 2018), is intended to support the safety and housing stability of individuals involved in Adult Protective Services (APS) by providing housing-related assistance using evidence-based practices for homeless assistance and prevention. Counties operating Home Safe programs utilize a range of strategies to support housing stability for APS clients, including short-term financial assistance, legal services, eviction prevention, heavy cleaning, and landlord mediation, among other services.

Homelessness Prevention & Rapid Rehousing

Funding is used to provide short- and medium-term rental assistance and other housing services in order to prevent a household from becoming literally homeless. Homeless prevention funds help households regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing without a period of literal homelessness. ***Forms and Handbook are on the website:*** centralsierracoc.org.

CSCoC has implemented these Written Standards for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive RRH assistance. CSCoC has updated prioritization policies to house people at severe risk of contracting COVID-19.

CSCoC prioritizes the use of ESG-CV funds for proven strategies, especially RRH for those experiencing homelessness. The CES prioritizes placement in ESG-CV-funded RRH programs for people who meet the state’s protective health order that provides non-congregate shelter to protect people experiencing homelessness from becoming seriously ill from COVID-19. The protective health order outlines a variety of eligibility factors for non-congregate shelter.

CSCoC maintains standards for determining what percentage or amount of rent and utilities costs each program participant must pay while receiving homelessness prevention or RRH assistance. CSCoC updated these written standards to provide opportunities to address the economic impact of COVID-19, as permitted by ESG-CV. Under the CARES Act ESG-CV funding, there will be no rental payment requirement for households receiving financial assistance. Projects funded serve people with zero income.

Household

The term “household” refers to and encompasses any configuration of a person or persons in need, whatever their age or number (adults, youth, or children; singles or couples, with or without children). At a minimum, a household can consist of one individual.

Housing First

Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. The idea behind Housing First is to move those who need a home directly into one and then address the issues that led to the homelessness. These issues can range from poverty to mental illness to drug addiction to domestic violence. According to the [National Alliance to End Homelessness](http://www.endhomelessness.org/), social services to enhance individual and family wellbeing can often be more effective when people are in their own homes. According to the [National Alliance to End Homelessness](http://www.endhomelessness.org/), social services to enhance individual and family wellbeing can often be more effective when people are in their own homes.

Housing Stability Plan

Service providers must work collaboratively with each household to complete a Housing Stability Plan. Through filling out the Housing Stability Plan, each household participates in identifying realistic short-term and long-term goals that will ultimately result in independent, stable permanent housing. The Housing Stability Plan should be used to help guide which resources are made available to each household and at what intensity or on what timeline (e.g., someone with a short-term goal to achieve employment may receive intensive employment supports more quickly than someone with a short-term goal to enter into a transitional housing program). The Housing Stability Plan should be revisited frequently to enforce progress and Each service provider is responsible for developing a standard template and uniform timeline for completing the Housing Stability Plan with each household.

Housing Relocation & Stabilization

CSCoC has implemented standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant, including the limits (if any) on the homelessness prevention or RRH assistance that each program participant may receive (such as the maximum amount of assistance, maximum number of months the program participant may receive assistance, or the maximum number of times the program participant may receive assistance).

ESG-CV funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the ‘homeless’ definition in 24 CFR 576.2. This assistance, referred to as homelessness prevention, may be provided to individuals and families who meet the criteria under the ‘at risk of homelessness’ definition, or who meet the criteria in the ‘homeless’ definition at 24 CFR 576.2 and have an annual income below 50 percent of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant’s current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention is provided in accordance with the housing relocation and stabilization services requirements in 24 CFR 576.105, the short- and medium-term rental assistance requirements in 24 CFR 576.106, and the written standards and procedures established under 24 CFR 576.400. ESG-CV funds may also be used to pay for landlord incentives that are reasonable and necessary to obtain housing for individuals and families experiencing homelessness and at risk of homelessness.

HUD

The Department of Housing and Urban Development (HUD) is the Federal agency responsible for national policy and programs that address America's housing needs, that improve and develop the Nation's communities, and enforce fair housing laws. HUD's business is helping create a decent home and suitable living environment for all Americans, and it has given America's communities a strong national voice at the Cabinet level.

Modified VI-SPDAT

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to create a standardized vulnerability score for households presenting for services. The CSCoC uses a modified form of the VI-SPDAT to assess the vulnerability of households in the Central Sierra geographic area.

Permanent Supportive Housing

Permanent supportive housing (PSH) is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services. PSH is long-term housing with supportive services for homeless households with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting.

Prioritization

Prioritization is the process by which all households in need of assistance who use coordinated entry are ranked in order of priority, in accordance with written standards established under 24 CFR § 547.400(e). In addition, the coordinated entry process shall, to the maximum extent feasible, ensure that households with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. This phase helps the CSCoC manage its inventory of projects, ensuring that those households with the greatest need and vulnerability receive the supports they need to resolve their housing crisis.

Program Income

Program income includes any amount of a security or utility deposit returned to the recipient or sub addition to the non-profit organization’s grant, provided that the program income is used in accordance with the purposes and conditions of that grant or sub grant. Otherwise, program income will be deducted from allowable costs as provided by 2 CFR 200.307(e)(1). Costs that are incidental to generating program income and not charged to the ESG-CV sub grant may be deducted from gross income to determine program income, as allowed under 2 CFR 200.307(b).

Projects

All community housing resources and services intended to help a household rapidly exit homelessness are referred to as projects.

Race Equity

Based on race equity analysis, CSCoC targets prevention services to marginalized areas of the service area. These areas serve disproportionally large communities of Black, Indigenous, and people of color who experience homelessness. They have been historically underserved and had poor access to permanent housing solutions offered by the homeless response system.

Rapid Re-Housing

Rapid re-housing (RR) is an intervention designed to help individuals and families that don't need intensive and ongoing supports to quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions and the resources and services provided are tailored to the unique needs of the household.

Referral

Households are referred to available CSCoC housing resources and services in accordance with the CSCoC’s documented prioritization guidelines.

Scoring

HUD uses the term “scoring” to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an “Assessment Score” for potential project households, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of households for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community’s prioritization process by accounting for unique population-based vulnerabilities and risk factors.

Service Provider

The term service provider is used to describe ESG or CoC-funded entities, agencies, organizations, or personnel that offer and maintain projects to help households rapidly exit homelessness and participate in the CSCoC.

Temporary Shelters

ESG-CV allows for a variety of spaces to be used as temporary shelters. The purpose of ESG-CV funds is to prevent, prepare for, and respond to COVID-19 to prevent and mitigate the spread of COVID-19 among people experiencing homelessness and the staff that provide services to these individuals. Existing shelters have implemented public health protocols, including: enforcing social distancing, establishing an isolation space, using personal protective equipment (PPE), and cleaning/disinfecting shared and living spaces. In the event existing shelters are not available or where current shelters are not able to implement these safety protocols, additional spaces may be identified to allow people to have shelter while staying as healthy as possible.

This may be space within an existing shelter (e.g., an office not being used) that could be temporarily converted into a quarantine space for someone who has tested positive or is awaiting test results, or it could be an entirely separate building. Eligible shelter spaces may include public spaces, pop up or modular structures in compliance with [U.S. Department of Housing and Urban Development (HUD) guidance](https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Alternative-Approaches-to-Winter-Sheltering-During-COVID-19.pdf).

Transitional Housing

Transitional housing is a form of housing that facilitates the movement of homeless households to permanent housing. Households may live in transitional housing for up to 24 months and receive supportive services such as childcare, job training, and home furnishings that help them live more independently.

# **System Characteristics**

## Overview

Our CSCoC utilizes a Coordinated Entry System (CES) process that is designed to coordinate intake, assessment, provision of referrals, and housing placement for individuals and families seeking housing services. It covers a designated service area (Amador, Calaveras, Mariposa and Tuolumne Counties), is easily accessed by the target population, is well-advertised, and includes a comprehensive and standardized entry tool.

HUD requires a CoC to establish and operate a “centralized or coordinated assessment system” with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources. This coordinated entry process is intended to help communities prioritize households most in need of assistance. They also provide information to our CSCoC and other stakeholders about service needs and gaps to help our communities strategically allocate their current resources and identify the need for additional resources.

Both the CoC and ESG Program interim rules, 24 CFR § 578 and 24 CFR §§91 and 576 respectively, require the use of CoC’s coordinated entry process, provided it meets HUD requirements. The CoC Program interim rule set the basic parameters for coordinated entry and left further requirements to be set by HUD notice. Under the authority of 24 CFR § 578.7(a)(8) and through Notice CPD-17-01, HUD established additional requirements that CoCs, and recipients of CoC and ESG program funding, must meet related to the development and use of a coordinated assessment system. Implementing coordinated entry is a requirement under the interim rule and an essential strategy for HUD, other federal partners, and CSCoC to use in achieving the strategic goals of the Opening Doors report.

Coordinated entry changes a continuum of care from a project-focused system to a household-focused system by asking that “communities prioritize households who are most in need of assistance” and “strategically allocate their current resources and identify the need for additional resources.” (Coordinated Entry Notice, p 2).

All CSCoC and ESG funded projects must participate in the CSCoC Coordinated Entry System (CES). Projects must use a Housing First Model approach and ensure all necessary documentation is finalized through the CSCoC. New projects must participate in CES training and sign all confidentiality documents before they may access the CSCoC CES.

The materials within these Written Standards have been developed locally by the CSCoC and are not evidence-based. The CSCoC Housing Determination Committee is responsible for monitoring the CES with periodic evaluations and gathering stakeholder feedback. This document reflects the most recent written standards as approved by the CSCoC Governing Board and is subject to change.

## Cultural and Linguistic Competency

All service providers administering assessment shall use culturally and linguistically competent practices. Assessments shall include trauma-informed culturally and linguistically competent questions for special subpopulations, including immigrants, refugees, and other first-generation subpopulations; youth; households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and LGBTQ households.

Marketing materials are written to be sensitive to minority racial and ethnic groups in the community. Where possible, materials shall be translated by someone who is local and fluent in the language, as culture and language can differ across communities within the same racial or ethnic group.

## Fair and Equal Access

Accessibility to Local Subpopulations

The following adaptations to the assessment process may be utilized to address negative impacts experienced by some subpopulations:

* Progressive and phased assessment – Some subpopulations might benefit from being assessed in phases, as engagement could be difficult because such households are reluctant to share information. Their reluctance could be a result of trauma and building their trust can take time.
* Trauma-informed assessment protocols – A trauma-informed assessment approach is a best practice that is used universally with all subpopulations regardless of the household’s history.
* Trauma-informed training for service providers – All service providers are trained in how to conduct assessments with victims of domestic violence or sexual assault to reduce the chance of re-traumatization.
* Safety planning – Service providers are trained on safety planning and other next-step procedures if the assessment uncovers safety issues in situations such as domestic violence, sexual assault, child abuse or neglect, stalking, and trafficking.
* Private space for assessments – The assessment space and experience is designed to allow households to safely reveal sensitive information or safety issues. The space allows for both visual and auditory privacy, and the CSCoC’s written standards allow service providers to gather information from each adult in the household in separate interviews, where appropriate. Sensitive information might include the disclosure of mental illness, physical disabilities, gender identity, or abuse.
* Skip-logic for unnecessary or irrelevant assessment questions – Assessment questions may be adjusted to be appropriate for specific subpopulations; for example:
	+ For unaccompanied youth aged 17 or younger, questions for veterans can be eliminated.
	+ For men, questions regarding pregnancy and prenatal care can be eliminated.
* Accessible language – Assessment instructions and questions for children and youth shall reflect their level of development and be administered in a culturally competent manner.
* Translation services – Multiple language options are available.

Physical Accessibility

All households in the CSCoC’s geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present for services. Fair and equal access means that households can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known.

To ensure accessibility to households in need, the CES provides access to projects from multiple, convenient physical locations. Households may initiate a request for services in person through any of the designated HUB Stations or through additional housing community service providers. All HUB Stations are ADA compliant, can assist with disabilities and language barriers that may be present, and have personnel trained in HMIS and the CES. Some HUB Stations are specifically designated for veterans, but households with veterans may utilize any HUB Station available. Households requiring additional communication services such as braille, hearing assistance, sign language interpretation, etc. may be assisted through:

* Amador County Health and Human Services Agency
* Calaveras County Health and Human Services Agency
* Mariposa County Health and Human Services Agency
* Tuolumne County Health and Human Services Agency

Understanding the Needs of Households Not Served

Access points gather information about households requesting homeless system services who do not enroll in a CSCoC project (e.g., households diverted from the crisis response system). The reasons for households not enrolling are tracked in HMIS. Over time, the CSCoC will analyze this information against any subsequent entries by these same households into the homeless system in order to determine whether the CSCoC needs to adjust its system or the CES.

Connection to Mainstream Resources

Access points also provide critical connections to mainstream and community-based emergency assistance services (e.g., supplemental food assistance programs). CES will facilitate these resource connections for households experiencing homelessness. It would be advantageous for mainstream resource providers to also serve as coordinated entry access points.

Affordable housing and mainstream services are crucial tools for ending homelessness and must be involved in the coordinated entry process. Mainstream providers can act as a source or receiver of referrals. Receiving agencies include public housing authorities, multifamily properties (like Section 8 PBRA, 811, and 202), mental health service providers, and substance abuse providers. Organizations acting as receiving agencies will determine the extent to which they will rely on referrals from the coordinated entry process. In some instances, certain services may be co-located with a physical access point, or a virtual access point, like a telephone service such as 2-1-1. The more mainstream programs and resources that are connected to the coordinated entry process through the coordination of referral, application, and eligibility determination processes, the more effectively our community can consistently connect homeless individuals with housing resources and the community-based supports that they need to maintain that housing.

## HMIS

Communities may use CSCoC or ESG program funding for HMIS to pay for costs associated with coordinated entry to the extent that coordinated entry is integrated into HMIS. CSCoC uses HMIS to collect and manage data associated with assessments and referrals.

## Inclusive

CES includes all subpopulations, including households experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence. The CSCoC Board will continuously evaluate and improve the process ensuring that all subpopulations are well served.

## Informing Local Planning

The coordinated entry planning group charged with planning the prioritization process will make decisions about the following aspects of prioritization. However, not all pieces need to be in place for implementation to begin and may be done in stages.

The Prioritizing Entity

This entity will be responsible for determining the level of priority for a household requesting assistance through coordinated entry and for managing the priority list. If referrals will be made by an entity different from the prioritizing entity, the prioritizing entity will transmit information about the household to the referring entity, including the household’s level of priority, housing needs and barriers, preferences, and other information as appropriate.

Establishing the Prioritization Method

* What types of prioritization decisions are already being made? Are they based on level of need, time spent waiting for available resources, or provider agency preferences?
* Do variations in housing and supportive services availability and accessibility throughout the geography require varied prioritization strategies?
* Can prioritization be scored, quantified, or valued such that the priority list can be regularly reviewed and updated?
* How will prioritization determinations be documented and communicated among projects?
* How will a household’s priority level be updated when new information is revealed or becomes available after the initial assessment?
* Will households that frequently utilize projects and/or mainstream resources be prioritized differently; and if so, how?
* How will multiple existing and independently maintained waiting lists be consolidated into a centralized priority list?
* What are the potentially different prioritization requirements established by funders that must be accommodated during the referral process?

Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts across the CSCoC.

One of the main purposes of coordinated entry is to ensure that households with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. HUD’s policy is that households experiencing chronic homelessness should be prioritized for permanent supportive housing (PSH). In some cases, PSH projects are required to serve households experiencing chronic homelessness and in other cases, HUD provides incentives for projects to do so. Therefore, the CSCoC will fully implement the prioritization process included in Notice CPD-014-12. In addition to prioritizing households experiencing chronic homelessness, the coordinated entry process prioritizes households who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness.

When considering how to prioritize households for housing and homelessness assistance, CSCoC uses the following:

* Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing;
* High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs
* The extent to which households, especially youth and children, are unsheltered[[1]](#footnote-1)
* Vulnerability to illness or death
* Risk of continued homelessness
* Vulnerability to victimization, including physical assault or engaging in trafficking or sex work

Our community shall decide what factors are most important and, to the greatest extent possible, use all available data and research to inform the CSCoC prioritization decisions. The coordinated entry process is meant to orient our community to one or two central prioritizing principles by which the CSCoC can make decisions about how to utilize resources most effectively. This prioritization ensures that across subpopulations and households with different types of disabilities, those most vulnerable or with the most severe service needs are prioritized for assistance.

The prioritization may not target a category of households with a specific disability. However, individual programs, including CSCoC funded projects, may restrict access to households with a specific disability or characteristic. In these cases, the coordinated entry process shall ensure that households are only referred to projects for which they are eligible. At the same time, service providers must ensure that eligibility criteria are limited to those required by Federal or local statute or by funding sources.

## Leverage Local Attributes and Capacity

CSCoC’s physical and political geography, including local agency capacity, and the opportunities unique to the service area, shall inform local coordinated entry implementation.

## Low Barrier

The CSCoC’s CES is Housing First oriented, such that households are housed quickly without preconditions or project participation requirements. The CES does not screen households out for assistance due to perceived barriers to projects, including, but not limited to, little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record (with exceptions for state or local restrictions that prevent projects from servicing households with certain convictions). To be consistent with HUD’s expectations, the coordinated entry process and participating projects shall continually strive to identify and lower barriers to project entry.

## Participant Autonomy

CSCoC’s coordinated entry process allows households autonomy to freely refuse to answer assessment questions and to refuse project options without retribution or limiting their access to assistance.

## Person-Centered Approach

The CSCoC incorporates a person-centered approach into referral which include, but are not limited to, the following:

Person-Centered Assessments

The assessment process provides options and recommendations that guide and inform personal choices, as opposed to rigid decisions about what households need. Assessments are based in part on households’ strengths, goals, risks, and protective factors. At its core, the assessment process is not a one-time event to gather as much information about a household as possible. Instead, assessments are performed only when needed and only assess for information necessary to help a household at that moment. Initial assessments happen as quickly as possible regardless of where households are residing – streets or in shelter, and the assessment process uses tools as a guide to start the conversation, not as a final decision-maker.

School Enrollment and Connection To Appropriate Resources For All Children

Educational and supportive service needs of households with minor children will be fully assessed with expediency upon entry to CES. School-aged youth will be enrolled in school immediately, working collaboratively with the designated school homeless liaison in the Local Educational Agency (LEA) to ensure that all educational assessments are completed. To the extent feasible, students in homeless situations shall be kept in their school of origin (the school the student attended when permanently housed or the school in which the student was last enrolled), unless it is against the parent’s or guardian’s wishes. Students in homeless situations must have access to the educational and other services they need to ensure that they have an opportunity to meet the same challenging state student academic achievement standards to which all students are held. Appropriate referrals will be made in the community to address supportive service needs of all household members.

Accessible Tools and Processes

These Written Standards strive to ensure that households being assessed and referred are using accessible formats for households with disabilities, meeting the requirements in II.B.(c) of CPD 17.01, and use tools and processes that the households being assessed and referred can easily understand.

Sensitivity to Lived Experience

Sensitivity to households’ lived experiences are incorporated into every aspect of the CES, including the ongoing review of assessment tools and delivery protocols that are trauma-informed, minimize risk and harm, and address potential psychological impacts.

Participant Choice

Participants’ choices in coordinated entry process decisions, such as location and type of housing, level and type of services, and other project characteristics, are fully accommodated where possible, given overriding health and safety concerns and compliance with outstanding legal requirements. The ongoing development of assessment processes that provide options and recommendations are also guided and informed by participant choice, as opposed to rigid decisions about what households need.

Clear Referral Expectations

These Written Standards shall be modified to ensure that households will be able to easily understand to which project they are being referred, what the project expects of them, what they can expect of the project, and evidence of the project’s rate of success.

Commitment to Referral Success

The service providers in the CES commit to successfully completing the referral process once a referral decision has been made through coordinated entry, including supporting the safe transition of households from an access point or emergency shelter to housing, and supporting households in identifying and accessing an alternate suitable project in the rare instance of an eligible household being rejected by a participating project.

## Referral Protocols

All programs funded either by the CSCoC or ESG Programs shall use this coordinated entry process as the only referral source from which to consider filling vacancies in projects. Projects that participate in the coordinated entry process shall accept all eligible referrals unless the project utilizes the CSCoC documented protocol for rejecting referrals, ensuring that such rejections are justified and rare and that households are able to identify and access another suitable project.

Expectations

The referral process ensures that program participants receive clear information about the project to which they have been referred, what the project will expect of them, and what they can expect from the project. The coordinated entry management entity ensures that the referral agency is familiar with all the projects in the crisis response system; to that end, the management entity shall develop written material about each of the projects to ensure that consistent information is provided with each referral.

Warm Handoff Referrals

The CSCoC utilizes a best practice of assisted referral, also known as a “warm handoff” referral. The CSCoC approaches referral as more than just handing households off or providing them a list of places to go and projects to contact. It is required that referrals be made directly between the referring agency and the receiving agency, with the former providing the latter with the information the receiving agency needs to act on the referral.

Often, this “warm handoff” model of referral is accompanied by the service provider’s housing navigator function, which identifies a service provider member to support households experiencing a housing crisis throughout the process, including ensuring their applications are completed and submitted and barriers to enrollment are reduced.

Provider Concerns

Some housing and supportive services providers may express concern about relinquishing control of referral to and enrollment in their projects, as coordinated entry shifts a project-centric focus to a person-centric one. Before coordinated entry, a service provider usually made decisions about which households to enroll in its projects based on its best judgement about who would succeed there. To screen out households it did not expect to be successful, the service provider usually unnecessarily added eligibility criteria other than those required by the project’s funders.

Coordinated entry, with the requirement that all vacancies be filled with referrals from its process, means that projects must enroll program participants who often are more challenging to serve than before. The CSCoC shall support service providers in capacity-building to ensure that participating projects meet program participants’ needs and reinforces the benefits and requirements of coordinated entry.

Rejection Protocols

The referral process accounts for occasions when a referral is rejected by the potential participant or when the project service provider rejects a referral under the criteria established by the CSCoC.

Sometimes potential participants perceive the referral as representing a housing or services option that does not address their immediate housing goals and preferences. In those instances, every effort is made to identify other referral options. If none exists, the CSCoC documents such limitations of the currently available project options for system planning purposes. Meanwhile, coordinated entry service providers continue to work with the household to find alternative accommodations.

Sometimes the project receiving the referral through the coordinated entry process is the source of the referral rejection. For example, a project might be experiencing situational service provider constraints. Programmatic changes or funding issues might necessitate a temporary hold on accepting referrals. Or after considering the unique housing barriers and attributes of a referral, the project receiving the referral might decide the project does not have enough programmatic capacity or expertise to provide the housing and services necessary to resolve the household’s housing crisis.

Regardless of the specific circumstances of the project’s rejection, in all situations the project shall communicate the decision clearly and quickly to the entity making the referral. This communication must include the reason for the rejection, any factors or a change in circumstances that could allow the project to reconsider and accept the referral, and other pertinent information that came to light during the referral review that might affect the potential participant’s referral standing at other projects.

CSCoC utilizes a case conferencing approach to referral rejections. With case conferencing, the entity making the referral, the project rejecting the referral, and potentially the household, meet to share information and collectively consider alternative referral options. The goal of the referral process is to quickly and successfully connect households experiencing a housing crisis to available projects - a case conferencing meeting among all parties concerned is often the most effective way to achieve this goal when the standard referral process breaks down.

Referral Data Management and Efficiency Tracking

The amount and type of household data accompanying a referral from one service provider to another depends on specific data-sharing agreements between the referring agency and the receiving project. In general, referral of a household experiencing a crisis for housing and services requires the following:

* Referral date and time.
* Identity of the agency currently serving the household, including contact information.
* Identity of the receiving project, including follow-up contact information.
* Names of household member(s).
* List of projects for which the household is being referred.
* Household’s prioritization score, if applicable.
* Project eligibility or entry requirements.
* Household’s preferences.
* Special considerations, including housing-related information such as desired location, unit size needed, and restrictions on housing.
* Verification documentation, as appropriate and if applicable.
* Expectations for follow up.

Often the referral is transmitted electronically, with information provided both to the referring agency and to the receiving project that has the vacancy. HMIS provides resources that enable management of electronic referrals.

The CSCoC Coordinated Entry Committee shall develop timeliness targets for each of the referral, project enrollment, and move-in stages. A strong referral process is necessary to keep these stages as short as possible to facilitate rapidly rehousing households who are homeless, including diversion where possible.

Referral to Projects

The CSCoC implements a referral process that applies to all beds and services available at participating projects funded by the CSCoC or ESG Program. The process also applies to housing and supportive services projects operated by entities not funded by HUD, and those that do not actively participate in coordinated entry but receive and accept CSCoC referrals.

The CES makes referrals to all projects receiving ESG and CoC funds, including emergency shelter, RRH, PSH, and transitional housing, as well as other housing and homelessness projects. Projects that are dedicated to serving households experiencing homelessness must fill all vacancies through referrals, while other housing and services projects may determine the extent to which they rely on referrals from the coordinated entry process.

CSCoC maintains an inventory list, updated at least annually, of all housing and supportive services projects that can be accessed through referrals from the coordinated entry process.

After being referred to a housing service provider project, households shall be assigned a Housing Resources Coordinator. The Housing Resources Coordinator may be the original referring Case Manager, a referring Outreach Worker, or a dedicated service provider member with the title of Housing Resources Coordinator. The Housing Resources Coordinator begins the process of housing search and placement.

Roles and Responsibilities

* Referring agency – this is the entity responsible for referring a household experiencing a housing crisis to available housing and supportive services, based on the household’s priority level or score and the CSCoC prioritization and assistance standards.
* Receiving agency – all housing and supportive services providers participating in coordinated entry must fill vacancies with households referred through the coordinated entry referral process.
* Housing Navigator – CSCoC has implemented a Housing Navigator function to ensure efficient and effective enrollment and subsequent movement of program participants from crisis response to stable housing. Specific service provider duties might vary, but a Housing Navigator performs a variety of functions to reduce the time it takes households in crisis to obtain housing. Housing Navigator duties include, but are not limited to:
	+ Working closely with referring agencies to determine a household’s likely eligibility.
	+ Developing a housing stability plan.
	+ Assisting the program participant with completing housing applications.
	+ Performing housing searches and enrollment.
	+ Performing outreach to and negotiate with landlords.
	+ Assisting the program participant with submitting rental applications and understanding leases.
	+ Addressing barriers to project entry.
	+ Collecting documentation for housing eligibility determinations.
	+ Assisting the program participant with obtaining utilities and making moving arrangements.
	+ Coordinating resources such as federal, state, and local benefits.
	+ Assisting with mediation between the program participant and owner/landlord.
	+ Assisting the program participant with credit/budget counseling.
	+ Providing renter education.

## Ongoing Planning and Stakeholder Consultation

CSCoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individual and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered and used to improve the process.

# **Access**

## Full Coverage

The CSCoC ensures that the crisis response system is accessible throughout the geographic service area. The coordinated entry process uses multiple points of access to achieve the full coverage required. Our community specifically joined together as the CSCoC to share a regional coordinated entry process to achieve both efficiencies and full geographic coverage.

These Written Standards describe the relationship of the CSCoC to the coordinated entry process, and address how the core elements of ensuring access, standardizing assessments, and implementing uniform referral operate.

## Non-Discriminatory Access

No household shall be discriminated against in any program, service, or activity funded or administered by the CSCoC on the basis of age, race, color, religious creed, gender, sex, familial status, sexual orientation, national origin, ancestry, medical condition, disability, genetic information, citizenship status, political affiliation, veteran status, income, or any other class protected by law.

## Affirmative Marketing and Outreach

CSCoC and recipients of CSCoC and ESG Program funding are required to affirmatively market housing and supportive services projects to eligible households who are least likely to apply in the absence of special outreach. This is regardless of race, color, national origin, religion, sex, age, familial status, marital status, handicap, actual or perceived sexual orientation, or gender identity. To ensure the coordinated entry process assists CSCoC and ESG Program recipients in meeting this requirement, the CSCoC developed an affirmative marketing strategy for its coordinated entry process as evidenced by these Written Standards.

Advertisements of CES include written flyers and documents, approved by the CSCoC, explaining the CES process, characteristics, and guidelines. Advertisements may be used in local newspapers, on local radio stations, or on local television stations in the service area.

Resources and information about CES are provided to local businesses, hospitals, places of worship, schools, law enforcement, and other places the targeted population receives assistance or services.

CSCoC and ESG funded street outreach efforts are linked to the coordinated entry process. The coordinated entry process is linked to street outreach efforts so that households sleeping on the streets are prioritized for assistance in the same manner as any other household assessed through the coordinated entry process.

CSCoC incorporates assessment in part or whole into street outreach. The CSCoC meets HUD’s requirement that coordinated entry reach the entire geographic service area by designating outreach as a defined access point, one that can flexibly navigate to reach homeless households wherever they reside.

## Emergency Services

Low Barrier

Emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, must operate with as few barriers to entry as possible.

Emergency shelters funded with ESG use streamlined assessment tools that reflect low barrier entry and diversion within the referral process.

Coordinated entry allows for households experiencing a housing crisis to access emergency services with as few barriers as possible. Coordinated entry access points provide “unqualified” emergency access, meaning access is not limited to certain populations. Emergency access point service providers include all types of emergency services such as homelessness prevention assistance, domestic violence and emergency services hotlines, drop-in services programs, emergency shelters, and other short-term crisis residential programs. Households are able to access emergency services independent of the operating hours of the CSCoC’s coordinated entry processes for intake and assessment.

The coordinated entry process does not delay access to emergency services such as shelter. The process includes a manner for households to access emergency services at all hours independent of the operating hours of the coordinated entry intake and assessment processes. For example, households who need emergency shelter at night can access shelter, to the extent shelter is available, and then receive an assessment in the days that follow, even if the shelter is the access point to the coordinated entry process.

Not Subject to Prioritization

Emergency shelters are not required to follow the established prioritization criteria to place households in emergency shelter beds. If the offered prevention and diversion resources do not resolve a household’s need for housing, access point service provider shall connect the household to local emergency shelter resources to solve their immediate housing crisis while longer term resources are explored. Shelter service provider will assist all households who initially present at that shelter to access CES within 48 hours.

Emergency shelters do not hold beds or prioritize. All shelters fill beds according to households that are in immediate need due to homeless crisis issues. Households admitted to shelters are connected by the Emergency Shelter Coordinator through CES as quickly as possible.

Access to emergency service, such as entry to emergency shelter, are not prioritized based on severity of service need or vulnerability. Emergency services funded through the ESG Program promulgate written standards required under 276.400(e)(3)(iv).

24-Hour Connection to Emergency System

Households needing immediate entry for emergency shelter will be contacted the next business day for prioritization. If the household is currently experiencing domestic violence, they will be referred to a local domestic violence shelter crisis hotline.

If no shelter has available space, the household will be sent to the closest available crisis housing (i.e., churches, hotels, motels).

If the household does not initially present at an emergency shelter, they are referred to the closest emergency shelter. Emergency shelters require a phone intake assessment before entry. If that shelter is full, the shelter will offer a referral to another shelter within the CSCoC that does have appropriate space for the household.

All households accepted into shelters are referred to CES as quickly as possible to ensure their placement in the appropriate programs available to them.

All physical access points/HUB Stations maintain after-hours answering services that provide information on accessing emergency shelters and the call-back time window.

The CES is tied to CSCoC’s emergency care system through a Memorandum of Understanding between the CSCoC and emergency service providers that includes the following duties:

* Emergency service providers shall notify a Coordinated Entry Specialist regarding new homeless households who have been served at night within 48 hours, so that those households can be integrated into the CES as soon as the access point opens for business.
* Emergency service providers, including all domestic violence hotlines, emergency service hotlines, drop-in service emergency shelters, domestic violence shelters, and other short-term crisis residential programs, shall receive and care for households including during hours when coordinated entry HUBs may be closed for business.
* The CSCoC Board shall host a meeting between homeless services providers and emergency services providers at least twice per year to discuss strategies for reducing barriers to communication and collaboration.

## Standardized Access and Assessment

The coordinated entry process uses the same assessment process at all access points. However, among the multiple access points, the CSCoC designates separate access points for all households within the given subpopulations identified below (the same assessment process is used at each access point). Only the following five (5) subpopulations have access points that are separate and distinct from the general access points:

* Adults without children
* Adults accompanied by children
* Unaccompanied youth
* Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions
(including human trafficking)
* Households at imminent risk of literal homelessness, for purposes of administering homelessness prevention assistance.

HUD has partnered with the US Dept of Veterans Affairs to define designated access points for homeless veterans, where the access points are operated by VA or VA partners and the methods for providing access are documented in these Written Standards.

## Considerations for Separate Access Points

Different access points for those HUD-designated subpopulations have designated service provider conducting assessments in a culturally sensitive and informed manner but make referrals according to the written standards established by the CSCoC.

CSCoC has pre-existing networks for subpopulation groups, and utilizes a partially separated coordinated entry process with a separate access point. CSCoC policies and standards still apply. Examples might be a youth drop-in center or a domestic violence hotline. Multiple access points or methods (e.g., crisis hotline) can be safer for domestic violence survivors, as a single, well-known location can put them at risk.

CSCoC offers mobile access to households in subpopulations who might resist going to a centralized access point. This mobile access is available through trained outreach service provider who are prepared to assess households in phases.

Although the CSCoC uses standardized assessment tools across access points, the actual tools may be locally developed or selected from among the many publicly available tools. Whatever tool is implemented, the language and questions in the assessment should be tailored accordingly (e.g., include questions about school enrollment for adults with children).

A community-specific assessment tool is valid and reliable, and the assessment process only gathers information necessary to determine the household’s severity of need and potential match for housing and supportive services. That is, the assessment can be conducted in phases, to capture information as needed and limit how frequently the household being assessed must repeat their personal story. To illustrate, once the household is referred to housing and supportive services, project service provider may conduct more sophisticated assessments to evaluate that participant’s specialized needs. This phased approach to assessment is intended not to replace more specialized assessments but rather to connect households to the appropriate housing solution as quickly as possible.

Assessment tools are customized to reflect an assessment approach and prioritization process specific to each subpopulation. For example, one assessment tool may be established for all youth, another for all families, and still another for single adults. Or a CoC might have a single tool that is used consistently across all subpopulations. Either approach is acceptable. The goal is to ensure common prioritization approaches across subpopulations.

Information from the assessment is used to determine which housing intervention is best suited to end the household’s homelessness:

Permanent Supportive Housing

Referrals to PSH only come through CES. When a vacancy occurs, households are prioritized as follows:

* Households meeting the HUD definition of chronic homeless receive priority, based on the length of time they have resided in a place not meant for human habitation, a safe haven, or an emergency shelter, and the severity of the household’s service needs as determined by the CES assessment tool.
* If no chronically homeless households are on the list, then the order of priority is as follows:
	+ Homeless households with a disability with long periods of episodic homelessness and severe service needs.
	+ Homeless households with a disability and severe service needs.
	+ Homeless households with a disability coming from places not meant for human habitation, safe havens, or emergency shelter without severe service needs.
	+ Homeless households with a disability coming from transitional housing.

Homeless Prevention

* Rapid Re-housing (RRH)

When PSH is not immediately available, households seeking these resources are connected with local HUB stations to be assisted in identifying more readily available housing options. All access points use the same process for CES, intake, assessment and referral. Households identified as chronically homeless, but served with RRH at the time, maintain their chronic status and must be identified in CES a second time for placement and prioritization.

* Shelter Referral

Service providers may also refer households to additional housing programs available in the service area that are not funded by, or do not currently participate in, the CES. The referral process may be shared electronically via fax for programs not participating in the CES.

PSH is almost always the most effective resource for highly vulnerable households with high service needs, including those experiencing chronic homelessness. But the lack of available PSH, for example, should not result in households languishing in shelters or on the streets without other assistance. If no PSH resources are available, the highest need or highest prioritized households shall be offered other appropriate resources available. The CSCoC applies this dynamic approach to inventory monitoring and referral management to all its component types, including TH and RRH.

## Privacy

All service providers working with household-level data shall abide by the privacy protocols prescribed by the CSCoC HMIS Policies and Procedures Manual.

## Entry Points – Operational and Programmatic Practices

The Coordinated Entry System Operator shall maintain and update binders for all entry points that detail all operational and programmatic practices every entry point should be following. The protocols and federal notices and forms included in these binders shall be incorporated by reference and include:

* Fair Housing Amendments Act of 1988 Notice (Attachment B);
* Right to File Discriminations Complaints Notice and Form (Attachment C)
* Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Attachment D); and
* Emergency Transfer Request Form for Certain Victims of Domestic Violence, Sexual Assault, or Stalking (Attachment E).

As the initial point of contact for households in the CES, service providers serving as access points are likely to be questioned by households as to their status on the prioritization list and when they may be referred to housing. In these instances, all service providers should be able to check the CES to determine whether the household has a recent completed Housing Assessment. If so, the service provider may confirm that the household is current in the system and will be contacted when appropriate housing or services become available. If the Housing Assessment is not recent, the service provider may assist the household to update their assessment. If no assessment is found for the household in CES, the service provider may work with the household to complete a standard intake and Housing Assessment.

Service providers are NOT permitted to inform a household of their number or placement on the prioritization list; this placement may change frequently as new assessments are entered into the system and triaged.

## Pre-screening questions

Individual CSCoC projects have ultimate responsibility for determining the eligibility of prospective participants in their programs and for collecting and maintaining eligibility documentation. From a practical perspective, however, the coordinated entry process is well positioned to screen preliminarily for presumptive eligibility. Presumptive eligibility screening is often necessary to inform a referral process that adequately considers the likelihood of a prospective participant’s eligibility before making a referral. If funders institute their own prioritization standards and preferences, the CSCoC coordinated entry process must accommodate these potential differences at the point of referral.

Upon first contact, entry point service provider shall ask households the following four questions to determine homelessness status and identify any urgent safety concerns:

* Can you please tell me where you slept last night?
* Do you have a place to sleep tonight?
* Are you currently in danger?
* What is your biggest need today?

The CES ensures that potential program participants are referred to all available resources for which they are prioritized and eligible, and for which a vacancy exists. An effective and efficient referral process considers the written standards for prioritizing assistance developed by the CSCoC and the ESG Program recipients and individual project eligibility requirements, such as those established by funders other than HUD, or the requirements of nontraditional services providers that are participating in the coordinated entry process.

## Prevention & Diversion

There are many more households who qualify for homelessness prevention assistance than homeless assistance. ESG funded prevention assistance is incorporated into the coordinated entry process. Communities should decide to what extent they include additional non-prevention programs and how they are incorporated. If pre-screening questions determine that a household is not literally homeless, entry point service provider shall connect the household with prevention or diversion resources as detailed in an Entry Point Binder produced and maintained by CES service provider.

## Category 4 – Domestic Violence

If pre-screening questions determine that a household is fleeing or attempting to flee, domestic violence, entry point service provider shall connect the household with a victim service provider by the process outlined later in these Written Standards.

When a household actively fleeing domestic violence presents at a non-victim service provider, the service provider will make every effort to connect the household with a victim’s services provider. The services provided may be shelter, but may also be advocacy, or safety planning and peer counseling. When an assessment is being conducted, if a household is determined to be at imminent risk of harm due to domestic violence, the CES service provider will immediately connect the household to Domestic Violence Services by calling the local domestic violence hotline. If the household agrees, the service provider may also contact the local Police Department.

Domestic violence service providers will not be entering data into HMIS. Category 4 households are served electronically through those systems only for safety and protection. If these households present at the CES intake process, they are provided the same opportunities to participate in CES as other households. If the referral comes back to the CES intake service provider from the Domestic Violence program, the household will be offered the same housing assessment as all other households. Nothing may disqualify a household fleeing domestic violence from seeking shelter or transfers to a safe, available unit at the point of entry. Households that need assistance will be referred to the local domestic violence crisis center of their choice for intake and assessment.

## Other Households Experiencing Homelessness

When a household is identified by the CES access system to include a veteran, they will immediately be referred to the nearest local Veteran Hub Station for services. The household may choose to go through the veteran-targeted HUB Station, or they may choose to continue completing the CES intake and assessment at the HUB of their choice.

While all households identified in CES as including veterans shall be offered a referral to service providers that specifically target veterans, the household is free to decline such referrals and remain eligible for placement with any other appropriate service provider within the CSCoC.

If a referral is made to a service provider that specifically targets veterans, and the service provider determines that the household does not qualify for their services, the household is returned to CES.

Any additional questions regarding veteran status, service area, and discharge information will be collected by the veteran program receiving the referral.

If pre-screening questions determine that a household is literally homeless, entry point service provider shall walk the household through the following process:

* Offer the household an overview of coordinated entry and the assessment, prioritization, and matching process.
* If the household agrees to proceed, entry point service provider shall have the household fill out an HMIS Release of Information Form. The completed form shall be scanned into HMIS and any original paper copies shall be destroyed.
* Entry point service provider shall then collect Universal Data Elements intake questions and enter the household’s answers into HMIS.
* Once the Universal Data Elements information is collected, entry point service provider shall begin a Modified VI-SPDAT interview as detailed below. The Modified VI-SPDAT shall be rendered in a private room/space whenever possible. All available contact information shall be collected from the household.
* At the end of the Modified VI-SPDAT, entry point service provider shall remind the household that completion of the Modified VI-SPDAT, is not a guarantee of housing.
* Upon the completion of the Modified VI-SPDAT, entry point service provider may begin to address any immediate wrap-around needs.
* All households shall be given CES contact information before they leave.

# **Assessment**

Assessment is the process of gathering information about a household presenting to the crisis response system. Assessment includes documenting information about the barriers the household faces to being rapidly housed and any characteristics that might make them more vulnerable while homeless.

All assessments are conducted using trauma-informed, household-centered methods. Assessment areas are continually assessed by CES service provider for their safety and privacy to allow households to identify sensitive information or safety issues in a private and secure setting.

Historically, assessment of households experiencing a housing crisis included inordinately long and intrusive interviews, even if they were only seeking temporary emergency assistance. Households might have to undergo the assessment process multiple times, at every place they accessed. With coordinated entry, assessment can collect information in phases – initially collecting only the information essential to ascertaining the household’s immediate needs and to connect that household to appropriate interventions.

As outlined in the 2016 Prioritization Notice and reinforced in the Coordinated Entry Notice, any tool used by CSCoC for the coordinated entry process is, to the greatest extent possible, the following:

* Tested, valid, and appropriate.
* Reliable (provide consistent results).
* Comprehensive (provide access to all housing and supportive services within the CSCoC).
* Household-centered (focused on resolving the household’s needs, instead of filling project vacancies).
* User-friendly for both the household being assessed and the assessor.
* Strengths-based (focused on the household’s barriers to and strengths for obtaining sustainable housing).
* Housing First-oriented (focused on rapidly housing participants without preconditions).
* Sensitive to lived experiences (culturally and situationally sensitive, focused on reducing trauma and harm).
* Transparent in the relationship between the questions being asked and the potential options for housing and supportive services.

## Collection of Information

The Modified VI-SPDAT separates households into two populations: Households with only Adults, and Households with Children.

All households in the coordinated entry process will be freely allowed to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant’s refusal to answer questions will not be used as a reason to terminate the participant’s assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible. Participants may refuse to answer assessment questions and to reject housing and service options offered without their suffering retribution or limiting their access to assistance.

Assessment service provider shall engage participants in an appropriate and respectful manner to collect only necessary assessment information. Assessment service provider shall make every effort to assess and resolve the household’s housing needs based on a participant’s responses to assessment questions no matter how limited those responses.

CSCoC utilizes Home Safe forms for all CSCoC or ESG funded programs throughout the service area, and maintains all required documents, including homeless status and chronic status. Home Safe forms are streamlined to reflect emergency shelter admissions, PSH admissions, RR intake, homeless prevention, and include all CSCoC or ESG funded programs. All CSCoC Home Safe forms are documented in the written standards, and all housing service providers are expected to use the approved checklist of documents in files.

Modified VI-SPDAT

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to create a standardized vulnerability score for households presenting for services. The CSCoC uses a modified form of the VI-SPDAT to assess the vulnerability of households in the Central Sierra geographic area.

## Assessment in Phases

The assessment component of the coordinated entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. The assessment process, including information gathered from assessment tools, service providers, and others working with households, shall provide enough information to make prioritization decisions. All households requesting shelter are screened for other safe and appropriate housing options (temporary or permanent) and resources to obtain/maintain their housing. Households that have other safe and appropriate housing options or resources are diverted away from emergency shelter and instead offered problem-solving assistance and immediate linkage to homeless prevention assistance, as needed, desired and available.

Assessment phases include:

* Screening for diversion or prevention;
* Assessing shelter and other emergency needs;
* Identifying housing resources and barriers; and
* Evaluating vulnerability to prioritize for assistance.

All households requesting shelter are also screened for critical health and safety needs to identify households with more severe service needs and provide an appropriate response.

Assessments conducted in different phases must build on each other and limit the frequency with which a participant must repeat a household story to reduce trauma and improve system efficiency. Information collection related to prioritization ranking and program eligibility may also occur concurrently with these different phases, even though assessment generally occurs before referral.

The phased assessment process used during coordinated entry is not intended to replace more specialized assessments, but rather to connect participants to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

## Prevention and Diversion

The goal of prevention and diversion programs is to minimize entries to the crisis response system. Households who are homeless or at risk of homelessness may access ESG and CSCoC funded prevention and diversion services through the coordinated entry process. Street outreach, access and assessment points prioritize referrals to prevention services based on need and availability of appropriate interventions.

If, during the pre-screening interview of a household by a service provider, it is determined that the household is not literally homeless, the service provider may refer the household to other service providers listed in a service provider directory, continually maintained by CES service provider.

All prevention and diversion conversations shall proceed with service provider using the following script:

Diversion Questions

* “Are you safe in your current living situation?”
	+ If the response is no, but the household is otherwise eligible for diversion, service provider shall divert them to a location other than where they are currently staying and make sure that it is somewhere where the household feels safe.
* “Is there anyone else you and your family could stay with for at least the next three to seven days if you were able to receive limited services such as (list services available in community such as case management services/transportation assistance/food pantry/limited financial support/other referrals)?”
	+ Help family think through potential places – with family, friends, co-workers. Have them identify what barriers they think exist to staying in a certain location and how they might be overcome.
	+ If the answer to this question is yes, the household qualifies for diversion assistance. Skip to Concluding Questions
	+ If the answer to this question is no, and shelter diversion has therefore been ruled out, go to Prevention Questions

Prevention Questions

* “Are you safe in your current living situation?”
	+ If the answer is no, and the household is in immediate danger, refer them immediately to law enforcement and/or the appropriate local domestic violence service provider.
* “Do you believe you will become homeless within the next seven days?”
	+ “If you are currently housed, what type of assistance would you need to stay there?”
		- Food assistance
		- Rental assistance
		- Utility assistance
		- Tenant/Landlord Mediation
* “Have you ever been to a shelter or another homeless assistance program before?”
	+ If the household answers yes, request the name of the program.
		- “When were you last there?”
* “I would like to refer you to \_\_\_\_\_\_\_\_\_ service. May I ask you a few questions to facilitate the referral?”
	+ If the answer is yes, service provider may continue to the HMIS Intake Form.

All service providers, CSCoC Hubs, emergency shelters, and Housing Resource Coordinators delivering rental assistance programs will assist households to prevent entry into homelessness whenever possible by connections with prevention and diversion resources available in the community. All shelters utilize the CSCoC-approved Diversion and Prevention tool during the initial contact with households seeking shelter. Shelters do not need to prioritize households and households may be referred outside of coordinated entry for immediate access to shelter.

If CSCoC or ESG funds include funding for homeless prevention, households with court-ordered eviction notices are prioritized for assistance. These funds may also be used to assist households in receipt of 3-day Pay or Quit Notices. Referrals may also be made from service providers to congregations with discretionary dollars for homeless prevention funding to be approved for rental assistance.

## Required Information During the Assessment Process

The assessment process will not require disclosure of any specific disabilities or diagnoses. The assessment may attempt to collect specific information about a household member’s diagnoses or disabilities, but only what is necessary to determine program eligibility to make appropriate referrals, or what is necessary to provide reasonable accommodations for the household members being served.

The CSCoC’s assessment practices collect information in several major categories:

* Identifiers, characteristics, and attributes
* Family members and dependents
* Housing and homeless history
* Employment history
* Legal history
* Physical and behavioral health considerations that can indicate vulnerability
* Goals and preferences

These categories focus on identifying and documenting the household’s housing crisis, as well as the household’s barriers to being rapidly housed and their level of vulnerability. Household assessment focuses on:

* Immediate health and safety needs relevant to providing accommodations; and
* Information relevant to securing housing, including: factors that would cause a landlord to reject the household’s application (past evictions, etc.); factors that directly led to housing instability or homelessness in the past (failure to pay rent, lease violations, etc.,); and other information necessary to link households to financial assistance and housing-related resources. Household assessment focuses on barriers to obtaining and/or maintaining housing (e.g., past rental/credit/criminal history, current income, legal issues, knowledge of tenant rights and responsibilities, etc.).

Coordinated entry implementation may be performed in stages to collect this information over a series of assessments, as the information is needed to make decisions about referrals.

All households have the right to refuse to share their information among CSCoC service providers. Some information, however, may be required by a project, by public or private funders to determine eligibility for housing or services, or to assess needed services, and must be collected. In cases where a household does not consent to having information shared, the information must still be collected by the service provider to determine whether the household is eligible for services, but it shall not be shared via HMIS if the household objects.

## Practical Use of the Assessment Tool

Survey forms are available for Households of Adults Only or Households with Children. The form for Adults Only hides the fields about children. The survey generates a “Short Score” which can be used to prioritize households for the long assessment survey. The survey can also be skipped in favor of the long survey, and this is required whenever feasible. The survey form incorporates the above and adds additional fields to generate the final score.

All responses to the assessment must be saved when navigating away from the coordinated entry survey screen for the scores to be saved within HMIS and attached to the household record. The CES will consistently assess all households using the Modified VI-SPDAT. This tool was selected based on CSCoC’s satisfaction that it met the following characteristics:

* Tested, valid, and appropriate.
* Reliable (provide consistent results).
* Comprehensive (provide access to all housing and supportive services within the CoC).
* Household-centered (focused on resolving the household’s needs, instead of filling project vacancies).
* User-friendly for both the household being assessed and the assessor.
* Strengths-based (focused on the household barriers to and strengths for obtaining sustainable housing).
* Housing First-oriented (focused on rapidly housing participants without preconditions).
* Sensitive to lived experiences (culturally and situationally sensitive, focused on reducing trauma and harm).
* Transparent in the relationship between the questions being asked and the potential options for housing and supportive services.

Application of the Modified VI-SPDAT may not produce the entire body of information necessary to determine a household’s prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions. Therefore, service providers who work with households may provide additional information, through case conferencing or otherwise, that appears relevant to the written prioritization policies.

## Contact Information

Service provider authorized to conduct assessments shall collect contact information from all interviewees and inform those households that it is their duty as a project participant to keep program service provider appraised of any updates to that contact information.

## Assessment in Phases

Assessment tools and activities can be incorporated at any of several stages throughout a household’s interaction with the coordinated entry process. The goal is to build an accurate and concise picture of that household’s needs and preferences in order to connect them to an appropriate intervention. Assessments completed in phases may be most efficient and effective in achieving this goal.

A phased approach does not presuppose that assessment must occur at every stage nor be completed in sequence before a household is able to resolve the housing crisis, although at each progressive stage, completion might be appropriate depending on the household’s specific circumstances. Collapsing or integrating stages in assessment may be appropriate depending on the access points and roles defined for service providers. At any stage among those listed below, the coordinated entry process might have enough assessment information to connect or refer a household to a permanent housing placement:

* Initial triage – likely focused on defining the nature of the current crisis and ensuring the household’s immediate safety.
* Diversion – can occur as part of initial triage or separately; is likely focused on assisting the household to examine their resources and options other than entering the homeless system.
* Intake – likely occurs when the household accepts crisis assistance, such as emergency shelter. Assessment is likely limited to collecting information necessary to enroll the household in a homeless assistance project (i.e.., the homeless assistance project could be coordinated entry itself or an emergency shelter, depending on how the CoC has structured and defined crisis response interventions).
* Initial Assessment – The initial assessment might incorporate a prioritization component that indicates the level of risk, vulnerability, and the household’s barriers, goals and preferences, or need based on the responses to the assessment questions. The household’s responses to initial assessment can be used to help define risk and prioritize the household for further CSCoC or ESG Program assistance such as street outreach, emergency shelter, rapid rehousing, and PSH. Some of the initial assessment questions might be asked multiple times throughout project enrollment.

## Assessment Script

Before entering household data into HMIS, the household must be provided an explanation about the option of sharing their information with HMIS by reading the following statement:

“I need your authorization to share the information you give me with one or more service providers in order to match you with the services that best meet your needs. Do you authorize us to do so – to proceed with the intake and share your information with service providers?”

If the household answers “Yes” then the service provider should check “Yes” to indicate that the household has given consent and may then proceed with the intake. If the household answers “No” then the service provider shall not complete the intake. The household must then be informed that they may still be eligible to receive housing services, but they may not be matched to services offered by other agencies or programs, since their information cannot be shared.

## Participant Autonomy

The coordinated entry process must allow households presenting to the crisis response system to refuse to answer assessment questions and to reject housing and service options offered without suffering retribution or limiting their access to assistance. Assessment service provider should always engage households in an appropriate and respectful manner to collect only necessary assessment information, but some households might choose not to answer some questions or could be unable to provide complete answers in some circumstances. The lack of a response to some questions can potentially limit the variety of referral options. When this is the case, coordinated entry service provider should communicate to those participants the impact of incomplete assessment responses. Assessment service provider should still make every effort to assess and resolve the household’s housing needs based on a household’s responses to assessment questions no matter how limited those responses. A household’s unresponsiveness must not affect future assessments or referral options.

All assessments shall begin with service provider using the following script:

* “My name is \_\_\_\_\_\_\_\_\_ and I work for an agency called \_\_\_\_\_\_\_\_. I have a 10-minute interview that I would like to complete with you. Your answers tell us how we can start supporting you.”
* “Most questions only require a Yes or No. Some questions require a one-word answer. Some questions also are personal in nature. You can skip or refuse any questions you don’t want to answer for any reason. We can also stop whenever you want. We’ll do our best to help you with whatever amount of information you are willing to share with us now or any time in the future. But the more information we have about your situation, the better we may be able to help you. If you do not understand a question for any reason, let me know. I would be happy to clarify. I would be happy to get an interpreter in a different language or do my best to make other adjustments that might make you more comfortable with understanding and answering any questions.”
* “The information you share with me will go into a Homeless Management Information System, which is a shared database that only shelters and housing service providers in Amador, Calaveras, Mariposa, and Tuolumne Counties can access. Once your information is in there, you should not have to complete this survey again in these counties.”
* “Completing this interview is not a guarantee that we will be able to find housing for you. We’ll do our best, but there are some challenges that we’ll have to address first. This is a marathon, not a sprint. This is just the first of many steps we’ll have to take.”
* “One last thing – what’s nice about this interview is that you get to tell me whatever you think is right. Don’t tell me what you think I want to hear. This survey is meant to find resources for you, in your exact, unique situation. It’s up to you, but the more open you are, the more likely it will be that we can figure out how best to support you.”
* “Would you like to proceed with a verbal conversation in English, here, right now?”
* “Thank you for your time. Let’s get started.”

## Assessment Training

Coordinated entry (HMIS) training is mandated and shall be provided as requested. Each service provider has an identified service provider member to coordinate with the designated coordinated entry trainer who will be responsible for scheduling training for new service provider. Service providers helping to re-house households are aware of and know how to access a wide array of housing options (public/private, subsidized/unsubsidized, all local permanent supportive housing, etc.) directly or through the CSCoC’s coordinated entry system to help households achieve their Housing Plan goals. Service providers are aware of and know how to access other community resources (e.g., legal services) that can help households achieve their housing placement and stabilization goals.

The CSCoC provides training protocols and at least one annual training opportunity to service providers that serve as access points or otherwise conduct assessments. The training may be in person, live or recorded online sessions, or be self-administered. Training provides all service providers with materials that clearly describe how assessments are to be administered with fidelity to the Written Standards. The training protocols include the requirements for prioritization and the criteria for uniform decision-making and referrals. Each phase of assessment might entail unique training protocols, such as mediation training for service provider conducting diversion assessments. Skilled service providers are able to identify signs of trauma and stress among households entering the crisis response system and then work to mitigate those conditions by conducting assessments in the most sensitive and respectful manner possible.

All service provider tasked with administering assessments use culturally and linguistically competent practices. CSCoC incorporates cultural and linguistic competency training into the required annual assessor training. Assessments include trauma-informed culturally and linguistically competent questions for special subpopulations, including immigrants, refugees, and other first-generation subpopulations; youth; households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and LGBTQ households.

Training opportunities for all service providers authorized by the CSCoC to serve as coordinated entry HUBs or to administer Modified VI-SPDAT is available at least once annually. Training curricula and protocols are updated and distributed annually, and include the following topics:

* Review of Written Standards, including any adopted variations for specific subpopulations;
* Requirements for use of assessment information to determine prioritization;
* Criteria for uniform decision-making and referrals;
* Cultural and linguistic competency;
* How to conduct trauma-informed assessments, including for special populations;
* Safety planning and how to identify safety issues during the assessment process; and
* Personal and data privacy considerations, and procedures to protect confidential information.

## HMIS Data Entry

After assessment, coordinated entry scores are transmitted to coordinated entry service provider within 24 hours. Coordinated entry service provider then enters those scores into HMIS within 48 hours of receiving such scores.

The coordinated entry system Home Screen is used to search for or add new households and displays the surveys that are active. Households marked “in process” are still searching for an available housing unit but have completed both the short and long form assessment tools for placement.

The Project Information screen is where the household’s information is first entered into the coordinated entry system. Households have the right to refuse to provide any requested information in the coordinated entry process. However, the service provider conducting the intake ensures that the household understands that incomplete information could result in an inaccurate assessment of the household’s housing needs and vulnerability, potentially lowering their placement on the prioritization list.

The modified short or long form Modified VI-SPDAT should not be administered more than once every six months for the purposes of placement on the housing prioritization list. If a household experiences a change in circumstances that may significantly impact their vulnerability score, these changes are noted in the Household Notes section of HMIS by the most current service provider. Households will remain on the HMIS main screen and will be flagged if contact is lost or the household does not call in after the six-month mark.

Households with multiple scores over a six-month period will be assessed for housing using the earliest score within that timeframe.

# **Prioritization**

Households are prioritized for a full continuum of housing and service interventions according to CSCoC and ESG Written Standards, which prioritize those who are most vulnerable and with the most immediate needs for referral and placement into appropriate housing interventions. Those with the highest Modified VI-SPDAT scores are prioritized highest for longer term housing solutions. Program admission is prioritized for people with the most severe needs. All CSCoC service providers use the coordinated entry process to prioritize homeless households within the CSCoC geographic service area for access to housing and supportive services.

The coordinated entry prioritization process combines each household’s assessment results with the CSCoC’s prioritization to determine that household’s level of vulnerability. The household’s assessed vulnerability establishes their level of priority for resources in the homeless system and lead to identification of vacancies at housing and supportive services projects to which the household can be referred.

## Requirements

CSCoC adopts the requirements for the prioritization process, as outlined in the HUD Coordinated Entry Notice. Prioritization is therefore based on a specific and definable set of criteria that are made publicly available through the CSCoC’s written prioritization standards and are applied consistently throughout the CSCoC. The CSCoC’s prioritization criteria include the following factors:

* Significant health or behavioral health challengers or functional impairments that require a significant level of support for the household to maintain permanent housing.
* High use of crisis or emergency services to meet basic needs, including emergency rooms, jails, and psychiatric facilities.
* Extent to which households, especially youth and children, are unsheltered.
* Vulnerability to illness or death.
* Risk of continued homelessness.
* Vulnerability to victimization, including physical assault, trafficking, or sex work.
* Other actors determined by the community and based on severity of needs.

## Prioritization Scheme

For the purposes of coordinated entry, one prioritization list is maintained for the entire CSCoC. Referrals may be made across county lines based on availability of services within an area, as well as household preferences and needs. The CSCoC has adopted the final rule on Chronically Homeless; as such it is acceptable to move down the vulnerability order in the event no chronically homeless households are identified at the time of a vacancy.

Determining Priority Level

CSCoC has also adopted the prioritization approach for permanent supportive housing in the HUD 2016 Prioritization Notice. This approach ensures that PSH resources are made available to the households of highest need.

## Managing the Priority List

Housing Determination Committee

A Housing Determination Committee (HDC), composed of representatives from the four main county-wide HUB stations, is responsible for managing the CSCoC prioritization list. The CSCoC designates at least one member from each county to the HDC, for a minimum total membership of 4 representatives and a maximum membership of 8 representatives. This group coordinates across the CSCoC to match households on the prioritization list to available housing opportunities, regardless of geographic location within the service area.

Households are discussed on phone calls (at least once every week) and any additional information about housing barriers to ensure proper timely assistance in the county each household will be receiving services. Internal transfers within an agency or program DO NOT require HDC approval; however, intake service provider does have discretion to switch between RR, TH, and PSH during placement so long as the HDC is notified and households meet the definition and criteria. This will ensure faster placement in available programs.

To manage prioritization for referral and placement into CSCoC resources, CES service provider uses HMIS to prepare and maintain a single priority list. The priority list includes household members by name and/or identification code, their assigned Modified VI-SPDAT scores, and their placement ranking level according to the prioritization scheme.

Permanent Supportive Housing

Households are assessed for prioritization in accordance with the HUD prioritization notice for chronic homelessness, consisting of four main criteria:

* Vulnerability
* Severity of service needs
* Chronic homeless status
* Length of time homeless

Households seeking Permanent Supportive Housing (PHS) are prioritized on their Modified VI-SPDAT score in HMIS, and chronic status and score.In the event a household scores for PSH, but no such resource is available, the HDC may offer Rapid Rehousing, Transitional Housing, or Emergency Shelter. During weekly case conferencing meetings, the HDC will match each household to available, appropriate services. Where necessary, the HDC may decide to use Rapid Rehousing as a bridge to Permanent Supportive Housing. In such cases, the household would remain active for prioritization for Permanent Supportive Housing. Where a household scores for Permanent Supportive Housing, but is not deemed chronically homeless, HDC may choose to offer Rapid Rehousing or, where appropriate, Transitional Housing.

Households are prioritized for Permanent Supportive Housing according to HUD Notice CPD 16-11 and the CSCoC’s written standards.

Rapid Rehousing

Households seeking or utilizing RRH are prioritized by household type (adults only and those with children), followed by total score. All households that are literally homeless who cannot quickly secure housing on their own or with another form of assistance are screened for and offered rapid re-housing assistance, to the extent they are eligible and assistance is available. Households are prioritized for RRH according to the CSCoC’s Written Standards. Written Standards for RRH reflect prioritization and placement using the Modified VI-SPDAT.

Households are prioritized for available housing openings and rapid placement into housing. Households are referred to a PSH placement if a unit is available. If the household accepts RRH, they may still maintain their chronic homeless status for Permanent Supportive Housing and remain on the PSH waitlist.

Managing the Priority List

The prioritization approach must be balanced with HUD’S recommendation to avoid creating long waiting lists of potential program participants for resources that do not exist or are not available.

The following chart is a guide for prioritization. Determination will be agreed upon and authorized during the weekly CES call - based on vulnerability level:

|  |  |  |
| --- | --- | --- |
|  | **Permanent Supportive Housing** | **Rapid Rehousing** |
| *Priority 1* | Modified VI-SPDAT Score: 8+ | Modified VI-SPDAT Score: 4-7 |
| Chronic Homelessness | Chronic Homelessness |
| Tri-Morbidity* + - Physical Health
		- Mental Health
		- Substance Use
 |
| *Priority 2* | Modified VI-SPDAT Score: 8+ | Modified VI-SPDAT Score: 4-7 |
| Chronic Homelessness | 1+ HUD Disabling Conditions:* + - Physical Health
		- Mental Health
		- Substance Use
		- Developmental Disability
 |
| 2+ HUD Disabling Conditions:* + - Physical Health
		- Mental Health
		- Substance Use
		- Developmental Disability
 |
| *Priority 3* | Modified VI-SPDAT Score: 8+ | Modified VI-SPDAT Score: 4-7 |
| Chronic Homelessness |
| 1 HUD Disabling Conditions:* + - Physical Health
		- Mental Health
		- Substance Use
		- Developmental Disability
 |
| Priority 4 | Modified VI-SPDAT Score: 8+ | Modified VI-SPDAT Score: 4-7 |
| Chronic Homelessness | Households scoring 8+ on the Modified VI-SPDAT may be considered for RRH if:* + - The household meets other RRH criteria;
		- The household is referred to case conferencing due to objective, community-wide criteria; and
		- Through case conferencing, the community determines that there is a substantial likelihood that RRH will meet the household’s housing and service needs
 |
| 1 HUD Disabling Conditions:* + - Physical Health
		- Mental Health
		- Substance Use
		- Developmental Disability
 |
| Priority 5 | Modified VI-SPDAT Score 8+ | Modified VI-SPDAT Score: 4-7 |
| Households scoring 8+ on the Modified VI-SPDAT may be considered for RRH if:* + - The household meets other RRH criteria;
		- The household is referred to case conferencing due to objective, community-wide criteria; and
		- Through case conferencing, the community determines that there is a substantial likelihood that RRH will meet the household’s housing and service needs
 |

Using the Priority List to Fill All Vacancies

The coordinated entry prioritization process combines the household’s assessment results with the prioritization to determine that household’s level of vulnerability. Applying the prioritization standards and managing the priority list often require a management approach that considers multiple factors, reconciles competing interests, and makes difficult choices about who should receive referrals first. The CSCoC’s strategy for managing this complex and dynamic process is often “case conferencing” – a meeting of relevant service provider from multiple projects and agencies to discuss cases; resolve barriers to housing; and make decisions about priority, eligibility, enrollment, termination, and appeals. As the priority list grows and households wait longer for referrals, the case conferencing approach is best equipped to adjust prioritization so that households are offered other, potentially less-intensive interventions rather than waiting for inordinate periods of time for more intensive interventions that might now exist or be available.

## Document Ready

Coordinated entry service provider shall assist in getting the top ten households on the priority list document ready for enrollment into a housing program. Coordinated entry service provider maintains any such collected records until participant enrollment.

# **Matching and Referral**

## General Information

Once a household experiencing a housing crisis has been assessed, the coordinated entry process moves on to determining their priority for housing and supportive services. In referral, the households with the highest priority is offered housing and supportive services projects first. As required by the Coordinated Entry Notice, that referral process is guided by an intentional protocol that follows the CSCoC’s prioritization standards as documented in these Written Standards.

Referral can occur at various points in the coordinated entry process. Depending on the type of project, referrals can occur at initial triage, after initial assessment, while enrolled in emergency shelter, or even after enrollment in a project. Referral can occur throughout the household’s involvement with the homeless system. How and when referrals occur depend on many factors, such as the household’s needs and preferences, local priorities, and available resources.

Based on the household’s priority level, referrals to available housing and supportive services projects are suggested, with the prospective participant making the final decision of which intervention to enroll in. For enrollment to be final, however, the project must establish that the referred household meets its entry requirements; if not, the household retains their priority placement on the priority list while other housing and service options are explored.

All CSCoC and ESG-program recipients use the coordinated entry process as the only referral source from which to consider filling vacancies in CSCoC or ESG funded housing and/or services. Coordinated entry service provider maintain, and annually update, a list of all resources that may be accessed through referrals from the coordinated entry process.

## Determining Program Eligibility

The CSCoC’s referral process should take into account how a household’s enrollment in certain projects might affect that household’s eligibility status for future assistance. For example, enrollment into a transitional housing project generally results in the loss of “chronically homeless” status, which can limit a household’s future eligibility for PSH that is dedicated to households experiencing chronic homelessness. Therefore, the coordinated entry process will identify potential eligibility considerations of each referral project and assist the potential participant in making an informed and careful decision about where to enroll.

Each CSCoC-funded project must establish specific eligibility criteria that the project will use to make enrollment determinations, and these criteria shall be made available to the public.

Coordinated entry service providers may not use the coordinated entry process to screen households out due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, an history of not being a leaseholder, a criminal record, as well as sexual orientation or gender identity and expression. Exceptions are state or local restrictions that prohibit projects from serving households with certain criminal convictions or other specified attributes.

## Case Conferencing

The HDC has a standing weekly meeting via conference call regarding referral and placement. All current active households seeking housing are discussed, approved, and shared over these calls (names are withheld for privacy, but situations, scores, and barriers to housing are shared and discussed). The HDC then reviews the priority list and determine the next prioritized and potentially eligible household to be referred to any vacancy. Agencies and programs with housing vacancies should notify the HDC by forwarding the CES vacancy information to the appropriate HUB station.

HDC also reviews any instances where a referral to available housing is made but does not occur. There are no consequences to households who choose not to accept a referral. If a referral is in process and households are searching for housing placement, a note is made in CES stating “Pending”.

Service providers for households may attend the weekly phone conferences to provide additional information to the HDC, but do not have a vote in the final decisions for housing interventions and placements. Households may provide updates on their housing status or changes in circumstances to their service provider, but do not need to check in about their status on the prioritization list or housing availability – each household will be notified when an appropriate placement becomes available.

CES service provider shall convene a monthly case conferencing meeting with coordinated entry service providers to discuss potential matching options for participants at the top of the CSCoC’s priority list. Case conferences shall be held even when there are no housing vacancies.

CES service provider shall strive to include at each case conference the participation of at least one representative from each CSCoC and ESG-funded housing project, as well as representative involved in street outreach, the veterans’ Grant Per Diem program, emergency shelters, and hospitals. A Memorandum of Agreement (MOA) between agencies shall be continuously disseminated so that only agencies that participate in case conferencing are able to recommend and accept referrals through the CES.

For such case conferencing meetings, the priority list shall be used for referencing households. No other household data shall be transmitted for these meetings.

Participation in case conferences may be done in person, over the phone, or other participatory technology, or some combination thereof.

CES service provider shall create and maintain minutes for each case conference for a period of five years.

## When Appropriate Beds are Not Available

When a household is recommended for Permanent Supportive Housing but no PSH beds are currently available, the household may be referred to “bridge housing” in other program types, and/or for any other available CSCoC resource that would be of use to the household. In referring households to bridge housing, case conference participants shall attempt to balance the need to provide immediate care for the community’s most vulnerable households against the need to match tenants with safe, adequately supported housing situations that will promote the community’s long-term ability to increase its supply of available and affordable housing.

There may be instances where a household is referred to an agency or program for housing placement, but the agency or program must deny placement. Agencies or programs receiving housing placement referrals may only decline households found eligible for, and referred, under limited circumstances, including:

* No unit is available.
* The household missed an intake appointment twice in a row.
* The agency or program was unable to contact the household after making no less than three attempts when a phone number has been provided.
* The household was denied by a property owner/landlord due to certain criminal behaviors; the agency or program has determined the household cannot safely be accommodated; or the household cannot meet tenancy obligations with the supports provided by the agency or program.

Households in a housing crisis who are not likely to be rapidly housed by a project should not be put on a waiting list and told that it is the resources they are waiting for that will end their homelessness. Instead, service providers at shelters and in the CSCoC work with households on alternative housing plans, including applying for affordable housing in the community, increasing income from employment and benefits, and exploring other housing opportunities available through the household’s personal support network. Alternatively, if a household is prioritized for PSH but only RRH resources are available, coordinated entry shall have that household access RRH as a bridge or temporary placement, without it negatively affecting their PSH eligibility.

Sometimes potential program participants might feel strongly that they want to be referred to one type of project, but their assessment results suggest a different type. Similarly, assessment protocols might send a service provider a referral it does not feel able or well suited to accommodate. The CES referral system includes a mechanism for addressing such incompatibility concerns.

* Case counseling and reconciliation – In certain circumstances, program participant or provider differences may be mediated through an inclusive counseling session organized by the referring agency. Such a counseling session proceeds like mediation and aims to specify the best service outcome to which both the program household and service provider are amenable.
* Program participant’s right to reject – Coordinated entry permits potential program participants the right to reject housing and services for which they are eligible. In these cases, the referring agency shall explore alternative service strategies and identify new referrals.
* Service provider’s right to refuse – As an interim solution to circumstance-based compatibility concerns, CSCoC allows receiving agencies the right to refuse housing or services to a household referred to them. Per HUD requirements, CSCoC has these Written Standards for determining whether the agency’s rejection of the referral is appropriate and how the referring agency will integrate the household’s choice for service into the referral process to ensure that they are afforded the next-best referral. The CSCoC documents evidence of the conditions to support the rejection. Allowing service providers the right to reject referral should allay their concerns about relinquishing control and expedite their early adoption of the coordinated entry process. As implementation proceeds and the referral process is refined, and service providers are comfortable with its use, CSCoC Coordinated Entry Committee may discuss either replacing the rejection procedure with case counseling or eliminating it.

## When Households are Difficult to Locate or Refuse Housing

The agency or program receiving the placement referral is responsible for contacting the household when a placement decision has been made by the HDC. If the agency or program is unable to contact the household for one week, the agency or program may move on to the next household on the prioritization list.

If a household declines a placement offer, the next household on the prioritization list must be contacted for placement.

When a household is referred for housing, CES service provider shall see to it that a diligent attempt is made to locate that household and persuade the household to enter the housing program. However, some homeless households may require significant engagement and contacts prior to entering housing. Accordingly, programs are not required to allow units to remain vacant indefinitely while waiting for an identified homeless household to accept an offer of housing. Instead, if a referral remains unfilled after five business days of attempts to engage the intended tenant(s), the housing placement may be considered open again, and returned to the CES for additional referral attempts with new household(s). CES service provider complete a standardized form with case notes recording when and how attempts were made to contact the household during the five-business day period. Such records are kept for five years following the end of the five-business day contact attempt period.

The mere fact that a household could not be located or persuaded to enter housing is not used to remove or cancel the household’s priority for receiving housing or services. However, if a household cannot be found for, or refuses a housing opportunity matched for them by case conference participants, three times, then CES service provider shall convene a case conference during which that household’s appropriateness for housing placement is reevaluated to determine next steps on a case by case basis, including referral to alternate project types and reclassification in the CES as “inactive”. Case conference participants also shall determine which agency is best suited to reach out to the household to engage them in the discussion and report back to the group at the next case conference convening.

Some prospective tenants may explicitly reject a housing placement. When this happens, service providers shall attempt to determine the reason for the household’s refusal to accept the offered housing and to communicate this reason to the CES.

Whenever possible, case conferencing participants will take households’ known preferences into account when generating referrals. Participants who reject referral options still maintain their place in the coordinated entry prioritization list.

## When Programs Reject a Household

Service providers should rarely reject a referral from coordinated entry. CSCoC or ESG programs may reject a household referred by the CES only if:

* That household is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources; or
* The program lacks the capacity to safely accommodate that household.

Whenever a program rejects a referral, the program documents the time of the rejection and the reason for the rejection and communicates that information to both the household and to CES service provider within three (3) days of refusal.

All CSCoC and ESG service providers adopt a Housing First approach that continually lowers the barriers to entry for prospective households and avoids screening out households based on real or perceived barriers to success. A service provider that repeatedly rejects referrals of high-needs households based on an inability to safely accommodate those households must attempt to improve its capacity to serve high-needs households. The CSCoC provides training and technical assistance on this topic upon request.

The CSCoC’s Rank and Review Committee may reallocate the funding of low-capacity service providers that cannot or will not make diligent efforts to improve their capacity to serve high-needs households.

When a household has been rejected from a program, CES service provider shall investigate the reasons provided (if any), attempt to determine whether the household can be safely and lawfully placed in that program, and, if not, raise the household’s case again at the next case conference to locate alternative housing for the household.

A household shall not lose its priority or be returned to a general waiting list simply because it was rejected by a service provider.

## Incorporating Mainstream Services

The CSCoC includes relevant mainstream service providers in the following activities:

* Identifying households 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

These Written Standards describe how each participating mainstream housing and service provider will participate, including the processes by which referrals are made and received.

Examples of mainstream housing and service providers include:

* Public Housing Agencies
* Affordable housing operators
* VA Medical Centers
* Public child welfare agencies
* Service providers of mental, physical, or behavioral health services
* Schools
* Early childhood care and education service providers
* Out of school time service providers
* Hospitals
* Correctional facilities
* Workforce investment programs.

# **Safety Planning**

CSCoC’s CES ensures that households fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that the coordinated entry process addresses the physical and emotional safety and privacy and confidentiality needs of participants.

The CSCoC continues to work with victim service providers within the geographic service area to establish household-driven, trauma-informed and culturally relevant assessment and screening tools.

## Category 4

In these Written Standards, the shorthand term “victim of domestic violence” includes all individuals and families who qualify under paragraph (4) of HUD’s definition of homeless. That definition includes any household who:

* Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence (including victims of human trafficking); and
* Has no other residence; and
* Lacks the resources or support networks to obtain other permanent housing.

The HUD CoC Program Interim Rule clarifies that the imminent threat of harm must be from further domestic violence, dating violence, sexual assault, or staking, which would include threats from a third party, such as a friend or family member of the perpetrator of the violence.

The CSCoC access process ensures the safety of households who are fleeing, or attempting to flee, domestic violence (as well as dating violence, sexual assault, trafficking, or stalking). The CSCoC and ESG Program rules provide several safeguards and exceptions to using coordinated entry for victims of domestic violence, dating violence, sexual assault, and stalking. The ESG Program rule does not require ESG-funded victim service providers to use HMIS but allows them to do so. The CSCoC Program does not require CSCoC-funded victim service providers to use HMIS, as they may use an alternative coordinated entry process for victim service providers (that meets all HUD requirements for coordinated entry).

## Privacy and Data Security Protections

The coordinated entry process ensures adequate privacy protections are extended to and enforced for all participants from the first point of access, through assessment and prioritization, and after participants have been offered permanent housing and even exited CSCoC projects. Collecting and sharing household’s personal protected information is often a necessary aspect of helping households to resolve their housing crisis. However, the collection and disclosure of participant data among CSCoC service providers affiliated with the coordinated entry process is always managed in a manner that ensures privacy, provides participants choice about what and how to share their information, and does not result in repercussions when participants decide not to disclose or share data.

Maintaining the confidentiality of participants’ sensitive information is an important way of gaining trust from project participants and ensuring vulnerable populations are protected from potential harm resulting from the collection and disclosure of sensitive information about their lives.

## Documentation

CSCoC program households in Category 4, not wanting to participate in the domestic violence process, are required to provide appropriate documentation of the original incident of domestic violence, dating violence, sexual assault, or stalking, and any evidence of the current imminent threat of harm. See 24 CFR § 578.103(a)(5).

Personally Identifiable Information

CSCoC member agency and program must obtain household consent to share and store personal information on HMIS. No households are ever denied services if they refuse to sign the HMIS Consent Form or if they refuse consent during the CES initial intake. PSH households must provide personally identifiable information as a condition of that specific placement option. All HMIS users assisting with CES are informed of and understand the privacy rules associated with collection, management, and reporting of household data (see HMIS Policies and Procedures).

The CSCoC requires that records containing personally identifiable information be kept secure and confidential and the address of any family violence project not be made public. The CSCoC records are kept secure and confidential.

## System Entry

Separate Access Point

At the time of the publishing of these Written Standards, the CSCoC chooses not to create a separate access point for victims of domestic violence.

Pre-Screening Determination

When a household presents at a System Entry Point, the head of the household shall be asked several pre-screen questions to determine, among other aspects of the household’s status, whether the household is fleeing domestic violence. If the household answers in a way that suggests that the household is fleeing domestic violence, then Entry Point service provider shall call a local domestic violence hotline with the victim household so that the hotline service provider can proceed with coordinated entry assessment and data entry according to the practices kept by the receiving victim service provider.

Eligibility determination is incorporated into the coordinated entry process in various ways:

* The assessment process might presumptively determine eligibility for housing and supportive services. In such cases, receiving projects can be required to accept the referral regardless of the household’s past history or other factors.
* Eligibility might be presumed during assessment as highly likely, but actual eligibility is not documented until the household is being enrolled in the receiving project. Eligibility then is verified through project-specific verification requirements and processes.
* Collection of documents to determine eligibility might be ongoing, starting at initial triage and building over time as more in-depth assessments are completed as needed. In these instances, documentation and eligibility might be initially determined, but would need to be re-established at the point of project entry, especially if a long period of time has passed between assessment and project entry.

Immediate Access to Emergency Services

If pre-screen questions suggest that the household wishes to be connected to emergency services, the Entry Point provides the household immediate access to the contact information for an appropriate emergency services provider, as well as arrange transportation for the household to the emergency services provider, as quickly as possible. The Entry Point shall, without transmitting any personally identifiable information, notify the local domestic violence hotline of the pre-screening interview and transfer to the emergency services provider within 24 hours of the exchange with the household.

## Assessment

At the time of the publishing of these Written Standards, there are no victim services providers in the CSCoC service area who receive CSCoC funds. As such, should a victim of domestic violence choose to access the CES for access to housing and supportive services, a victim service provider shall use the Modified VI-SPDAT to assess that victim household.

HMIS Data Entry

Sharing of data after the initial assessment or phone consent will consist of a referral to the appropriate agency or program for assistance. If the appropriate agency or program does not utilize HMIS, the referral must be sent via fax.

Under the Violence Against Women Act, victim service providers are prohibited from entering household-level data into HMIS.

Consent to HMIS Data Entry

Households are requested to provide their verbal consent at CES intake. The Housing Service Provider entering the household’s information into the CES must check the box that verifies the household’s right to consent to their information being entered into HMIS.

If a victim household chooses to be enrolled in a CSCoC or ESG-funded non-victim services provider program, that victim must be asked to sign a Release of Information form to consent to having personally identifiable information entered into HMIS.

Refusal to Have Information Entered Into HMIS

If the household refuses consent, the Housing Service Provider must explain how this may affect the household’s placement on the prioritization list and their waiting time for housing.

All households, regardless of their domestic violence status, have the right to refuse to share their information among service providers within the CSCoC. However, some information may be required by the project, or by public or private funders to determine eligibility for housing or services, or to assess needed services, so it must be collected. In cases where a household does not consent to having their information shared, the information must still be collected by the service providers to determine whether the household is eligible, but it must not be shared via the HMIS if the program participant objects.

Entry of Anonymous Modified VI-SPDAT Score for Prioritization

Regardless of the extent to which a victim of domestic violence consents to having their information entered into HMIS, CES Operator service provider shall ensure that a victim of domestic violence’s Modified VI-SPDAT score is entered into HMIS under an anonymous record so that the victim can be placed.

## Prioritization

Victim households fleeing domestic violence shall be prioritized according to the prioritization protocols described for all other subpopulations. Service providers who conducted the assessment of a victim shall be informed by CES service provider when one of these anonymous victim’s records rises to the top ten spots in a prioritization queue.

## Matching

Because victim information cannot be entered into HMIS, service providers who conducted the assessment of a victim household shall be called by CES service provider to participate in case conferencing meetings regarding the matching and referral of a victim in those discussions.

## Referral and Placement

At the time of the publishing of these Written Standards, there are no victim services providers in the CSCoC who receive CSCoC funds.

Should a victim household be matched with a housing opportunity through the above process, the victim service provider who conducted the assessment of the victim household shall safely refer the household to the identified victim service provider, preferably with a warm hand-off including a phone call, transportation, or other transition determined to be a best practice by the victim service provider.

Emergency Transfer Requests

All participants in CES shall be informed of their right to file for an Emergency Transfer, per the HUD Final Rule 2016-2888, Violence Against Women Act Reauthorization of 2013; Implementation in HUD Housing Programs. The CSCoC’s Written Standards contain the Emergency Transfer Plan. Please see the Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking; and Emergency Transfer Request Form for Certain Victims of Domestic Violence, Sexual Assault, or Stalking – included in these Written Standards.

Placement Outside the CSCoC: Tenant-Based Rental Assistance

A victim household of domestic violence may be moved to a different continuum of care geographic area to protect their health and safety and retain their Housing First funded rental assistance if the victim household reasonably believes they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking. 24 CFR 578.103(a)(5).

## Training

HUD’s 2015 Coordinated Entry and Victim Services Providers shares the following recommendations, which this CSCoC fully adopts:

* All CES service provider shall be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at an access point(s), whether a physical or virtual location.
* CSCoC shall partner with local victim service provider agencies to ensure that trainings for relevant service provider are provided by informed experts in the field of domestic violence, dating violence, sexual assault, stalking, and human trafficking.
* Finally, CES service provider shall have up-to-date information on domestic violence shelters and general homeless shelters and housing options that are best equipped to serve households experiencing domestic violence based on location, program model, and linkages to other supportive services.

# **General Policies**

## Coordinated Entry

* 1. The Continuum of Care’s Coordinated Entry (CE) system has been developed in accordance with the HUD Continuum of Care Regulations. Participation in this system is mandatory for ESG and CoC service providers.

## HMIS

* 1. All CoC and ESG service providers are required to participate in the Homeless Management Information System (HMIS) per the ESG and CoC Interim Rule (24 CFR 576 and 578). HMIS provides an opportunity to document homelessness and helps to ensure coordination between service providers while avoiding duplication of services and client data.

## Eligibility

* 1. Eligibility for all programs is consistent for all participants.
	2. Participants will be evaluated, both individuals and families, for eligibility for assistance under the ESG grant process that include:
		1. Household must be literally homeless, at imminent risk of homelessness, or fleeing/attempting to flee domestic violence
		2. Household access is provided without preconditions, such as sobriety or ability to pay program fees
		3. Household there is no income assessment required at intake
		4. Continued rapid re-housing assistance eligibility requires a household must have an annual income at or below 30% AMI
		5. Revaluation takes please no less than once every 3 months
		6. Local: eligibility to continue households must have an annual income at or below 80% AMI
		7. For Street Outreach, households must be experiencing unsheltered homelessness
	3. Additional eligibility requirements may be found under each of the specific types of housing
	4. Targeting and providing essential services related to street outreach include:
		1. Admission, diversion, referral, and discharge

## Emergency Transfer Plan

The Central Sierra Continuum of Care (CSCoC)’s Emergency Transfer Program allows tenants (lessee or co-lessee) to apply for an emergency transfer if they believe they, or other individuals covered under the definitions below, qualify as a victim under one of the four emergency transfer categories:

* Victim under the Violence Against Women Act (VAWA) [[2]](#footnote-2): victim of domestic violence, dating violence, sexual assault, or stalking
* Intimidated Witness
* Intimidated Victim
* Victim of a Traumatic Incident

This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees CSCoC.

The CSCoC is concerned about the safety of tenants serviced by member agencies, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with VAWA, the CSCoC allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant’s current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.[[3]](#footnote-3) The ability of CSCoC to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether CSCoC has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

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

**Emergency Transfer Process and Categories**

CSCoC cannot guarantee that an emergency transfer request will be approved or how long it will take to process and emergency transfer request.

CSCoC will review each emergency transfer request to determine if the tenant meets the eligibility requirements for the requested transfer category. Eligible tenants who meet the emergency transfer requirements will be placed on the CSCoC housing waiting list and given highest priority in the Tenant Selection and Assignment Plan. CSCoC will act as quickly as possible to transfer eligible tenants; however, CSCoC’s ability to transfer an eligible tenant to a new housing unit depends on the availability of a unit based on the tenant’s family composition and transfer preferences, the tenant’s transfer priority, the size of CSCoC’s waiting list, turnover rate, and the availability of vacant units.

To qualify for an emergency transfer, a tenant must meet the eligibility requirements and submit the requisite documentation under one of the transfer categories in this plan.

**VAWA Victim**

**Eligibility Standard**

To qualify for an emergency transfer as a VAWA victim:

The tenant, an authorized household member, or an affiliated individual[[4]](#footnote-4) must qualify as a victim under one of the following VAWA categories:

* Domestic Violence: Victim of a felony or misdemeanor crime of violence committed by a family member, current or former spouse or intimate partner, a person similarly situated to a spouse under California domestic or family violence laws, or by a person against a victim protected under California’s domestic or family violence laws.
* Dating Violence: Victim of violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such relationship is to be determined based on length and type of relationship and frequency of interaction between the persons involved in the relationship.
* Sexual Assault: Victim of any nonconsensual sexual act proscribed by Federal, tribal, or state law, including when the victim lacks the capacity to consent.
* Stalking: Victim of a course of conduct directed at a specific person that would cause a reasonable person to fear for his/her individual safety of others or suffer substantial emotional distress.

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD’s regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer. A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

A tenant, authorized household member, or affiliated individual, who meets any of the above definitions must also reasonably believe that he or she is threatened with imminent harm from further violence if he or she remains in his or her current housing unit. This means the victim has reason to fear that if the victim does not receive a transfer the victim would suffer violence in the very near future.

Victims of sexual assault may also qualify if the sexual assault occurred on the premises of the property from which the tenant is seeking to transfer, and that assault happened within the 90-calendar-day period before submission of a transfer request form.

**CO-LESSEES**

If the perpetrator and the victim are co-lessees, the perpetrator still resides in the CSCoC provided housing unit, and the victim seeks an emergency transfer, staff must first inform the victim that they must initiate a process to bifurcate the lease. Housing staff must advise them to submit the form with the transfer request. Housing staff must submit any bifurcation documentation to \_\_\_\_\_\_\_\_\_. See Section XXI, *Compliance with Violence Against Women Act* for information on bifurcation.

**AUTHORIZED OCCUPANTS**

If the perpetrator is the sole lessee (sole signatory of the lease) and an authorized occupant seeks an emergency transfer under VAWA, the authorized occupant must first establish eligibility to succeed to the lease under Section XXI of VAWA, and Housing staff must initiate proceedings to terminate the tenancy of the perpetrator. If at least one authorized occupant has eligible immigration status, the family has 90 calendar days from the date of bifurcation to establish eligibility to succeed to the lease or to find alternative housing. If no authorized occupants have eligible immigration status, the family is limited to 30 calendar days from the bifurcation to establish eligibility unless the authorized household member-victim is a VAWA self-petitioner.

**VAWA SELF-PETITIONERS**

If the perpetrator is the sole lessee with eligible immigration status, and authorized occupant may qualify for eligible immigration status as a VAWA self-petitioner.

To apply as a VAWA self-petitioner, the authorized occupant must submit INS Form I-360, INS Form I-130, or INS Form 797 to Housing staff.

If Housing staff receives one of these forms from an authorized occupant, they must treat the individual as having satisfactory immigration status during the verification process.

* During this time, Housing staff should not delay, deny, reduce, or terminate assistance to the authorized occupant and should proceed with transferring the lease to the authorized occupant if he or she is otherwise eligible.
* If the self-petitioner seeks an emergency transfer, Housing staff must provide him or her with the emergency transfer application and advise them that they can only apply for a transfer once he or she is a lessee.
* If a self-petitioner has become a lessee and submits and emergency transfer request during the verification process, staff must process the emergency transfer request.

To verify the self-petitioner’s status, staff must initiate verification in the DHS SAVE system in accordance with HUDPIH 2017-02(HA). Once Housing staff has entered the requisite information into the SAVE system, staff must wait for a final determination from the SAVE system.

* If Housing staff receives a final determination from the SAVE system denying the individual’s VAWA self-petition, Housing staff must cancel the bifurcation, cancel or deny the emergency transfer request, if applicable, and notify the self-petitioner.
* If Housing staff receives a final determination granting the self-petition, Housing staff must proceed with processing any outstanding requests.

**Intimidated Witness**

**Eligibility Standard**

To qualify for an emergency transfer as an Intimidated Witness (IW), a tenant or authorized household member must demonstrate that they meet the following definitions:

A tenant or authorized household member is referred by, and cooperates with, the local police department in the anticipated arrest and/or prosecution of an individual who committed a crime, and as a result of such cooperation:

1. the police department anticipates that they will suffer threat or physical injury once his or her cooperation with law enforcement becomes known to the perpetrator and/or the perpetrator’s associates;
2. the perpetrator or the perpetrator’s associates know where the tenant or authorized household member lives; and
3. the police department anticipates that the tenant or authorized household member will suffer if they continue to live in the current housing unit.

**Victims of a Traumatic Incident**

**Eligibility Standard**

To qualify for an emergency transfer as a Victim of a Traumatic Incident (VTI), a tenant or authorized household member must demonstrate that a tenant or authorized household member who is either the victim of a violent felony on development grounds or witnessed a violent felony committed against another household or family member (as defined in Section XI.B.2.a.(2)[[5]](#footnote-5) on development grounds, and as a result of the violent felony suffered trauma and will continue to suffer if they continue to live in the current residence.

**Initiating a Transfer**

If a tenant believes they require an emergency transfer, Housing staff must provide the tenant an Emergency Transfer Request Form. The form is attached hereto.

**Documentation**

To request an emergency transfer, the tenant shall notify HP’s management office and submit a written request for a transfer to **[HP to** **insert location]**. HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant’s written request for an emergency transfer should include either: A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP’s program; or a statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant’s request for an emergency transfer.

To establish eligibility for an emergency transfer, the VAWA victim[[6]](#footnote-6), IW, or VTI must submit a completed CSCoC Emergency Transfer Request Form, including the signed certification establishing that they meet the eligibility standard. The form can be submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or to the Housing staff.

**Confidentiality**

HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided. See the Notice of Occupancy Rights under the Violence Against Women Act for All Tenants for more information about HP’s responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

**Emergency Transfer Timing & Availability**

HP cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HP will, however, act as quickly as possible to move a tenant who qualifies for an emergency transfer to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HP has no safe and available units for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant’s request, HP will also assist tenants in contacting the local organizations aiding victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

**Safety & Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY). Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network’s National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at https://ohl.rainn.org/online/.

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

## Fair Housing, Antidiscrimination, Equal Access

* 1. Affirmatively Furthering Fair Housing
		1. Fair Housing Act (federal): Service providers shall market housing and supportive services to eligible households regardless of race, color, national origin, religion, sex, age, familial status, or handicap; and, shall provide households with information, in writing, on their rights and remedies under applicable federal, state, and local fair housing and civil rights laws.
			1. See HUD’s Continuum of Care Program Interim Rule 24 CFR § 578.93(c) for more information.
		2. The CSCoC operates in accordance with all federal civil rights laws, including Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Titles II and III of the Americans with Disabilities Act, and HUD’s Equal Access and Gender Identity Rules.
		3. California Fair Employment and Housing Act (state): The owner of any housing accommodation may not discriminate against, harass, or make/cause to make any written or oral inquiry concerning the race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, veteran or military status, or genetic information of a person.
			1. See California’s Fair Employment and Housing Act (Government Code, Title 2, Division 3, Part 2.8, Chapter 6 §§ 12955-12956.2) for more information.
		4. Please note, some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal laws. For example, a HOPWA-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.
	2. Prioritized Subpopulations and Fair Housing Implications: Service providers shall comply with all applicable civil rights laws, including the Fair Housing Act. Within this framework, these standards establish subpopulations to be prioritized for housing and services that align with the identified needs of the local community and the goals of the Federal Strategic Plan to End Homelessness.
		1. Subpopulations may be prioritized if doing so does not discriminate against any protected class under federal nondiscrimination laws in 24 CFR § 5.105; subpopulations may also be prioritized according to who needs the specialized supportive services that are offered by the project. 24 CFR § 578.93(b)(2) and (7).
		2. The local standards establish priority subpopulations by project type (i.e. permanent supportive housing); service providers may not set more restrictive priorities unless a federal statute or executive order specifically authorizes this limitation, or unless expressly authorized by 24 CFR § 578.93(b)(1) to (7).
			1. For instance, while a Permanent Supportive Housing project may prioritize chronically homeless persons or households with a qualifying disability per the Local Standards, beds may not be reserved to persons with a specific disability (i.e. physical disability).
		3. If an individual or household who is otherwise qualified but who does not have a physical disability seeks admission and would benefit from the services offered, this individual or household may not be excluded from the project. Alternatively, for example, service providers may reserve beds for persons with HIV/AIDS if the housing also receives funding from the Housing Opportunities for People with AIDS program (HOPWA).
	3. Reasonable Accommodations and Modifications for Persons with Disabilities: Service providers are required to provide reasonable accommodations and modifications for persons with disabilities.
		1. A reasonable accommodation is defined as changing the rules, policies, or services so that a person with a disability has equal opportunity to use and enjoy a dwelling unit or common space.
			1. Permitting a person with a disability to have a service animal is an example of a reasonable accommodation.
				1. A service animal is defined under the Americans with Disabilities Act as a dog or miniature horse that is individually trained to perform tasks or do work for a person with a disability.
		2. A reasonable modification is defined as modifying a structure so that a person with a disability has the full enjoyment of the housing and related facilities.
			1. Installing a grab bar in the bathroom of a person with a disability is an example of a reasonable modification.
			2. For federally-funded housing, the service provider bears the burden of paying for the modification. Service providers must inform households during the intake process of their right to request a reasonable accommodation or modification.
	4. Preventing Involuntary Family Separation: In compliance with CoC Program interim rule 24 CFR §578.93(e), involuntary family separation is prohibited in CoC-and ESG-funded projects.
		1. CoC-and ESG-funded projects may not deny admission to any household based on:
			1. Age and gender of a child under age 18, or
			2. Gender or marital status of a parent or parents.
		2. The CoC will work with service providers to ensure that placement efforts are coordinated to avoid involuntary family separation.
		3. Any person who believes that they or a member of their household has experienced involuntary family separation may report the issue to the CoC. The CoC will investigate the claim and take remedial action when appropriate.
	5. Equal Access in Accordance with Gender Identity: Recipients must follow HUD’s requirements regarding equal access per the 2012 Equal Access Rule (77 FR 5662) and the CPD Equal Access Rule (81 FR 64782).
		1. Projects, including single-sex emergency shelters, must provide all individuals, including transgender individuals and other individuals who do not identify with the sex they were assigned at birth, with access to programs, benefits, services, and accommodations in accordance with their gender identity without being subjected to intrusive questioning or being asked to provide documentation.
		2. Service providers’ policies and procedures must reflect that equal access is provided to individuals and households based on their gender identity.
		3. Once a household is admitted for assistance, service providers must take nondiscriminatory steps that may be necessary and appropriate to address privacy concerns raised by the household and, as needed, update admissions, occupancy, and operating policies and procedures in accordance with the CPD Equal Access Rule (81 FR 64782).

## Housing Requirements

* 1. Suitable Dwelling Size
		1. Service providers must establish guidelines for the appropriate unit size; these guidelines must be applied consistently for all households of like size and composition. Agency standards cannot have a disproportionate impact on specific household composition (i.e., nontraditional families). Households must be placed in units that are of suitable size: the unit must have at least one (1) bedroom or living/sleeping room for each two (2) persons.
		2. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.
		3. Households should be assisted in choosing a unit with the smallest number of bedrooms needed without overcrowding. Except in limited circumstances (i.e., request for reasonable accommodation, etc.), households should not be assisted in units with a greater number of bedrooms than is needed.
		4. If household composition changes during the term of assistance, households should be assisted in relocating to a more appropriately sized unit and continue to access appropriate services.
	2. HUD Housing Quality Standard List
		1. Local: Each rapid-rehousing, homelessness prevention, and permanent supportive housing provider must complete the HUD Inspection Checklist before a household moves into a unit or begins to receive assistance for a current unit.
		2. At a minimum, the inspection must cover the following categories:
			1. Housing Type
			2. Living Room
				1. Electricity/Electrical Hazards
				2. Security
				3. Window, Ceiling, Wall, and Floor Condition
				4. Lead-Based Paint
			3. Kitchen
				1. Electricity/Electrical Hazards
				2. Security
				3. Window, Ceiling, Wall, and Floor Condition
				4. Lead-Based Paint
			4. Bathroom
				1. Electricity/Electrical Hazards
				2. Security
				3. Window, Ceiling, Wall, and Floor Condition
				4. Lead-Based Paint
				5. Flush toilet, fixed wash basin, tub/shower in unit
				6. Ventilation
			5. Other Rooms Used for Living and Halls
				1. Electricity/Illumination/Electrical Hazards
				2. Security
				3. Window, Ceiling, Wall, and Floor Condition
				4. Lead-Based Paint
				5. Smoke Detectors
			6. Other Secondary Rooms (Rooms not used for living)
				1. Security
				2. Electrical Hazards
				3. Other potentially hazardous features in these rooms
			7. Building Exterior
				1. Condition of Foundation, Stairs, Rails, Porches, Roof, Gutters, Exterior Surfaces, and Chimney
				2. Lead-Based Pain
				3. Tie Downs (if manufactured home)
			8. Heating and Plumbing
				1. Adequacy/Safety of Heating Equipment
				2. Ventilation/Cooling
				3. Water Heater
				4. Approvable Water Supply
				5. Plumbing/Sewer Connection
			9. General Health and Safety
				1. Access to Unit/Fire Exits
				2. Evidence of Infestation
				3. Garbage and Debris/Refuse Disposal
				4. Interior Stairs and Common Halls
				5. Other Interior Hazards
				6. Elevators
				7. Interior Air Quality
				8. Site and Neighborhood Conditions
		3. Full HUD Inspection Checklist can be found here: <https://www.hud.gov/sites/documents/DOC_11775.PDF>
	3. Lead-Based Paint Requirement
		1. Service providers must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and the regulation at 24 CFR § 35. The applicable parts of 24 CFR § 35 are as follows:
			1. For ESG-funded shelters and housing occupied by households, service providers must comply with subparts A, B, H, J, K, M and R.
			2. For CoC-funded housing that receives project-based or sponsor-based rental assistance, service providers must comply with subparts A, B, H, and R.
			3. For CoC-funded housing that receives tenant-based rental assistance, service providers must comply with subparts A, B, M, and R.
			4. For CoC-funded residential property receiving leasing, services or operating costs, service providers must comply with subparts A, B, K and R.
		2. Lead Hazard Information Pamphlet
			1. Service providers must ensure that all households who reside in housing that was constructed pre-1978 receive the “Protect Your Family” lead-based paint hazard brochure; this form is available at: http://www.hud.gov/offices/lead/enforcement/disclosure.cfm.
			2. Sharing this information with households (or ensuring they have received it from property owners/managers) is an important opportunity to educate households about the potential hazards related to lead and their rights as tenants. Informed households are more likely to watch for potential problems in their home and proactively work with landlords to address any issues.
		3. Disclosure
			1. In addition, owners of pre-1978 housing must disclose the presence of lead-based paint and provide households with any existing documentation on known lead-based paint hazards in the unit. Service providers must document that households received this information and maintain this documentation in the household’s files; this form is available at: <http://www.hud.gov/offices/lead/enforcement/disclosure.cfm>
		4. Visual Assessments
			1. The lead‐based paint visual assessment requirement exists to protect vulnerable households from potential health hazards.
			2. A lead‐based paint visual assessment must be completed for all units that meet the following conditions:
				1. The household is moving into or remaining in a unit that is being assisted with either ESG or CoC funds; and
				2. The unit was constructed prior to 1978.
				3. For ESG- and CoC-tenant-based rental assistance, there must also be a child under the age of six (6) or a pregnant woman who is, or will be, living in the unit.
			3. For units and facilities that meet these conditions, service providers must conduct a visual assessment at least annually. For rental units, a visual assessment must be conducted prior to providing rental assistance and on an annual basis thereafter (as long as assistance is provided). The service provider must maintain the inspection record in each household’s file.
				1. Visual assessments must be conducted by a HUD‐Certified Visual Assessor.
				2. Service provider staff may complete the Visual Assessment Training at: <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.
				3. The certificate of completion must be maintained on record and be readily available for review. For rental units, documentation must be kept with the HQS or Habitability Standards Worksheet, as applicable, and maintained in the household file.
		5. Exemptions to the Requirement
			1. There are certain exemptions to the lead-based paint requirements in the following circumstances:
				1. It is a residential property for which construction was completed on or after January 1, 1978.
				2. It is a zero‐bedroom or SRO‐sized unit; or
				3. It meets any of the other exemptions described in 24 CFR § 35.115(a). If any of the conditions outlined above are met, recipients need to document the condition to demonstrate that the unit is exempt from the lead-based paint requirements.

## Standards for Termination of Assistance and Grievance Procedure

* 1. Service providers must have written termination, denial, and grievance policies and/or procedures. The policies and/or procedures should be readily available to all households, both applicants and active households. Apart from high-volume shelters where it is acceptable to have policies posted in a public place, households must receive written information about program policies. It is important to effectively communicate these policies and/or procedures to ensure that they are fully understood.
		1. Denial and Grievance: Causes of denial of assistance include, but are not limited to, the household’s ineligibility or failure to provide verifiable evidence of eligibility, etc. Established procedures should describe:
			1. Circumstances in which households may not qualify or would be denied;
			2. Notification of denial; and
			3. A household’s right to review a service provider’s decision.
		2. Termination of Participation and Grievance: Involuntary termination from any project funded under the HEARTH Act places the household at great risk because he/she/they will likely exit to a place that is less safe than the project in which he/she/they are currently participating.
			1. Termination is a last option.
			2. Service providers are encouraged to limit rules of participation to only that which constitutes immediate danger. For example, in a communal living project, it would not be appropriate to terminate a household’s housing because he/she/they did not complete his/her/their chores. Service providers are encouraged to find other strategies to increase households’ contributions to their community by encouraging engagement rather than threatening loss of housing.
			3. However, there may be instances where termination cannot be avoided. The written grievance procedure must include:
				1. Written notice to the household containing a clear statement of the reason(s) for termination;
				2. A review of the decision, in which the household is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision. This may include the household’s right to question or confront staff involved; and
				3. Prompt written notice of the final decision.
			4. For projects where households are required to request a review of the termination decision, households must be given an adequate amount of time to submit their request. The review must be held at a mutually agreeable time.

## Privacy and Safety for Survivors of Domestic Violence

* 1. Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking
		1. The 2013 reauthorization of the Violence Against Women Act (VAWA) and HUD’s final rule (81 FR 80798), which implements the requirements of VAWA, provide protections to victims of domestic violence, dating violence, sexual assault, and stalking under programs funded by HUD, including the CoC Program, ESG Program, and HOME Investment Partnerships (HOME) Program.
		2. Service providers are required to comply with the VAWA final rule and the locally adopted VAWA Written Standards, including the Emergency Transfer Plan, incorporated herein by reference.

## Housing First Commitment

* 1. Purpose
		1. Housing First means the evidence-based model that uses housing as a tool, rather than a reward, for recovery and that centers on providing or connecting homeless households to permanent housing as quickly as possible.
		2. Service providers in the Central Sierra Continuum of Care (CSCoC) have adopted the Housing First model across diverse program formats including permanent supportive housing, rapid re-housing, and homelessness prevention efforts.
		3. This approach has the benefit of being consistent with what most households experiencing homelessness want and seek help to achieve.
		4. CSCoC’s Housing First Principles are consistent with the State of California’s Housing First core components prescribed in CA Welfare & Institutions Code § 8255 (2016), as well as the ESG Housing First practices outlined in 25 CCR, § 8409, subdivision (b)(1)-(6).
		5. Please note, the following principles are required for CSCoC ESG and CoC funded programs only, although other programs in the Central Sierra region are encouraged to adopt these standards as well.
	2. CSCoC Housing First Principles for All Program Types
		1. Prioritizing Households with the Most Need
			1. Households are prioritized for housing and services using a standardized assessment tool, the modified VI-SPDAT, which captures the household’s unique history of homelessness, vulnerability factors, and utilization of crisis services.
			2. All households assessed using the modified VI-SPDAT are assigned a vulnerability score. The vulnerability score, in addition to the chronicity of homelessness and the experience of disabling conditions, is used to determine each household’s prioritization for housing and services as compared to other assessed households across the CSCoC. This takes the place of traditional “wait list” or “first come, first served” models.
		2. Low Barrier Housing
			1. Each service provider will seek to quickly resolve the household’s housing crisis before focusing on other non-housing related services.
			2. The household screening and selection practices promotes accepting households regardless of their sobriety or use of substances, completion of treatment, or participation in services.
			3. Housing is not contingent on a household’s poor or lack of rental history, credit or financial history, employment status, lack of income or limited income history, mental health challenges, criminal convictions unrelated to tenancy, or ability to otherwise prove “housing readiness.” Instead, households will only be required to comply with a standard lease agreement and will be prioritized for housing based on the results of the modified VI-SPDAT.
			4. Each household will be provided with the services and supports that are necessary to help them comply with a standard lease agreement and maintain permanent housing.
			5. Housing is considered affordable when households pay no more than 30 percent of their income toward rent plus basic utilities.
			6. Participation in services or program compliance is not a condition of permanent housing tenancy.
			7. Individuals and families experiencing homelessness are not required to receive treatment or perform any other prerequisite activities as a condition for receiving shelter, rental assistance, or other services provided with ESG-CV funds. Program participants are not required to sign leases or occupancy agreements, receive treatment, receive drug testing, receive COVID-19 testing, or perform any other prerequisite activities as a condition of staying in any shelter or receiving services.
		3. Client-Centered
			1. To the extent possible, household should be given the opportunity to choose the type of housing they prefer and the location.
			2. Households in permanent supportive housing or rapid re-housing are considered tenants and have the same rights as all tenants.
			3. Households have the option to refuse to answer questions during the screening and intake processes and still be eligible to receive services.
			4. Households should collaborate with service provider staff to fill out the Housing Stability Plan and in all other goal-setting efforts, but completion of the Housing Stability Plan is not required to receive housing or services.
				1. Please see Definitions (pg. 3) for more information about Housing Stability Plans.
		4. Cross-Agency Collaboration
			1. Service providers are encouraged to maintain a strong relationship with the CSCoC in order to build capacity around partnerships necessary to provide adequate services to households.
			2. Property management and case management functions are separate and distinct. Ideally, housing and services are provided by separate entities, units, or teams.
			3. All households will be offered referrals to other service providers as necessary.
		5. Evidence-Based Practices
			1. Service provider staff actively employ evidence-based practices in interactions with households, including progressive engagement.
			2. Service providers will focus on connecting households to preventative health care rather than emergency room visits and hospital inpatient days, leading to over-all health and well-being.
			3. Service providers will connect clients to supportive services that emphasize engagement and problem solving over therapeutic goals.
			4. All services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of households’ lives. Service providers will engage households in nonjudgmental communication regarding drug and alcohol use and offer educational opportunities on how to avoid risky behaviors and engage in safer practices, as well as connections to evidence-based treatment if the household so chooses.
				1. Please note, a majority of CSCoC service providers are state of California mandated reporters.[[7]](#footnote-7) Mandated reporters are required, by law, to report all known or suspected cases of child abuse or neglect, including a caregiver’s use of a controlled substance that impairs their ability to adequately care for their child.

## Progressive Engagement

* 1. Introduction
		1. As a nationally recognized best practice, the CSCoC will address homelessness through progressive engagement by creating customized levels of assistance to individuals and families to preserve the most expensive interventions for household with the most severe barriers to housing success.
		2. The CSCoC’s practice of progressive engagement helps households end their homelessness as rapidly as possible, despite barriers, with financial assistance and support resources. More supports are applied to those households who struggle to stabilize.
		3. These written standards for progressive engagement have been developed in conjunction with ESG/CoC service providers and other service providers across the community for maximum local input on the practice of progressive engagement, written standards, performance measures and the process for full implementation of the standards throughout the CSCoC in all programs including emergency shelter (ES), permanent supportive housing (PSH), rapid re­housing (RRH), and homeless prevention (HP) programs.
	2. Service Goals
		1. Service providers will work to rapidly households to stable housing.
		2. Service providers will assess each clients’ housing background to be able to assist and not refuse assistance.
		3. Service providers will link clients to other resources in the community, as necessary.
		4. All eligible households will be provided a small amount of assistance to start, in order to appropriately gauge the need of households and maximize resources.
		5. Service providers will add more assistance overtime for households with the greatest need.
		6. Service providers will identify households with the most severe barriers to housing success.
	3. Program Model
		1. Assessment is a critical first step. Each service provider adequate needs knowledge of each household’s relevant history, as well as their current plans and desires, in order to best match the resources to the household.
		2. Every household is offered the same initial package: housing location assistance, barrier debt elimination, move in, and rental assistance.
		3. Service providers will partner with households to make a realistic plan for current and future housing stabilization.
		4. Service providers will use different resources in unison, based on each household’s eligibility, goals, and strengths. Different resources will be offered at different levels or phases of assistance.
		5. Each service provider should develop an approach to identify and build relationships with willing landlords.
		6. While in the program, each household is assessed every three months to determine the types and levels of assistance required for the household to maintain permanent housing.
	4. Assessment in Phases
		1. Purpose
			1. The goal is to build an accurate and concise picture of that household’s needs and preferences in order to connect them to an appropriate intervention.
		2. Phases
			1. Initial Triage Focused on defining the nature of the current crisis and ensuring the household’s immediate safety
			2. Diversion Can occur as part of the initial triage assessment or separately; focused on assisting the household to examine their resources and options other than entering the homeless system of care through a set of set questions
			3. Standardized Prevention Screening Tool A locally developed tool intended to assess a household’s vulnerability and eligibility for prevention resources such as eviction prevention assistance.
			4. Intake Occurs when the household accepts crisis assistance, such as emergency shelter. Assessment is likely limited to collecting information necessary to enroll the household in a homeless assistance project (i.e., the homeless assistance project could be emergency shelter or coordinated entry, such as permanent supportive housing or rapid re-housing, depending on how the CoC has structured and defined crisis response interventions).
			5. Modified VI-SPDAT Collects information about a household’s potential eligibility and vulnerability for prioritization for housing and services programs.

# **Standards for Emergency Shelter**

## Introduction

* 1. Emergency Solutions Grant (ESG) emergency shelter funds are intended to respond to crisis and provide short-term emergency assistance.
	2. Emergency shelters provide temporary housing and services in order to assist households in obtaining stable permanent housing as quickly as possible.
	3. All ESG-funded emergency shelter is provided without additional preconditions (e.g., employment or sobriety).

## Eligibility

1. To enter ESG-funded emergency shelter, a household must be literally homeless, at imminent risk of homelessness, or fleeing/attempting to flee domestic violence.
	1. See Appendix E: HUD Definitions of Homelessness (pg. 46) for more information about these definitions.
	2. Please see Appendix F: HUD Recordkeeping Requirement (pg. 47) for more information on how to properly document eligibility for emergency shelter.
2. Access to emergency shelter is provided without preconditions, such as sobriety or ability to pay program fees.
3. Still, households are encouraged to be actively working on re-housing plans and engaging in related assistance to overcome immediate and direct barriers to securing housing.

## Prioritization

1. Access to emergency services, such as entry to emergency shelter, shall not be prioritized based on severity of service need or vulnerability. Instead, households are served on a first-come-first-served basis.
	1. Emergency shelters are not required to follow any established prioritization criteria to place households in emergency shelter.

## Intake

1. Overview
	1. Referrals to emergency shelter come from HUB Stations or other Entry Points, as outlined in these Written Standards.
2. Coordinated Entry
	1. Local: Emergency shelters should strive to connect households to Coordinated Entry within 2 business days of intake (48 hours).
		1. Depending on the circumstances, this connection may take more time. At a maximum, households should be connected to Coordinated Entry within 5 business days.
	2. Households are referred to other forms of homeless assistance as needed, according to the CSCoC’s Coordinated Entry System Policies and Procedures.
3. Procedure
4. Local: Service provider staff will complete the Intake Form, Statement of Confidentiality, Resident Contract, HMIS Release, and Health Screening Forms at intake.
5. Local: Service provider staff will fill out a Housing Stability Plan with each household with the goal of achieving independent housing stability.
	1. The Housing Stability Plan process is client-centered and should include considerations of (1) household size, (2) household preference for location, and (3) household preference for housing type (e.g., shared vs. individual).
6. Before and after developing a Housing Stability Plan, households will be provided resources as necessary to meet their basic, legal, and financial needs and support the goal of achieving housing stability.
7. At a minimum, each household will be reassessed after 30 days in the shelter, to match them with appropriate services as their circumstances change.
8. Local Universal Forms – Each of the following forms should be used with each household unless otherwise noted.
9. ATCAA Emergency Shelter Packet
	1. Intake Form
	2. Statement of Confidentiality
	3. Resident Contract
	4. HMIS Release and Information Collection forms
	5. Health Screening forms
	6. Program Rules
	7. School Attendance Agreement
	8. Personal Property & Injury Waiver
	9. Housing Stability Plan
	10. Needs Assessment
	11. Satisfaction Survey

## Housing Requirements

1. Projects that receive ESG funds for shelter operations must comply with minimum safety, sanitation and privacy standards as outlined in 24 CFR § 576.403. Inspections to ensure compliance must be done before assistance is provided and at least annually.
2. All emergency shelters must also comply with the “Housing Requirements” (pg. 9-13), as applicable.

## Services Requirements

1. Overview
	1. Services will be provided for each household that cannot exit to a permanent housing destination on their own.
	2. Services will be provided without additional preconditions (e.g., employment or sobriety) and with the understanding that housing may cost greater than 30% of housing income.
2. Coordinated Entry
	1. Local: Emergency shelters should strive to connect households to Coordinated Entry within 2 business days of intake (48 hours).
		* 1. Depending on the circumstances, this connection may take more time. At a maximum, households should be connected to Coordinated Entry within 5 business days.
3. Procedure
	1. Participation in all services unrelated to obtaining permanent housing are completely voluntary.
	2. Local: Service provider staff will fill out a Housing Stability Plan with each household with the goal of achieving independent housing stability.
		* 1. The Housing Stability Plan process is client-centered and should include considerations of (1) household size, (2) household preference for location, and (3) household preference for housing type (e.g., shared vs. individual).
	3. In support of achieving the goals outlined in the Housing Stability Plan, service provider staff will provide or refer households to the following Housing-Focused Services as necessary and within the confines of their funding sources: housing search, help with rental application, negotiating with landlords and property managers, help understanding leases, coordinating services from other agencies, security deposits, utility deposits, rent payments, moving costs, credit repair counseling, resolving past evictions.
		* 1. These services can be provided on site or off site depending on the client’s physical needs.
	4. Before and after developing a Housing Stability Plan, households will be provided resources as necessary to meet their basic, legal, and financial needs and support the goal of achieving housing stability.
		* 1. Basic Services include household safety, medical emergency, adequate clothing, food, transportation, dental emergency, mental health crisis, and suicide prevention.
			2. Legal Services include help with warrants, restraining orders, parent in jail, immigration status, birth certificates, photo identification, debts and fines, and past evictions.
			3. Financial Services include temporary income, assistance with Medi-Cal application
			4. Linkages and Supports includes local Public Health Services, school enrollment, subsidized childcare, immunizations, child abuse or neglect, child car seat, and medications.
			5. For more detail about services eligible for ESG funding, please see the most recent version of the ESG Eligible Expense Guide: <https://www.hcd.ca.gov/grants-funding/docs/ESG-Eligible-Expense-Guide.pdf>
	5. At a minimum, each household will be reassessed after 30 days in the shelter, to match them with appropriate services as their circumstances change.
4. Local Universal Forms – Each of the following forms should be used with each household unless otherwise noted.
5. ATCAA Emergency Shelter Packet
	1. Intake Form
	2. Statement of Confidentiality
	3. Resident Contract
	4. HMIS Release and Information Collection forms
	5. Health Screening forms
	6. Program Rules
	7. School Attendance Agreement
	8. Personal Property & Injury Waiver
	9. Housing Stability Plan
	10. Needs Assessment
	11. Satisfaction Survey

|  |
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| ESG Emergency Shelter – Summary of Eligible Activities |
| Essential Services |
| Case Management | Childcare | Education Services | Employment & Job Search |
| Outpatient Health Services | Legal Services | Life Skills Training | Mental Health Services |
| Substance Abuse Treatment Services | Transportation | Services for Special Populations |  |
| Renovation |
| Shelter Operations |
| Assistance Required Under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 |

## Duration of Assistance

1. Local: To the extent possible, households will be assisted in obtaining housing within 30 days of entry into the emergency shelter.
2. ESG Emergency Shelters must operate a maximum 90-day project model.
	1. All ESG-shelters will strive to reduce the average length of stay. However, households may stay longer in order to prevent returns to homelessness.
3. Exits to homelessness are avoided whenever possible, even when program rules are violated.
	1. When possible, households should be moved to other emergency shelters or more intensive programs to avoid returns to homelessness.
	2. Households will only move to another emergency shelter or a transitional housing unit when (1) they desire and choose, (2) that location is more appropriate to meet the household’s health and safety needs, and (3) No permanent housing solution is available that meets the household’s needs.
4. For more information about program exits, please see “Standards for Termination of Assistance and Grievance Procedure” (pg. 13-14).

## ESG-CV Standards for Emergency Shelter

1. Additional eligible activities:
	* 1. Infectious Disease Prevention Training: ESG-CV funds may be used for training on infectious disease prevention and mitigation for staff working directly to prevent, prepare for, and respond to coronavirus among persons who are homeless or at risk of homelessness. Infectious Disease Prevention Training costs are to be tracked separately.
		2. Hazard Pay: ESG-CV funds may be used to provide hazard pay for staff working directly to prevent, prepare for, and respond to coronavirus among persons who are homeless or at risk of homelessness. Examples of staff working directly in support of coronavirus response include emergency shelter intake, maintenance, and security staff, as well as staff working in proximity to persons with coronavirus or working in locations with a high likelihood of contracting coronavirus.
		3. Volunteer Incentives: ESG-CV funds may be used to pay for the cost of providing reasonable incentives to volunteers (e.g., cash or gift cards), who are helping to provide necessary essential services or housing relocation and stabilization services during the coronavirus outbreak. The provision to allow the payment for reasonable volunteer incentive costs will increase the number of people available to provide the needed services and connections to housing for individuals and families experiencing homelessness to prevent the spread of coronavirus. In addition, this provision acknowledges that the normal volunteer pool available to grantees may not be available.
	1. Participant eligibility
		1. People who qualify as “homeless”, based on categories (1, 2, or 4) of the “homeless” definition found at 24 CFR 576.2, are eligible for the following activities in compliance with federal ESG rules (24 CFR 576.102):
			1. case management;
			2. childcare;
			3. education, employment and life skills services;
			4. legal services (not allowable: mortgage and mortgage arrearage payments);
			5. health, mental health and substance abuse services;
			6. and transportation.
	2. Minimum Standards
		1. Families who meet the HUD definition of “homeless,” as specified in 24 CFR 576.2 (1, 2, & 4) and the agency’s eligibility criteria.
		2. Assessment: Individuals and families shall be offered an initial evaluation to determine eligibility for ESG assistance, as well as the amount and types of assistance needed to regain stability in permanent housing.
		3. The following Emergency Shelter services may be provided as needed and appropriate:
			1. case management;
			2. childcare;
			3. education services;
			4. employment assistance and job training;
			5. outpatient health services;
			6. legal services;
			7. life skills training;
			8. mental health services;
			9. substance abuse treatment services;
			10. transportation;
			11. and services for special populations.
		4. Individuals who are literally homeless.
			1. When appropriate, based on the individual’s needs and wishes, a referral to Rapid Rehousing services shall be made quickly to assist individuals in obtaining safe and appropriate housing.
			2. Referrals to Transitional Housing shall be made for transitional aged youth, individuals fleeing domestic violence, individuals re-entering from institutions, individuals recovering from substance abuse, or other individuals with transitional housing needs.

# **Standards for Rapid Re-Housing**

## Introduction

1. Rapid re-housing is a type of permanent housing that offers supportive services and/or rental assistance in order to help households move as quickly as possible into stable permanent housing.
	* 1. Rapid re-housing can be funded by through CoC or ESG.
	1. All ESG-RRH and CoC-RRH assistance is provided without additional preconditions (e.g., employment or sobriety) and with the understanding that permanent housing may cost greater than 30% of household income.
	2. For an overview of the different types of RRH/Housing Prevention funding sources, see Appendix K: Rapid Re-Housing/Homeless Prevention Quick Reference Sheets (pg. 57-58).

## Eligibility

1. Eligibility lays out the minimum local and federal standards required for a household to qualify for each type of assistance at different point in the process.
2. Eligible households are provided access to re-housing assistance without preconditions, such as sobriety or a minimum income level.
3. Intake
	* 1. To receive ESG rapid re-housing (ESG-RRH) assistance, an individual or family must be literally homeless.
			1. ESG-RRH assistance is also available to people fleeing or attempting to flee domestic violence if they are also literally homeless (24 CFR part 576.104).
		2. ESG-RRH does not require an income assessment at intake.
		3. To receive CoC rapid re-housing (CoC-RRH) assistance, individuals and families must be literally homeless, at imminent risk of homelessness, homeless under other federal statues, or fleeing/attempting to flee domestic violence.
			1. CoC-RRH does not require an income assessment at intake.
4. Re-Evaluation
	* 1. To qualify for continuation of assistance, an ESG-RRH household must have an annual income at or below 30% AMI at the time of re-evaluation.
			1. Local: Re-evaluation must take place no less than once every 3 months.
		2. Local: To qualify for continuation of assistance, a CoC-RRH household must have an annual income at or below 80% AMI at the time of re-evaluation.
			1. Local: Re-evaluation must take place no less than once every 3 months.
5. See Appendix E: HUD Definitions of Homelessness (pg. 46) for more information about homelessness definitions. Please see Appendix F: HUD Record Keeping Requirement (pg. 47) for more information on how to properly document eligibility for rapid re-housing and homelessness prevention assistance.

## Prioritization

1. All service providers will use the coordinated entry process to prioritize homeless households within the CSCoC geographic service area for access to homeless prevention and rapid re-housing assistance.
2. In addition to the vulnerability scores determined through the modified VI-SPDAT, additional priority will be awarded using the following elements:
	* 1. Prioritization decisions for ESG- and CoC-RRH are based on the following table, subject to funding and unit availability for specific subpopulations.
		2. The following chart is to be used as a guide for prioritization; however, final prioritization will include results from the weekly CES call.

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| Prioritization for Rapid Re-Housing Assistance |
| Priority Level | Defining Factors |
| Priority 1 | VI-SPDAT Score: 4-7  |
| Chronic Homelessness  |
| Priority 2 | VI-SPDAT Score: 4-7 |
| 1+ HUD Disabling Condition(s): * Physical Health
* Mental Health
* Substance Use
* Developmental Disability
 |
| Priority 3 | VI-SPDAT Score: 4-7 |
| Priority 4 | VI-SPDAT Score: 4-7 |
| Households scoring 8+ on the VI-SPDAT may be considered for RRH if: * The household meets other RRH criteria;
* The household is referred to case conferencing due to objective, community-wide criteria; and

Through case conferencing, the community determines that there is a substantial likelihood that RRH will meet the household’s housing and service needs |

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| Summary of Eligibility Criterion for Rapid Re-Housing and Homeless Prevention (CoC and ESG) |
| Criterion | Initial Evaluation | Re-Evaluation |
| ESG-RRH | CoC-RRH | ESG-RRH | CoC-RRH |
| Literally Homeless | X | X |  |  |
| Imminent Risk of Homelessness |  | X |  |  |
| Homelessness under other Federal statutes |  | X |  |  |
| Fleeing/Attempting to flee DV | X\* | X |  |  |
| Income Evaluation Required |  |  | X | X |
| Income Requirement |  |  | 30% AMI | 80% AMI |
| Need (Amount and Type of Assistance)  | X | X | X | X |
| Lacking Resources and Support Network |  |  | X | X |
|  |  |  |  |  |

## Housing Requirements

1. Overview
	* 1. Service providers will approve households for the minimum amount of rental assistance necessary to prevent homelessness. Households shall not be approved for more rental assistance than can be justified given their income and expenses at a given time.
		2. All RRH and HP units must also comply with the “Housing Requirements”.
2. Requirements for Rental Assistance

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| Summary of RRH Rental Assistance Requirements |
|  | ESG-RRH Rental Assistance | CoC-RRH Rental Assistance |
| Housing Standards | Units must pass HUD Habitability Standards[[8]](#footnote-8)  | Units must meet HUD Housing Quality Standards[[9]](#footnote-9)  |
| Fair Market Rent (FMR) | Rental assistance may cover up to the FMR for a unit  | Rent reasonableness is the applicable rent standard |
| Rent Reasonableness | Units must comply with HUD’s rent reasonableness standards | Units in a structure must comply with HUD’s rent reasonableness standards |
| Lease Requirements | * A written lease between the owner and the household is required for TBRA and PBRA.
* For households living in housing with PBRA, the lease must have an initial term of one year. There is no minimum lease period for TBRA.
* The only exception to the written lease requirement is in the case of rental assistance provided solely for rental arrears.
 | Households receiving TBRA must sign a lease of at least one year that is renewable (for a minimum term of one month) and terminable only for cause. |

1. Household Contribution
	* 1. Income Assessment
			1. When determining the annual income of a household to establish eligibility for ESG assistance, the service provider must count the income of all adults in the household, including nonrelated individuals.
				1. Not everyone living in the unit is considered a member of the household for the purposes of determining a household’s income.
				2. Excluded persons include: foster children, foster adults, live-in aides, children of live-in aides and unborn children.
				3. A person subject to shared-custody agreement should be counted as household member if the child resides with the household at least 50% of the time.
			2. Annual income is the gross amount of income anticipated to be received by a household during the coming year based on the household’s circumstances at the time of program assessment.
			3. Income generated by an asset, such as the interest on savings or checking account is considered household income even if the household elects not to receive it.
				1. For example, though an applicant may elect to reinvest the interest or dividends from an asset, the interest or dividends are still counted as income anticipated to be received during the coming 12 months.
				2. Income producing assets include: bank accounts; life insurance policies; lump sum additions (legal settlement, refund, etc.); personal property held as investments; retirement/pension funds; trusts; assets disposed of for less than fair market value; and stocks; bonds or mutual funds.
			4. HUD provides an Income Eligibility Calculator at <https://www.hudexchange.info/incomecalculator/> that can be used as a tool to calculate household contribution. Completion of this tool does not replace required documentation materials.
		2. After Assessment
			1. All Programs Client will pay a percentage of their rent based on the service provider’s assessment of the household’s financial and family situation, with rental assistance decreasing monthly over time (schedule to be determined by the individual program).
				1. Initial assistance can be as much as 100% of rent.
				2. Per HUD requirements, service providers are expected to provide hardship exemptions to any rental charges if such charges could lead to the loss of housing for the assisted household.

## Service Requirements

1. Overview
	* 1. Stabilization services are offered to each household based on demonstrated need, in support of permanent housing retention and stabilization.
			1. Households are assisted with creating and (for ongoing assistance) updating individualized Housing Stability Plans, designed to re-house and stabilize households as quickly as possible.
				1. Services are offered in support of the goals identified in the household’s Housing Stability Plan and are proportional to the household’s need, as measured by the modified VI-SPDAT.
			2. Services are provided without pre-conditions such as employment or sobriety.
		2. For more detail about services eligible for ESG funding, please see the most recent version of the ESG Eligible Expense Guide: <https://www.hcd.ca.gov/grants-funding/docs/ESG-Eligible-Expense-Guide.pdf>
		3. Please note: Participation in services unrelated to obtaining permanent housing are voluntary.
	1. The following chart outlines eligible supportive services that can be funded through CoC-RRH and ESG-RRH.
		1. Please note, service providers may refer households to additional programs, not funded by ESG or CoC, that do not meet the following requirements.

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| Summary of Eligible RRH Supportive Services |
|  | CoC-RRH | ESG-RRH |
| CaseManagement | Assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of each household, including:* Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking
* Using the coordinated entry system
* Counseling
* Developing, securing, and coordinating services
* Obtaining Federal, State, and local benefits
* Monitoring and evaluating program household progress
* Providing information and referrals to other service providers
* Developing a Housing Stability Plan with each household
* Conducting regular assessments of service needs and income
 | Assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for each household that resides in permanent housing or to assist a household in overcoming immediate barriers to obtaining housing by, for example:* Conducting the initial evaluation, including verifying and documenting eligibility
* Using the coordinated entry system
* Counseling
* Developing, securing, and coordinating services
* Obtaining Federal, State, and local benefits
* Monitoring and evaluating program household progress
* Providing information and referrals to other service providers
* Developing a Housing Stability Plan with each household
* Conducting regular assessments of service needs and income
 |
| LegalServices | Costs of legal advice and representation in matters that interfere with the household’s ability to obtain and retain housing. Legal services or activities include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling. Filing fees and other necessary court costs are also eligible. Legal services are subject to the following provisions: * Eligible Billing Arrangements CoC funds may be used for legal advice from and representation by licensed attorneys and by person(s) under the supervision of licensed attorneys.
	+ Costs may be based on:
		- Hourly fees
		- Fees based on the actual service performed (i.e., fee for service) but only if the cost would be less than the cost of hourly fees
* Ineligible Billing Arrangements Funds must not be used for legal advice and representation purchased through retainer fee arrangements or contingency fee arrangements.
* Eligible Subject Matters Landlord tenant disputes; child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; resolution of outstanding criminal warrants.
* Ineligible Subject Matter Legal services related to immigration and citizenship matters or related to mortgages and homeownership.
 | Costs of resolving a legal problem that prohibit a household from obtaining or retaining permanent housing. Legal services or activities include household intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling. Filing fees and other necessary court costs are also eligible. Legal services are subject to the following provisions:* Eligible Billing Arrangements ESG funds may be used only for legal advice from and representation by licensed attorneys and by person(s) under the supervision of licensed attorneys.
	+ Costs may be based on:
		- Hourly fees
		- Fees based on the actual service performed (i.e., fee for service) but only if the cost would be less than the cost of hourly fees
* Ineligible Billing Arrangements Funds must not be used for legal advice and representation purchased through retainer fee arrangements or contingency fee arrangements.
* Eligible Subject Matters Landlord/tenant matters; child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; resolution of outstanding criminal warrants.
* Ineligible Subject Matter Legal services related to immigration and citizenship matters or related to mortgages.
 |
| Moving Costs | Reasonable one-time moving costs, including truck rental and hiring a moving company  | Costs such as truck rental or hiring a moving company, including payment of temporary storage fees for up to 3 months  |
| Utility Deposits | Payment of utility deposit, which constitutes a one-time fee paid to utility companies  | Standard utility deposit that the utility company requires of all customers |
| Mediation | Mediation with property owners and landlords on behalf of the household.  | Mediation between the household and the owner or person(s) with whom the household is living.  |
| CreditRepair | * Credit counseling
* Accessing a free personal credit report
* Resolving personal credit issues
 | * Credit counseling
* Accessing a free personal credit report
* Resolving personal credit problems
* Other services needed to assist with critical skills related to household budgeting and money management
 |
| Additional Supportive Services for CoC-RRH ONLY |
| Childcare The costs of establishing and operating childcare and providing childcare vouchers for children in eligible households |
| Education Services The costs of improving knowledge and basic educational skills  |
| Employment Assistance and Job Training The costs of establishing and operating employment assistance and job training programs |
| Food The cost of providing households with meals or groceries |
| Life Skills Training The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness but that are necessary to function independently in the community |
| Mental Health Services The direct outpatient treatment of mental health conditions by licensed professionals |
| Outpatient Health Services The direct outpatient treatment of medical conditions by licensed medical professionals |
| Outreach Services Activities to engage households for the purpose of providing immediate support and intervention and for identifying potential applicant households |
| Substance Abuse Treatment Services The costs of intake and assessment, outpatient treatment, group and individual counseling, and drug testing |
| Transportation Costs of household’s travel on public transportation or in a vehicle provided by the service provider to and from medical care, employment, child care, or other eligible services |

## Duration of Assistance

1. Households and staff understand that the primary goals of rapid re-housing is to end homelessness and move households to permanent housing as quickly as possible, regardless of other personal issues or concerns.
2. Initial Assistance Initially, CoC-RRH and ESG-RRH assistance is limited to 3 months with mandatory quarterly review for all households seeking additional financial help.
	* 1. Quarterly reviews may include income re-verification, home visit, discussion with landlord, financial goal setting, review of goals in Housing Stability Plan, referral to community resources and one-on-one housing counseling.
3. Extended Assistance Continued or increased financial assistance from CoC-RRH and ESG-RRH may be recommended by rental assistance staff when circumstances show a continuing or increasing need and program households demonstrate steps taken toward goals in the individualized Housing Stability Plan. All recommendations for extended assistance will be reviewed by managerial or administrative staff.
	* 1. Under no circumstances may more than 18 months of assistance be provided during any 3-year period.
4. For more information about program exits, please see “Standards for Termination of Assistance and Grievance Procedure” (pg. 13-14).

##  7.ESG-CV Standards for Rapid Rehousing

1. Additional eligible activities:
	1. **Infectious Disease Prevention Training:** ESG-CV funds may be used for training on infectious disease prevention and mitigation for staff working directly to prevent, prepare for, and respond to coronavirus among persons who are homeless or at risk of homelessness. Infectious Disease Prevention Training costs are to be tracked separately.
	2. **Hazard Pay:** ESG-CV funds may be used to provide hazard pay for staff working directly to prevent, prepare for, and respond to coronavirus among persons who are homeless or at risk of homelessness. Examples of staff working directly in support of coronavirus response include staff providing essential services (e.g. outpatient health, outpatient mental health, and housing navigators), staff working in proximity to persons with coronavirus, or staff working in locations with a high likelihood of contracting coronavirus.
	3. **Landlord Incentives:** ESG-CV funds may be used to pay landlord incentives, as is reasonable and necessary, to obtain housing for individuals and families experiencing homelessness and at risk of homelessness. ESG-CV funds may not be used to pay landlord incentives in an amount that exceeds three times the rent charged for the unit. Eligible landlord incentive costs include:
		1. Signing bonuses equal to up to 2 months of rent
		2. Security deposits equal to up to 3 months of rent
		3. Paying the cost to repair damages incurred by the program participant not covered by the security deposit or that are incurred while the program participant is still residing in the unit
		4. Paying the costs of extra cleaning or maintenance of a program participant’s unit or appliances
	4. **Volunteer Incentives:** ESG-CV funds may be used to pay for the cost of providing reasonable incentives to volunteers (e.g., cash or gift cards), who are helping to provide necessary essential services or housing relocation and stabilization services during the coronavirus outbreak. The provision to allow the payment for reasonable volunteer incentive costs will increase the number of people available to provide the needed services and connections to housing for individuals and families experiencing homelessness to prevent the spread of coronavirus. In addition, this provision acknowledges that the normal volunteer pool available to grantees may not be available.
2. Participant Eligibility: To be eligible for rapid rehousing services individuals must be “homeless”, based on category 1 of the “homeless” definition found at 24 CFR 576.2. In addition, to be eligible for the following activities, individuals must be moving into a housing unit that meets ESG standards for permanent housing (24 CFR 576.403(c)) and lead-based paint standards (24 CFR 576.403(a)).
	1. Financial Assistance: moving costs, rental application fees, security deposits.
	2. Housing Relocation: and Stabilization Services: housing search/placement, housing stability case management, mediation and legal services, credit repair/budgeting/money management
	3. Rental Assistance: Short-term (up to 3 months) and medium-term (4-24 months) rental assistance
	4. Housing search and placement services: Payment shall only be made for assisting participants to locate, obtain and retain suitable permanent housing through provision of the following services:
		1. Assessment of housing barriers, needs and preferences
		2. Development of an action plan for locating housing
		3. Housing search
		4. Outreach to and negotiation with owners
		5. Assistance with submitting rental applications and understanding leases
	5. Assessment of housing for compliance with ESG standards for permanent housing, lead-based paint remediation and disclosure, and rent reasonableness
	6. Assistance with obtaining utilities and making moving arrangements
3. Housing stability case management
	1. Payment for housing stability case management services provided while the participant is seeking permanent housing shall not exceed 30 days. Payment shall only be made for assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for a participant who resides in permanent housing or to assist a participant in overcoming immediate barriers to obtaining housing through provision of the following services:
		1. Using the All Doors Lead Home Coordinated Entry System
		2. Conducting the initial evaluation, including verifying and documenting participant eligibility
		3. Counseling
		4. Developing, securing, and coordinating services and obtaining Federal, State, and local benefits
		5. Monitoring and evaluating participant progress
		6. Providing information and referral to other providers
		7. Developing an individualized housing and service plan
		8. Conducting re-evaluations
	2. Mediation: Payment shall only be made for the cost of mediation between the participant and the owner or person with whom the participant is living, if it is necessary to prevent the participant from losing the permanent housing where he/she resides.
	3. Legal services: Payment shall only be made for the cost of legal services, if they are necessary to resolve a legal problem that prohibits the participant from obtaining permanent housing or will likely result in the participant losing the permanent housing where he/she resides. Assistance may NOT be provided for immigration, citizenship, or mortgage related matters. Payment arrangements may NOT include retainer or contingency fee agreements. Eligible subject matters for legal services include child support, guardianship, paternity, emancipation, legal separation, orders of protection for victims of domestic violence, appeal of benefit claim denials, landlord tenant disputes and resolution of outstanding criminal warrants. Only approved Legal Services provider through NHAP can provide ESG legal services.
	4. Credit repair: Payment shall only be made for the cost of assisting the participant in obtaining skills related to household budgeting, managing money, accessing a free personal credit report and resolving personal credit problems. Payment will not be made for a debt or modification of a debt.
	5. Any additional requirements regarding the type, amount, and duration of housing stabilization and/or relocation services that will be provided to a program provider’s policies and clearly communicated to program participants.
4. Rental Assistance
	1. Payment for short-term rental assistance shall not exceed 3 months.
	2. Payment for medium-term rental assistance shall be for more than 3 months, but shall not exceed 24 months.
	3. Rental assistance will not exceed 24 months in any 36 month period (24 CFR 576.105(c)), except for program participants who reach their 24-month maximum during the period beginning on January 21, 2020 and ending February 28, 2021. Rental assistance shall only be extended for a maximum of an additional 6 months. (Notice: CPD-20-08)
	4. Payment shall comply with HUD’s standard of rent reasonableness
	5. Calculation of the rental payment amount shall only include monthly rent for the unit, any occupancy fees under the lease (except for pet and late fees) and if the participant pays separately for utilities, the monthly utility allowance established by the Public Housing Authority
	6. Payment shall only be made when there is a legally binding, written lease for the rental unit between the participant and the owner, except for payment of rental arrears.
	7. Payment shall only be made for units that have been inspected for ESG Habitability Standards and re-inspected no less frequently than annually. Rental assistance shall not be paid on behalf of any unit that does not meet ESG Habitability Standards.
	8. Tenant-Based Rental Assistance: The rental assistance agreement with the unit owner shall be terminated without further payment if:
		1. The participant moves out of the unit;
		2. The lease terminates and is not renewed; or
		3. The participant becomes ineligible to receive ESG rental assistance.
	9. Project-Based Rental Assistance Payment shall only be made under the following conditions:
		1. The lease has an initial term of 1 year;
		2. The rental assistance agreement covers one or more permanent housing units in the same building; and
		3. Each unit covered by the agreement is only occupied by participants.
	10. Payment will only be made for up to 100% of the first month’s rent, if the participant signs a lease and moves into the unit before the end of the month.
5. Re-evaluations: The minimum standards for completing eligibility re-evaluations requires that participants shall be re-evaluated not less than once every 90 days.

# **Standards for Homeless Prevention**

## Introduction

1. Homelessness prevention funding is used to provide short- and medium-term rental assistance and other housing services in order to prevent a household from becoming literally homeless. Homeless prevention funds help households regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing without a period of literal homelessness.
	* 1. Homeless prevention is funded by ESG.

## Eligibility

1. Eligibility lays out the minimum local and federal standards required for a household to qualify for each type of assistance at different point in the process.
2. Eligible households are provided access to re-housing assistance without preconditions, such as sobriety or a minimum income level.
3. Intake
	* 1. To qualify for homeless prevention (ESG-HP) assistance, clients must be literally homeless, at imminent risk of homelessness, homeless under other federal statues, or fleeing/attempting to flee domestic violence.
			1. The household also must have an income below 30% AMI at intake, as documented by the service provider.
4. Re-Evaluation
	* 1. To receive ESG-HP assistance, a household must have an income below 30% of AMI at the time of re-evaluation.
			1. Re-evaluation must take place no less than once every 90 days.
5. See Appendix E: HUD Definitions of Homelessness (pg. 46) for more information about homelessness definitions.
6. Please see Appendix F: HUD Record Keeping Requirement (pg. 47) for more information on how to properly document eligibility for rapid re-housing and homelessness prevention assistance.

## Prioritization

1. All service providers will use the coordinated entry process to prioritize homeless households within the CSCoC geographic service area for access to homeless prevention and rapid re-housing assistance.
2. In addition to the vulnerability scores determined through the modified VI-SPDAT, additional priority will be awarded using the following elements:
	* 1. Scoring in Coordinated Entry prioritizes housings with a 3-5 Days’ Notice to Pay or Quit for ESG-HP assistance.

|  |
| --- |
| Summary of Eligibility Criterion for Homeless Prevention (CoC and ESG) |
| Criterion | Initial Evaluation | Re-Evaluation |
| ESG-HP | ESG-HP |
| Literally Homeless | X |  |
| Imminent Risk of Homelessness | X |  |
| Homelessness under other Federal statutes | X |  |
| Fleeing/Attempting to flee DV | X |  |
| Income Evaluation Required | X | X |
| Income Requirement | 30% AMI | 30% AMI |
| Need (Amount and Type of Assistance)  | X | X |
| Lacking Resources and Support Network |  |  |

\*Eligible only if also literally homeless

## Housing Requirements

1. Overview
	* 1. Service providers will approve households for the minimum amount of rental assistance necessary to prevent homelessness. Households shall not be approved for more rental assistance than can be justified given their income and expenses at a given time.
		2. All RRH and HP units must also comply with the “Housing Requirements” (pg. 9-13).

## Service Requirements

1. Overview
	1. Stabilization services are offered to each household based on demonstrated need, in support of permanent housing retention and stabilization.
		1. Households are assisted with creating and (for ongoing assistance) updating individualized Housing Stability Plans, designed to re-house and stabilize households as quickly as possible.
			1. Services are offered in support of the goals identified in the household’s Housing Stability Plan and are proportional to the household’s need, as measured by the modified VI-SPDAT.
			2. Services are provided without pre-conditions such as employment or sobriety.
		2. For more detail about services eligible for ESG funding, please see the most recent version of the ESG Eligible Expense Guide: <https://www.hcd.ca.gov/grants-funding/docs/ESG-Eligible-Expense-Guide.pdf>
		3. Please note: Participation in services unrelated to obtaining permanent housing are voluntary.
2. The following chart outlines eligible supportive services that can be funded through ESG-HP.
	* 1. Please note, service providers may refer households to additional programs, not funded by ESG or CoC, that do not meet the following requirements.

|  |
| --- |
| Summary of Eligible Supportive Services |
|  | ESG-HP |
| CaseManagement | Assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for each household that resides in permanent housing or to assist a household in overcoming immediate barriers to obtaining housing by, for example:* Conducting the initial evaluation, including verifying and documenting eligibility
* Using the coordinated entry system
* Counseling
* Developing, securing, and coordinating services
* Obtaining Federal, State, and local benefits
* Monitoring and evaluating program household progress
* Providing information and referrals to other service providers
* Developing a Housing Stability Plan with each household
* Conducting regular assessments of service needs and income
 |
| LegalServices | Costs of resolving a legal problem that prohibit a household from obtaining or retaining permanent housing. Legal services or activities include household intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling. Filing fees and other necessary court costs are also eligible. Legal services are subject to the following provisions:* Eligible Billing Arrangements ESG funds may be used only for legal advice from and representation by licensed attorneys and by person(s) under the supervision of licensed attorneys.
	+ Costs may be based on:
		- Hourly fees
		- Fees based on the actual service performed (i.e., fee for service) but only if the cost would be less than the cost of hourly fees
* Ineligible Billing Arrangements Funds must not be used for legal advice and representation purchased through retainer fee arrangements or contingency fee arrangements.
* Eligible Subject Matters Landlord/tenant matters; child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; resolution of outstanding criminal warrants.
* Ineligible Subject Matter Legal services related to immigration and citizenship matters or related to mortgages.
 |
| Moving Costs | Costs such as truck rental or hiring a moving company, including payment of temporary storage fees for up to 3 months  |
| Utility Deposit | Standard utility deposit that the utility company requires of all customers |
| Mediation | Mediation between the household and the owner or person(s) with whom the household is living.  |
| CreditRepair | * Credit counseling
* Accessing a free personal credit report
* Resolving personal credit problems
* Other services needed to assist with critical skills related to household budgeting and money management
 |

## Duration of Assistance

1. Initial Assistance Initially, ESG-HP assistance is limited to 3 months with mandatory quarterly review for all households seeking additional financial help.
	* 1. Quarterly reviews may include income re-verification, home visit, discussion with landlord, financial goal setting, review of goals in Housing Stability Plan, referral to community resources and one-on-one housing counseling.
2. Extended Assistance Continued or increased financial assistance from ESG-HP may be recommended by rental assistance staff when circumstances show a continuing or increasing need and program households demonstrate steps taken toward goals in the individualized Housing Stability Plan. All recommendations for extended assistance will be reviewed by managerial or administrative staff.
	* 1. Under no circumstances may more than 18 months of assistance be provided during any 3-year period.
3. For more information about program exits, please see “Standards for Termination of Assistance and Grievance Procedure” (pg. 13-14).

## ESG-CV Standards for Homeless Prevention

1. Additional eligible activities:
	* 1. Infectious Disease Prevention Training: ESG-CV funds may be used for training on infectious disease prevention and mitigation for staff working directly to prevent, prepare for, and respond to coronavirus among persons who are homeless or at risk of homelessness. Infectious Disease Prevention Training costs are to be tracked separately.
		2. Hazard Pay: ESG-CV funds may be used to provide hazard pay for staff working directly to prevent, prepare for, and respond to coronavirus among persons who are homeless or at risk of homelessness. Examples of staff working directly in support of coronavirus response include staff providing essential services (e.g., outpatient health, outpatient mental health, and housing navigators), staff working in proximity to persons with coronavirus, or staff working in locations with a high likelihood of contracting coronavirus.
		3. Landlord Incentives: ESG-CV funds may be used to pay landlord incentives, as is reasonable and necessary, to obtain housing for individuals and families experiencing homelessness and at risk of homelessness. ESG-CV funds may not be used to pay landlord incentives in an amount that exceeds three times the rent charged for the unit.
			1. Eligible landlord incentive costs include:
				1. Signing bonuses equal to up to 2 months of rent.
				2. Security deposits equal to up to 3 months of rent.
				3. Paying the cost to repair damages incurred by the program participant not covered by the security deposit or that are incurred while the program participant is still residing in the unit.
				4. Paying the costs of extra cleaning or maintenance of a program participant’s unit or appliances
				5. Paying the costs of extra cleaning or maintenance of a program participant’s unit or appliances, this includes hotel/motels under Temporary ES.
		4. Volunteer Incentives: ESG-CV funds may be used to pay for the cost of providing reasonable incentives to volunteers (e.g., cash or gift cards), who are helping to provide necessary essential services or housing relocation and stabilization services during the coronavirus outbreak. The provision to allow the payment for reasonable volunteer incentive costs will increase the number of people available to provide the needed services and connections to housing for individuals and families experiencing homelessness to prevent the spread of coronavirus. In addition, this provision acknowledges that the normal volunteer pool available to grantees may not be available.
2. Participant Eligibility
	* 1. People who qualify as “at risk of homelessness”, based on categories (2 or 4) of the “homeless” definition or the “at risk of homelessness” definition found at 24 CFR 576.2, and have annual Below 50% of the Area Median Income (AMI), are eligible for the following services, in compliance with federal ESG rules (24 CFR 576.103, 576.105, 576.106):
			1. Housing Relocation and Stabilization Services: housing search/placement, housing stability case management, mediation and legal services, credit repair/budgeting/money management
			2. Rental Assistance: Short-term (up to 3 months) and medium-term (4-24 months) rental assistance.
3. Participant Contribution
	* 1. Minimum standards for determining what percentage or amount of rent and utilities costs each program participant shall pay while receiving homelessness prevention assistance are:
			1. Progressive engagement, rental calculation worksheets used at intake, and reassessments.
			2. Case Management includes recertification follow up and housing stability plans. Clients are referred to MLJT and other income support networks including VA and disability benefits. All clients offered financial literacy courses.
			3. Participants are not required to contribute rent. Providers funded under ESG-CV may pay up to 100 percent of the reasonable rent and utility costs for program participants. Providers may, at their discretion, choose to impose rental charges on participants not to exceed 30% of participant income.
			4. Any additional requirements regarding the percentage or amount of rent and utility provider’s policies and be clearly communicated to program participants.
4. Financial Assistance
	* 1. Use with other subsidies: Payment for Financial Assistance costs shall not be provided to a participant who is receiving the same type of financial assistance through other public sources, except for a one-time payment of rental arrears. on the tenant's portion of the rental payment or deposit for subsidized housing.
		2. Rental application fees.
		3. Files include DOB forms, these include self-certification of other rental assistance programs.
		4. Last month’s rent: Payment shall not exceed 1 month’s rent and shall be included in calculating the participant’s total rental assistance.
		5. Utility deposits: Payment shall only be made for gas, electric, water and sewage deposits.
		6. Utility payments
			1. A partial payment counts as 1 month.
			2. Payment shall only be made if the utility account is in the name of the participant or a member of the same household.
			3. Payment shall only be made for gas, electric, water and sewage costs.
			4. Participants shall not receive more than 24 months of utility assistance within any 3-year period.
			5. Payments may include up to 6 months of utility payments in arrears, per service.
		7. Moving costs: Reasonable one-time moving expenses are eligible.
5. Housing Relocation and Stabilization Services
	* 1. Payment for housing relocation and stabilization services will not exceed 24 months in any 36 month period (24 CFR 576.105(c)), except for program participants who reach their 24 month maximum during the period beginning on January 21, 2020 and ending February 28, 2021.
		2. Housing relocation and stabilization services shall only be extended for a maximum of an additional 6 months. (Notice: CPD-20-08)
		3. Housing search and placement services: Payment shall only be made for assisting participants to locate, obtain and retain suitable permanent housing through the provision of the following services:
			1. Assessment of housing barriers, needs and preferences;
			2. Development of an action plan for locating housing;
			3. Housing search;
			4. Outreach to and negotiation with owners;
			5. Assistance with submitting rental applications and understanding leases;
			6. Assessment of housing for compliance with ESG housing standards, lead-based paint and rent reasonableness; or
			7. Assistance with obtaining utilities and making moving arrangements.
		4. Housing stability case management: Payment for housing stability case management services provided while the participant is seeking permanent housing shall not exceed 30 days. Payment shall only be made for assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for a participant who resides in permanent housing or to assist a participant in overcoming immediate barriers to obtaining housing through the provision of the following services:
			1. Using the CSCoC Coordinated Entry System;
			2. Conducting the initial evaluation, including verifying and documenting participant eligibility;
			3. Counseling;
			4. Developing, securing, and coordinating services and obtaining Federal, State and local benefits;
			5. Monitoring and evaluating participant progress;
			6. Providing information and referral to other providers;
			7. Developing an individualized housing and service plan; or
			8. Conducting re-evaluations.
		5. Mediation: Payment shall only be made for the cost of mediation between the participant and the owner or person with whom the participant is living, if it is necessary to prevent the participant from losing the permanent housing where he or she resides.
		6. Legal Services: Payment arrangements may NOT include retainer or contingency fee agreements. Eligible subject matters for legal services include child support, guardianship, paternity, emancipation, legal separation, orders of protection for victims of domestic violence, appeal of benefit claim denials, landlord tenant disputes and resolution of outstanding criminal warrants.
		7. Credit repair: Payment shall only be made for the cost of assisting the participant in obtaining skills related to household budgeting, managing money, accessing a free personal credit report and resolving personal credit problems. Payment will not be made for a debt or modification of a debt.
		8. Any additional requirements regarding the type, amount, and duration of housing stabilization and/or relocation services that will be provided to individual service provider’s policies and clearly communicated to program participants.
6. Rental Assistance
	* 1. Payment for short-term rental assistance shall not exceed 3 months.
		2. Payment for medium-term rental assistance shall be for more than 3 months but shall not exceed 24 months.
		3. Rental assistance shall not exceed 24 months in any 36-month period (24 CFR 576.105(c)), except for program participants who reach their 24-month maximum during the period beginning on January 21, 2020 and ending February 28, 2021. Rental assistance shall only be extended for a maximum of an additional 6 months. (Notice: CPD-20-08)
		4. Minimum standards for determining the duration of rental assistance:
			1. Payment for rent arrears shall not exceed 6 months and shall be a one-time payment
			2. Except for a one-time payment of rental arrears on the participant’s portion, rent amount must meet the HUD standard for rent reasonableness (24 CFR) 982.507). Per CPD-20-08 Notice, fair market rent requirements are waived for ESG-CV funds.
		5. There must be a rental agreement between the landlord and agency and a written lease between tenant and landlord. (NOT ALLOWABLE: mortgage and mortgage arrearage payments).
		6. Calculation of the rental payment amount shall only include monthly rent for the unit, any occupancy fees under the lease (except for pet and late fees) and if the participant pays separately for utilities, the monthly utility allowance established by the public housing authority for the area in which the housing is located.
		7. Payment shall only be made when there is a rental assistance agreement between the agency and the owner. The agreement will include the terms under which rental assistance will be provided, including:
			1. A requirement that the owner provide the sub recipient with a copy of any notice to vacate given to the participant or any complaint used to commence an eviction action;
			2. Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault, or stalking that apply to tenants.
		8. Payment shall only be made when there is a legally binding written lease for the rental unit between the participant and the owner, except for payment of rental arrears.
		9. Payment shall only be made for units that have been inspected for ESG Habitability Standards and re-inspected no less frequently than annually. Rental assistance shall not be paid on behalf of any unit that does not meet ESG Habitability Standards.
			1. Inspections may be conducted via photos or video conference. There is not a requirement that ESG Habitability Standard inspections be conducted in-person
		10. Tenant-Based Rental Assistance: The rental assistance agreement with the unit owner shall be terminated without further payment if:
			1. The participant moves out of the unit;
			2. The lease terminates and is not renewed; or
			3. The participant becomes ineligible to receive ESG rental assistance
		11. Project-Based Rental Assistance: Payment shall only be made under the following conditions:
			1. The lease has an initial term of one year;
			2. The rental assistance agreement covers one or more permanent housing units in the same building;
			3. Each unit covered by the agreement is only occupied by participants; and,
			4. Payment will only be made for up to 100% of the first month’s rent, if the participant signs a lease and moves into the unit before the end of the month.
7. Re-evaluations
	* 1. Following the minimum standards for completing eligibility, participants shall be re-evaluated not less than once every 3 months.

## **Rapid Re-Housing and Homeless Prevention Policies**

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| SUBJECT:1. Standard policies for eligibility in Housing Assistance Assessments
 | APPLICABLE TO:Multi-Site Access Hubs**Rapid Re-Housing & Homeless Prevention** | ISSUED: June 2012CSCoC APPROVED: Jan 2019 |

1. PURPOSE – to provide a formal policy framework and detailed instruction for screening of housing applicants under Emergency Solutions Grant/CoC and referrals to housing and services throughout the Central Sierra Continuum of Care.
2. APPLICABILITY – this procedure applies to staff at the multi-site access hubs in Amador, Calaveras, Mariposa, and Tuolumne Counties, including ATCAA’s Sonora and Jackson Service Centers and Sierra Hope in Calaveras County, HHS Mariposa County.
3. UNIVERSAL FORMS
	1. Assessment of Housing Status though **Coordinated Entry Systems**
	2. Central Sierra -Home Safe Intake & Assessment packet
	3. HMIS data entry forms
4. RELATED PROCEDURES
	1. Homeless Prevention policy
	2. Diversion policy
	3. Rapid Re-Housing policy
	4. Suspension or Denial of Services policy
	5. ESG/ESG CV Written Standards
5. INTRODUCTION – Centralized assessment and screening of callers is conducted Monday through Thursday from 9 am to 4 pm at the Central Sierra CoC’s access hubs. The purpose of the assessment/screening is to determine what services or housing in the Central Sierra Continuum of Care may be appropriate for the household (individual or family).

Designated staff assesses all individuals that call for housing services using a universal assessment form during a telephone interview. The form determines current housing status, recent housing history and eligibility for housing and/or services based on ESG requirements and HUD definitions of “homeless” and “at risk of homelessness.” This document also generates a score regarding vulnerability and barriers to housing.

1. DETAILED INSTRUCTIONS
	1. Staff conducting screening contacts Supervisor immediately for emergencies or problem situations or tells caller to call 9-1-1.
	2. Staff asks caller questions and completes the Assessment of Housing Status form. Caller does not have to respond to all questions to receive service.
	3. Caller is asked/verifies appropriate to impute information into CES, HMIS, and if agents may speak to local service providers of all housing resources to move clients quickly through the system of care.
	4. If client meets the definition of literally homeless and has no resources to secure new housing or return to prior housing, staff may contact the appropriate emergency shelter to schedule an intake if client agrees.
	5. If client is referred to other housing program or another agency, staff completes referral information on the Assessment form and makes immediate contact with the appropriate program staff to schedule the referral.

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| SUBJECT: vi. Household Eligibility & Prioritization for Rapid Re-Housing and Homeless Prevention | APPLICABLE TO:Intake staff for all ESG rental assistance programs**Rapid Re-Housing & Homeless Prevention** | ISSUED: June 2012APPROVED CSCoC:Jan 2019 |

1. PURPOSE - to provide a formal policy framework and detailed instruction for determining which eligible families and individuals receive homeless prevention and rapid re-housing assistance in the Central Sierra Continuum of Care
2. APPLICABILITY - this procedure applies to rental assistance providers under the Emergency Solutions –CoC Grants in the Central Sierra Continuum of Care. The geographic area is Amador, Calaveras, Tuolumne, and Mariposa counties.
3. FORMS
	1. Assessment of Housing Status through **CES**
	2. Home Safe Intake & Assessment packet
	3. HMIS data entry form (unless DV survivors)
4. RELATED PROCEDURES
	1. Homeless Prevention and Rapid Re-Housing guidelines
	2. Housing Opportunities for Persons with AIDS
	3. DV referral, service connections
	4. Housing Choice Voucher program
	5. Amador Housing Assistance program
	6. All Counties CalWorks HSP- HA, Deposit Programs
	7. Veterans, SSVF, GPD, VASH
	8. Agencies’ Suspension or Denial of Services policies
5. INTRODUCTION – In compliance with HUD’s emphasis on preventing homelessness and rapidly re-housing those who are literally homeless, the most vulnerable and at greatest risk, these instructions set forth guidelines for determining eligibility based on the definitions of at-risk of homelessness and homeless.
6. DETAILED INSTRUCTIONS

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| ***At-Risk of homelessness*** |
| **Eligibility:*** **ESG funded Rapid Re-Housing must be extremely low income, less than 30% of area median income.**
* **COC funded Rapid Re-Housing must be low-income, less than 50% of area median income.**
* **Rev. 1-2019**
1. Household lacks resources and support network to keep them from becoming homeless
2. Household has one or more of following risk factors:
* Frequent moves due to economic instability
* Doubled up in another family’s home due to economic instability
* Eviction notification received
1. SUBJECT: Household Eligibility & Prioritization for Homeless Prevention and Rapid Re-Housing
* Lives in severely overcrowded housing
 |  |
| * Lives in motel/hotel room at own expense
 |  |
| * Exiting an institution
 |  |
| * Lives in sub-standard, unsafe housing or condemned housing
 |  |
| 1. All families with children and youth defined as homeless under other federal statutes.
2. Any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member
 |  |
|  |  |
|  |  |
| ***Homeless*** - An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:1. Primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
2. 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
3. Staying in a hospital/institution up to 90 days, but homeless prior to admission
4. Losing their primary nighttime residence within 14 days and no subsequent residence has been identified, and lacking the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing;
5. Unaccompanied youth under 25 years of age, or families with children and youth who are defined as homeless under other federal statutes, have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the past 60 days, have experienced two or more moves during the past 60 days and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability or significant more barriers to employment;
6. An individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence and has no other residence; and lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

***Prioritizing***In keeping with best practices for this rural area, the Central Sierra Continuum of Care does not impose barriers to or limitations on eligibility for rental assistance other than verification that a household meets the definition of at-risk of homelessness or literally homeless. All clients must come through the Coordinated Entry Systems and be brought to the Housing Determination Committee to be eligible for services. |

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| vii. SUBJECT: Participant’s Share of Cost under ESG Homeless Prevention and Rapid Re-Housing | APPLICABLE TO:CSCoC Rental Assistance Assessment & Intake**Rapid Re-Housing & Homeless Prevention** | ISSUED: June 2012APPROVED CSCoC:Jan 2019 |

1. PURPOSE – to provide a formal policy framework and detailed instruction for determining participant’s share of costs, if any, prior to and while receiving housing financial assistance under Emergency Solutions Grant/CoC.
2. APPLICABILITY – this procedure applies to staff at the multi-site access hubs in Amador, Calaveras, Mariposa, and Tuolumne Counties, including ATCAA’s Sonora and Jackson Service Centers and Sierra Hope in Calaveras County, and HHS in Mariposa.
3. FORMS
	1. Assessment of Housing Status –CES
	2. Home Safe Intake & Assessment packet
	3. HMIS data entry form (unless DV survivors)
4. RELATED PROCEDURES
	1. Homeless Prevention policy
	2. Rapid Re-Housing policy
5. INTRODUCTION – Financial assistance under Emergency Solutions Grant/CoC may include rent application fees, short-term and medium-term rent payments, rental security deposit, utility payments, utility deposits, moving costs and last month’s rent. Federal Regulations allow agencies to pay a portion of assistance with the participant paying the remaining portion.
6. DETAILED INSTRUCTIONS -- Based on applicant’s current housing status, recent housing history and eligibility for housing and/or services, and using HUD’s definitions of “homeless” and “at risk of homelessness,” intake staff should consider the following questions:
7. What has made the household at risk of homelessness/has made this household homeless?
8. How many adults in the household and how many children?
9. What portion of the rent/security deposit/moving costs/utilities can the household afford and still pay all their other bills?
10. What, besides financial assistance, does the household need to stabilize the housing? Is there a cost to the additional needs?
11. What financial assistance will keep this household stabilized in housing?
12. What housing stabilization actions does the intake worker recommend?
13. What is households total CES Score

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| viii. SUBJECT: Housing Assistance Duration and Adjustments | APPLICABLE TO:CSCoC rental assistance**Rapid Re-Housing & Homeless Prevention** | ISSUED: June 2012CSCoC approved:Jan2019 |

1. PURPOSE – to provide a formal policy framework and detailed instruction for determining how many months a program participant will receive rental assistance and if and how the amount will be adjusted.
2. APPLICABILITY – this procedure applies to Central Sierra Continuum of Care rental assistance providers under ESG/CoC in Amador, Calaveras, Mariposa and Tuolumne counties.

1. FORMS
	1. Assessment of Housing Status-CES
	2. Home Safe Intake & Assessment packet
	3. HMIS data entry form
2. RELATED PROCEDURES
	1. Homeless Prevention and Rapid Re-Housing guidelines
	2. Housing Opportunities for Persons with AIDS
	3. DV Referral, Service connections
	4. Housing Choice Voucher program
	5. Amador Housing Assistance program
	6. All Counties HSP, HA, Deposit Programs
	7. Veterans, SSVF, GPD, HUD VASH
	8. Agencies’ Suspension or Denial of Services policies
3. INTRODUCTION – Data analysis of past practice with Homelessness Prevention and Rapid Re-Housing in the Central Sierra CoC did not reveal a correlation between longer-term assistance and housing stabilization. Nor did data analysis provide correlation between maximum rent payments versus declining or adjusted assistance. Therefore, current policy is limiting provision of financial assistance under ESG/CoC to no more than 12 months with a thorough reassessment in the middle of the 3rd month.
4. DETAILED INSTRUCTIONS –

Length of Assistance

Initial Participant Agreement is limited to 3 months with mandatory quarterly review for all households seeking additional financial help. Quarterly reviews may include income re-verification, home visit, discussion with landlord, financial goal-setting, review of goals in Housing Stabilization Plan, referral to community resources and one-on-one housing counseling.

Extended Assistance

Continued or increased financial assistance may be recommended by rental assistance staff when circumstances show a continuing or increasing need

and program participants demonstrate steps taken toward goals in the individualized Housing Stabilization plan. All recommendations for extended assistance will be reviewed by managerial or administrative staff. Under no circumstances may more than 24 months of assistance be provided during any 3-year period.

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| ix. SUBJECT: Type Assistance, Amount, Duration and Stabilization Services | APPLICABLE TO:CSCoC rental assistance**Rapid Re-Housing & Homeless Prevention** | ISSUED: June 2012APPROVED CSCoC:Jan 2019 |

1. PURPOSE – to provide a formal policy framework and detailed instruction for determining the type, amount and duration of housing relocation and stabilization services a program participant will receive with Homeless Prevent and Rapid Re-Housing under ESG/CoC, including limits on the maximum assistance, maximum length of assistance and maximum number of times a participant may receive assistance.
2. APPLICABILITY – this procedure applies to Central Sierra Continuum of Care rental assistance providers under ESG/CoC in Amador, Calaveras, Mariposa, and Tuolumne counties.

1. FORMS
	1. Assessment of Housing Status-CES
	2. Home Safe Intake & Assessment packet
	3. HMIS data entry form
2. RELATED PROCEDURES
	1. Homeless Prevention and Rapid Re-Housing guidelines
	2. Housing Opportunities for Persons with AIDS
	3. DV Referral, service connections
	4. Housing Choice Voucher program
	5. Amador Housing Assistance program
	6. All Counties CalWorks HSP, HA, Deposit Programs
	7. Tuolumne County Tenant-Based Rental Assistance program
	8. Agencies’ Suspension or Denial of Services policies
3. INTRODUCTION – Data analysis of past practice with Homelessness Prevention and Rapid Re-Housing in the Central Sierra CoC did not reveal a correlation between length and intensity of housing relocation and stabilization services and the individual or family’s stabilization. Therefore, current policy is limiting provision of stabilization services under ESG to no more than 6 months with a thorough reassessment in the middle of the 3rd month.
4. DETAILED INSTRUCTIONS – may be individualized to include the following:

Housing Stabilization Services

Housing search

Assistance with rental application

Negotiating with landlords

Help understand leases

Arranging and coordinating services from other agencies

Assistance with applications for and access to local, state and federal benefits

Moving costs

Security deposits, utility deposits

Utility payments

Credit repair counseling

Legal services

To be determined: May be provided for 3-6 months and additional assistance may be provided if there is continuing or increasing need and program participant demonstrates efforts at adherence to individualized plan.

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| SUBJECT: x. Participation in HMIS | APPLICABLE TO:CSCoC rental assistance**Rapid Re-Housing & Homeless Prevention** | ISSUED: June 2014CSCoC APPROVED:Jan 2019 |

1. PURPOSE – to provide a formal policy framework and detailed instruction for participation in the Central Sierra CoC’s Homeless Management Information System by agencies providing Homeless Prevention, Rapid Re-Housing and Housing Relocation and Stabilization Services under ESG
2. APPLICABILITY – this procedure applies to Central Sierra Continuum of Care rental assistance providers under ESG in Amador, Calaveras and Tuolumne counties.

1. FORMS
	1. HMIS data entry form
	2. MOU between lead agency (ATCAA) and providers
2. RELATED PROCEDURES
	1. Homeless Prevention and Rapid Re-Housing HMIS guidelines
3. INTRODUCTION – All agencies involved in ESG rental assistance components must provide staff to train in and perform data collection on program participants, including every member of the family. Agencies will enter data into the online information system managed by the Amador-Tuolumne Community Action Agency.
4. DETAILED INSTRUCTIONS

By 15th of month, data for each household to be entered into the Homeless Management Information System operated by ATCAA.

# **Standards for Permanent Supportive Housing**

## Introduction

* 1. Permanent supportive housing (PSH) is a non-time limited housing intervention with supportive services available to high needs households.
	2. PSH Households should strive to transition to independent, stable permanent housing in the long-term.

## Eligibility

1. At a minimum, households must meet the definitions of literal homelessness to qualify for permanent supportive housing.
	* 1. See Appendix E: HUD Definitions of Homelessness (pg. 46) for more information about homelessness definitions.
		2. Please see Appendix F: HUD Record Keeping Requirement (pg. 47) for more information on how to properly document eligibility for rapid re-housing and homelessness prevention assistance.

## Prioritization

1. All service providers must use the coordinated entry process to prioritize households within the CSCoC geographic service area for access to housing and supportive services.
2. Households will be prioritized for Permanent Supportive Housing based on HUD Notice CPD 16-11, outlined in detail below. The following chart is to be used as a guide for prioritization; however, final prioritization will include results from the weekly CES call.

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| Prioritization for Permanent Supportive Housing |
| Priority Level | Defining Factors |
| Priority 1 | VI-SPDAT Score: 8+  |
| Chronic Homelessness  |
| 3+ HUD Disabling Conditions:* Physical Health
* Mental Health
* Substance Use
* Developmental Disability
 |
| Priority 2 | VI-SPDAT Score: 8+  |
| Chronic Homelessness  |
| 2+ HUD Disabling Conditions: * Physical Health
* Mental Health
* Substance Use
* Developmental Disability
 |
| Priority 3 | VI-SPDAT Score: 8+  |
| Chronic Homelessness  |
| 1 HUD Disabling Condition: * Physical Health
* Mental Health
* Substance Use
* Developmental Disability
 |
| Priority 4 | VI-SPDAT Score: 8+  |

## Housing Requirements

1. Inspection Requirements
	* 1. All CoC housing, including permanent supportive housing and rapid re-housing, must meet applicable housing quality standards (HQS) under 24 CFR § 578.75(b). HQS requirements are contained within 24 CFR § 982.401, which state the performance and acceptability criteria for the key aspects of housing quality listed in Table 11.1.
		2. All permanent supportive housing must also comply with the “Housing Requirements” (pg. 9-13), as applicable.
2. Rental Assistance
3. Rental assistance funds may be used to provide households with short-, medium- or long-term rental assistance as outlined below. Rental assistance cannot be provided to households who are already receiving rental assistance or are living in a housing unit receiving rental assistance or operating assistance through other federal, state, or local sources, excluding transfers between programs.
4. Administering rental assistance, contracting for rental assistance, and making rental assistance payments to landlords, as well as conducting Housing Quality Standards (HQS) Inspections are a service delivery cost of rental assistance and is therefore an eligible cost under this section.
5. Other eligible costs of administering rental assistance include examining household income and family composition; providing housing information and assistance; and receiving new households into the program.

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| CoC Rental Assistance – Eligible Costs |
| Length of Housing Assistance |
| Short-Term (up to 3 months) | Medium-Term(from 3 to 24 months) | Long-Term(>24 months) |
| Model of Assistance |
| Tenant Based – Households choose unit | Service Provider Based - Households reside in housingowned or leased by service provider | Project Based - Units are provided through a contract with the owner |
| Other Eligible Costs |
| Vacancy Payment – up to 30days following end of themonth when unit vacated | Property Damage – may notexceed one month’s rent; one-time cost per household at the time the household exits the unit | Security Deposits –not to exceed 2 months of rent |
| Administering Rental Assistance – Eligible Costs |
| Processing rental payments tolandlords | Examining household incomeand family composition | Providing housing informationand assistance |
| Inspecting units for compliance with HousingQuality Standards (HQS) | Receiving new households into the program |

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| CoC Rental Assistance – Key Requirements |
| Unit Rent Standard | The unit rent must be reasonable in comparison to similar units and cannot exceed comparable unassisted units. |
| Unit Lease – Lease and Rental AssistanceAgreement | Households must have a lease agreement with the landlord/owner of housing. In addition, households may make rental assistance payments only tolandlords/owners with whom the service provider has a rental assistance agreement. The rental assistance agreement must include the terms under which rental assistance will be provided, the term of the agreement, that the landlord/owner will provide the recipient with a copy of all written notices to the household (including notices to vacate, notices of noncompliance, etc.). |
| Household Rent Contribution | Except in rapid re-housing projects, households must contribute toward their rent in accordance with 3(a)(1) of the U.S. Housing Act of 1937 (42 USC 1437a(a)(1)). Changes to rental payment amounts must be made as changes in income are identified (no less than annually). |

1. Leasing
2. Specifics
	* + 1. Leasing funds under the CoC program may be used to lease a structure or individual units to provide housing or supportive services to households. Funds cannot be used to lease units or structures owned by the service provider, their parent organization(s), or other organizations more fully described in 24 CFR § 578.49(a), unless authorized by HUD.
			2. Where utilities are included in the rent amount, utilities (electricity, gas, water) are considered a leasing cost. Where the utilities are separate from the rent, they are considered an operating cost. Utilities for supportive service structures are considered a supportive services cost regardless of utilities being included or excluded from the rent amount.
			3. Leasing funds may be used to pay a security deposit, but it must not exceed two months of actual rent. It is permissible to pay first and last month’s rent.
3. Summary

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| CoC Leasing – Eligible Costs |
| Length of Housing Assistance |
| Unlimited |
| Model of Assistance |
| Structure(s) | Portion of Building(s) | Individual Units |
| Other Eligible Costs |
| Vacancy Payment – Service providers must abide by the terms of the master lease and pay rent for the unit regardless of whether the unit is occupied. However, the service provider must make every effort to house an eligible household in the vacant unit as quickly as possible. |
| Utilities (electricity, gas, water) –only if included in the rent | Security Deposits –not to exceed 2 months of rent |
| \* Damages are not an eligible leasing cost. |

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| CoC Leasing – Key Requirements |
| Unit Rent Standard | Rent paid by the service provider for a unit must be reasonable in comparison to similar units, cannot exceed comparable unassisted units and cannot exceed Fair Market Rent. |
| Unit Lease – MasterLease and Sublease | Service providers must have a “master” lease agreement with the landlord/owner. Leasing costs are paid directly to the landlord/owner in accordance with the master lease. Service providers must have a sublease in place with households. |
| Household Rent Contribution | Service providers are not required to have households pay rent, but if they choose to charge households rent, the rent must be calculated in accordance with 24 CFR § 578.77, and cannot exceed the highest of 30% of the household’s adjusted monthly income, 10% of the household’s monthly income, or the welfare rent. Any household rent that is collected is considered Program Income and must be used for eligible costs in accordance with 24 CFR § 578.97. |

## Services Requirements

1. At a minimum, case managers will conduct an on-site visit at the PSH unit every 90 days.
	* 1. Additional case management can occur either on-site or at the service provider’s site, as necessary and coordinated with the client.
2. PSH programs, through collaborative arrangement and/or by referral, must offer services to all clients that are tailored to each client’s needs. Services include, but are not limited to:
3. Housing Support
	* + 1. Intake and assessment
			2. Rental assistance
			3. Legal assistance
			4. Assistance with housing applications
			5. Information and training regarding tenants’ rights and responsibilities
			6. Education and assistance around landlord-tenants’ rights and responsibilities
			7. Mediation and negotiation with landlords
4. Socialization & Daily Function
5. Daily living skills training
6. Budgeting and money management skills and training
7. Skills and training in maintaining a household
8. Eligibility screening for, and assistance applying for and retaining mainstream resources (SSI, CalWORKs, Medi-Cal, Veterans benefits, etc.)
9. Vocational and employment assistance or training and referral
10. Supportive employment and referral for employment
11. Interpersonal communication skills
12. Transportation, including accompaniment to appointments, home visits
13. Childcare
14. Parenting information and education
15. Conflict resolution and crisis intervention
16. Helping households connect to meaningful daily activities
17. Social, cultural, or recreational activities
18. Opportunities for peer-to-peer education and support
19. Support groups and other services to maintain, preserve, and promote independence, including optimal physical, social, and psychological development and functioning
20. Wellness
21. Service coordination
22. Mental health counseling and education
23. Substance abuse education and counseling
24. Effective use of health care (medical/dental/mental health/psychiatric)
25. Preventive health services

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| CoC Supportive Services – Summary of Eligible Costs |
| Annual Assessment ofService Needs | Assistance with Moving Costs | Case Management |
| Employment Assistance & Job Training | Food | Housing Search& Counseling Services |
| Mental Health Services | Outpatient Services | Outreach Services |
| Child Care | Education Services | Legal Services |
| Life Skills Training | Substance Abuse Treatment Services | Transportation |
| Utility Deposits | Direct Provision of Services |

## Duration of Assistance

1. There is no designated length of stay for households of this type of housing. permanent supportive housing is intended to be available to households for as long as it provides housing assistance that meets their needs.
2. Successful exits from permanent supportive housing include exits to other permanent housing destinations.
3. Permanent housing providers may only terminate households from housing in cases of noncompliance with the lease or when otherwise legally necessary. Service providers must take all reasonable measures to keep the households in the program and re-house them elsewhere.
4. Households cannot be terminated involuntarily for refusal of services or for violation of program rules that are not stipulated in the lease.
5. Please see “Standards for Termination of Assistance and Grievance Procedure” (pg. 13-14) for more information.

# **Standards for Street Outreach**

## Introduction

1. *Currently, the CSCoC currently does not fund street outreach. The Written Standards for Street Outreach are included to guide the development of future programs*
2. The primary goals of street outreach:
	* 1. Provide access to emergency shelter and services; and
		2. Re-house households in permanent housing as quickly as possible, regardless of other personal issues or concerns.

## Eligibility

1. At a minimum, households must be experiencing unsheltered homelessness.
	* 1. See Appendix E: HUD Definitions of Homelessness (pg. 46) for more information about this definitions.
		2. Please see Appendix F: HUD Record Keeping Requirement (pg. 47) for more information on how to properly document eligibility for street outreach programs.

## Prioritization

1. Program admission is prioritized for the households with the most urgent and severe needs (as defined in 25 CCR **§** 8409).

## Outreach Requirements

1. **All households contacted through outreach are screened as soon as possible for critical health and safety needs to identify people with the most severe service needs (including people who are chronically homeless and/or with active mental health or substance abuse issues) and provide an appropriate response.**
2. **Outreach is comprehensive and coordinated with other CSCoC assistance and the CSCoC’s Coordinated Entry System to assure access to assistance regardless of where a household is located in the CSCoC’s service area.**

## Service Requirements

1. **Households are provided access to emergency shelter, permanent housing, and services without preconditions, such as sobriety or minimum income level.**
2. **Households are provided or connected to housing location and placement assistance, including financial assistance for move-in costs, to achieve their Housing Plan goals.**
	* 1. **Assistance is provided:**
			1. **Without additional preconditions, such as employment or sobriety; and**
			2. **With understanding that housing may cost greater than 30% of household income.**
3. **Connections to the Coordinated Entry System**
	* 1. Street outreach programs accept referrals through the CSCoC’s Coordinated Entry System and triages referrals according to the CSCoC’s Coordinated Entry System Procedures.
		2. **Households are referred to other forms of homeless assistance in the CoC service area according to the CoC’s Coordinated Entry System Policies & Procedures.**
		3. Service provider staff should be made aware of and know how to access an emergency shelter, transitional housing, and a wide variety of housing options (public/private, subsidized/unsubsidized, local permanent supportive housing, etc.) directly or through the CSCoC’s Coordinated Entry System to help households achieve their Housing Stability Plan goals.
4. **Upon receipt of services through the street outreach program, households will be associated with creating and updating individualized Housing Stability Plans designed to access emergency shelter and/or re-house and stabilize households as quickly as possible.**
	* 1. **Households are expected to be actively working on Housing Stability Plans and engaging in related assistance to overcome immediate and direct barriers to securing housing, with the support of service providers.**
		2. Participation in services unrelated to obtaining permanent housing is voluntary.
		3. Service provider staff should be informed of, and know how to access, other community resources (e.g., legal services) that can help households achieve their Housing Stability Plan goals.
5. Eligible Costs for ESG-Funded Street Outreach
	* 1. Engagement
		2. Case Management
		3. Emergency Health Services
		4. Emergency Mental Health Services
		5. Transportation
		6. Services for Special Populations

## Duration of Assistance

1. HUD ESG funding guidelines do not establish a maximum length of time that a household can receive assistance through street outreach.
	* 1. Please see “Standards for Termination of Assistance and Grievance Procedure” (pg. 13-14) for more information.

## ESG-CV Standards for Street Outreach

1. Coordination among emergency shelter providers, essential services providers, homelessness prevention, and rapid re-housing assistance providers includes but is not limited to:
	* 1. Local landlords
		2. Departments of Social Services (Amador, Calaveras, Mariposa and Tuolumne) counties
		3. School Districts
		4. Welfare to Work
		5. Family Resource Centers
		6. Child Welfare
		7. Woman’s Center
		8. Foster Care
		9. Valley Mountain Resources
		10. Behavioral Health
		11. Public Health
		12. Probation
		13. Pregnancy Center
		14. District Attorney
		15. Victim Witness
		16. Hospitals
		17. WellSpace
		18. Sutter Amador
		19. ATCAA
		20. Health and Human Services
2. Coordination among emergency shelter providers, essential services providers, homelessness prevention, and rapid re-housing assistance providers is strategically performed through utilization of the Coordinated Entry System (CES) and collection, analysis and evaluation of data from the Homeless Management Information System (HMIS).
3. CES weekly meetings track individuals and families promoting the best possible bundling of services and strategies for particular situations.
4. Additional Eligible Activities
	* 1. Handwashing Stations and Portable Bathrooms: ESG-CV funds may be used to pay for installing and maintaining handwashing stations and bathrooms (e.g. portable toilets) in outdoor locations for people experiencing unsheltered homelessness. Allowing ESG-CV funds to pay for the costs of handwashing stations and bathroom facilities will help prevent the spread of coronavirus by providing people living in unsheltered locations regular access to bathrooms and the ability to wash their hands.
		2. Infectious Disease Prevention Training: ESG-CV funds may be used for training on infectious disease prevention and mitigation for staff working directly to prevent, prepare for, and respond to coronavirus among persons who are homeless or at risk of homelessness. Infectious Disease Prevention Training costs are to be tracked separately.
		3. Hazard Pay: ESG-CV funds may be used to provide hazard pay for staff working directly to prevent, prepare for, and respond to coronavirus among persons who are homeless or at risk of homelessness. Examples of staff working directly in support of coronavirus response include street outreach teams, staff working in proximity to persons with coronavirus, or staff working in locations with a high likelihood of contracting coronavirus.
		4. Volunteer Incentives: ESG-CV funds may be used to pay for the cost of providing reasonable incentives to volunteers (e.g., cash or gift cards), who are helping to provide necessary essential services or housing relocation and stabilization services during the coronavirus outbreak. The provision to allow the payment for reasonable volunteer incentive costs will increase the number of people available to provide the needed services and connections to housing for individuals and families experiencing homelessness to prevent the spread of coronavirus. In addition, this provision acknowledges that the normal volunteer pool available to grantees may not be available.
5. Participant Eligibility
	* 1. People who qualify as “unsheltered homeless”, based on category (1)(i) of the “homeless” definition found at 24 CFR 576.2, are eligible for the following activities in compliance with federal ESG rules (24 CFR 576.101):
			1. engagement;
			2. case management;
			3. emergency health and mental health services;
			4. transportation;
			5. and provision of handwashing stations and portable bathrooms.
6. Service Provision
	* 1. Street outreach workers are often the initial point of contact, have the ability to maintain contact throughout the process, and connect individuals with mainstream resources and community-based services as needed. Street outreach services include:
			1. Educating and training on the process of Coordinated Entry, how to perform the initial standardized assessment and how to make referrals.
			2. Maintaining contact and open communication regarding housing status and resources being utilized.
			3. Providing assistance to those unsheltered who may be in need of additional supports.
			4. Installation and maintenance of handwashing stations and portable bathrooms in outdoor locations for people experiencing unsheltered homelessness.

# **Standards for Transitional Housing**

## Introduction

1. *Currently, the CSCoC does not fund transitional housing due to HUD’s priority for PSH and RRH units. The Written Standards for Transitional Housing are included to guide the development of future transitional housing projects from diverse funding sources and preserve the robust local standards around transitional housing*
2. Transitional housing (TH) is designed to assist households with the interim stability and support to successfully move to and maintain permanent housing.

## Eligibility

1. At a minimum, households accessing transitional housing must be literally homeless, at imminent risk of homelessness, or fleeing/attempting to flee domestic violence.
	* 1. See Appendix E: HUD Definitions of Homelessness (pg. 46) for more information about homelessness definitions.
		2. Please see Appendix F: HUD Record Keeping Requirement (pg. 47) for more information on how to properly document eligibility for transitional housing programs.

## Prioritization

1. All service providers will use the coordinated entry process to prioritize households within the CSCoC geographic service area for access to housing and supportive services
	* 1. Households accessing TH will be prioritized based on their level of vulnerability as assessed by the modified VI-SPDAT.

## Housing Requirements

1. Household Contribution
	* 1. Households will pay no more than 30% of their income towards rent with the remaining balance to be paid by the program fund.
2. Household Requirements
	* 1. Households in transitional housing must enter into a lease agreement on a month to month basis with a minimum of one-month lease upon entry.
		2. Transitional dwelling units are for full time occupancy only.
		3. Only members of a household with a signed agreement can dwell within the unit. If there are extenuating circumstances, the household’s point of contact at the service provider must be notified as soon as possible. The service provider must then provide written approval verifying that an individual outside of the household may dwell within the unit.
		4. If a member of the household is under medical or psychiatric care and have been prescribed medication, that member must be taking medication as prescribed.
		5. Members of the household cannot ingest alcohol or illegal drugs on the premises.
		6. Members of the household cannot be in possession of weapons on the premises.
		7. Dwelling unit must be kept neat and orderly, and the exterior of the house must be maintained free of trash and debris, especially cigarette butts. All decks and porches must be clear and free of furniture, clothing or other debris.
		8. Members of the household may not bring or keep non-operative vehicles on the premises.
		9. Members of the household on probation, or other court-ordered programs, must comply with the terms and conditions of those programs.
3. Inspection Requirements
	* 1. All CoC-housing, including transitional housing, must meet applicable housing quality standards (HQS) under 24 CFR § 578.75(b). HQS requirements are contained within 24 CFR § 982.401, which state the performance and acceptability criteria for the key aspects of housing quality listed in Table 11.1.
		2. All TH units must also comply with the “Housing Requirements” (pg. 9-13).
4. Leasing Requirements
	* 1. Specifics
			1. Where utilities are included in the rent amount, utilities (electricity, gas, water) are considered a leasing cost.
			2. Where the utilities are separate from the rent, they are considered an operating cost.
			3. Utilities for supportive service structures are considered a supportive service cost regardless of utilities being included or excluded from the rent amount.
			4. Leasing funds may be used to pay a security deposit, but it must not exceed two months of actual rent. It is permissible to pay first and last month’s rent.

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| CoC Leasing – Eligible Costs |
| Length of Housing Assistance |
| Up to 24 Months |
| Model of Assistance |
| Structure(s) | Portion of Building(s) | Individual Units |
| Other Eligible Costs |
| Vacancy Payment Service providers must abide by the terms of the master lease and pay rent for the unit regardless of whether the unit is occupied. However, the service provider must make every effort to house an eligible household in the vacant unit as quickly as possible. |
| Utilities (electricity, gas, water) –only if included in the rent | Security Deposits not to exceed 2 months of rent |
| \* Damages are not an eligible leasing cost. |

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| CoC Leasing – Key Requirements |
| Unit Rent Standard | Rent paid by the recipient for a unit must be reasonable in comparison tosimilar units, cannot exceed comparable unassisted units and cannot exceed Fair Market Rent (FMR). |
| Unit Lease – MasterLease and Sublease | Service providers must have a “master” lease agreement with the landlord/owner. Leasing costs are paid directly to the landlord/owner in accordance with the master lease. Service providers must have a sublease in place with households.  |
| Household Rent Contribution | Service providers are not required to have households pay rent, but if they choose to charge households rent, the rent must be calculated in accordance with 24 CFR § 578.77, and cannot exceed the highest of 30% of the household’s adjusted monthly income, 10% of the household’s monthly income, or the welfare rent. Any household rent that is collected is considered Program Income and must be used for eligible costs in accordance with 24 CFR § 578.97. |

## Service Requirements

1. Overview
	* 1. Transitional housing programs must develop service plans with each household and provide or offer referrals for identified services that address each household’s ongoing needs. Service planning should be initiated at intake and focus on identifying and transitioning households to the most appropriate permanent housing situation.
			1. Service providers will conduct quarterly case management meetings with each household.
2. Services include, but are not limited to:
	* 1. Crisis intervention;
		2. Legal assistance;
		3. Service coordination;
		4. Emergency and ongoing identification of medical and health needs and referral for care;
		5. Public benefits eligibility assessment and application assistance;
		6. Educational and employment assistance;
		7. Exit planning, housing search, and relocation assistance;
		8. Education related to activities of daily living (life skills);
		9. Preventive health education, including information about prevention of HIV/AIDS, Tuberculosis and Sexually Transmitted Disease;
		10. Substance abuse and mental health counseling;
		11. Support groups;
		12. Structured social/recreational activities;
		13. Parenting education;
		14. Job referral and placement;
		15. Childcare;
		16. Transportation;
		17. Domestic violence counseling; and
		18. Other appropriate services as necessary to support the goal of connecting clients to sustainable permanent housing.

## Duration of Assistance

1. Except in extenuating circumstances, households will exit transitional housing to permanent housing within 24 months.
	* 1. Local examples of extenuating circumstances include situations in which a household is anticipated to be connected with permanent housing quickly; if the household has a 990 and is having difficulty locating housing as result; and if a household’s sobriety could be compromised by a return to homelessness.
2. Transitional housing households are not involuntarily discharged without due process and the opportunity to resolve issues.
	* 1. Please see “Standards for Termination of Assistance and Grievance Procedure” (pg. 13-14).

# **Guidelines for Homeless Emergency Aid Program (HEAP)**

## Introduction

1. HEAP is a one-time aid program through the state of California, intended to provide immediate, one-time, flexible funding to CoCs to address the homelessness crisis throughout California.
2. HEAP is administered through the California Homeless Coordinating and Financing Council (HCFC). More information about programming can be found here: [Business, Consumer Services and Housing Agency HCFC website.](https://www.bcsh.ca.gov/hcfc/)
3. In the CSCoC, HEAP funding is being used to fund capital improvements, showers, wash stations, emergency food kits, and tiny cabins for individuals experiencing homelessness or at risk of homelessness. HEAP funding is also being used to fund encampment clean ups done by law enforcement.

## Eligibility

1. HEAP funding can only be used to serve households experiencing homelessness or at imminent risk of homelessness.
2. At least 5% of HEAP funds must be used to establish or expand services meeting the needs of homeless youth or youth at risk of homelessness.
	1. Consistent with other state and federal definitions, HCFC considers “homeless youth” to mean an unaccompanied homeless individual who is not older than 24, for purposes of HEAP.
	2. Homeless individuals not older than 24 who are parents are included in this definition.
	3. See Appendix E: HUD Definitions of Homelessness (pg. 46) for more information about these definitions.
	4. Please see Appendix F: HUD Record Keeping Requirement (pg. 47) for more information on how to properly document eligibility for HEAP programs.

## Additional Guidance

1. In the interest of spending down all funds, funds can be shifted among eligible project types with coordination between the CoC, ATCAA (the Administrative Entity), and the service provider.
2. If a service provider is unable to fully spend down their allotted funds, the funding will be transferred back to the CSCoC, per HEAP guidelines. For the funds being transferred, the county that originally housed the transferred the funds will get priority.
3. If you are a service provider interested in changing your project or transferring your funds, please refer to the [HEAP Program Guidance Document](https://www.bcsh.ca.gov/hcfc/documents/heap_overview.pdf) and contact ATCAA.

# **Guidelines for California Emergency Solutions and Housing (CESH)**

## Introduction

1. CESH is a one-time aid program through the state of California created to fund a variety of activities to assist households experiencing or at risk of homelessness.
2. CESH is administered by the California Department of Housing and Community Development (HCD). More information about the department can be found here: [California Department of Housing and Community Development website](http://www.hcd.ca.gov/).
3. In the CSCoC, CESH is being used to fund prevention efforts and to provide Point-in-Time (PIT) count incentives.

## Eligibility

1. At a minimum, households receiving CESH-funded assistance must be experiencing homelessness or at risk of homelessness.
2. See Appendix E: HUD Definitions of Homelessness (pg. 46) for more information about these definitions.
3. Please see Appendix F: HUD Record Keeping Requirement (pg. 47) for more information on how to properly document eligibility for CESH programs.
4. Per HCD, household eligibility requirements must follow HUD CoC standards for each project type. For example, households participating in a CESH-funded HP program must be at or below 30% AMI when their income in verified at intake.
5. For additional homeless prevention household eligibility requirements, please see the “Standards for Rapid Re-Housing and Homeless Prevention” section on pg. 24-25.

## Prioritization

1. Per the ATCAA contracting process, CESH service providers are required to follow the CSCoC prioritization scheme for homelessness prevention.
	1. Please see the “Standards for Rapid Re-Housing and Homeless Prevention” section on pg. 26 for more information about prioritization.

# **Guidelines For Homeless Housing, Assistance and Prevention Program (HHAP)**

## Introduction

1. HHAP program is a California block grant program designed to provide jurisdictions with one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges.
2. HHAP programs are required to expend funds on evidence-based solutions including, but not limited to, rental assistance, rapid re-housing, operating subsidies, landlord incentives, outreach, coordination, diversion, prevention, and delivery of permanent housing.
3. All forms and Handbook are on the website: centralsierracoc.org

## Eligibility

1. Households must be experiencing homeless, at risk of homelessness, homeless under other federal statues, or fleeing/attempting to flee domestic violence to participate in homeless-facing programs funded by HHAP.
	1. See Appendix E: HUD Definitions of Homelessness (pg. 46) for more information about these definitions.
	2. Please see Appendix F: HUD Record Keeping Requirement (pg. 47), as well as Appendix H: Documentation for Chronic Homelessness (pg. 49-50) for more information on how to properly document eligibility for HHAP programs.
2. Per HCD, household eligibility requirements must follow HUD CoC standards for each project type. For example, households participating in a HHAP-funded HP program must be at or below 30% AMI when their income in verified at intake. For more information for eligibility for each project type, please see the following sections:
3. Emergency Shelter: pg. 19
4. Rapid re-housing and/or homeless prevention: pg. 24-25
5. Permanent supportive housing: pg. 33

## Additional Guidance

1. Per the ATCAA contracting process, HHAP service providers are required to follow the CSCoC prioritization scheme for homelessness prevention, rapid re-housing, and permanent supportive housing.
	1. Please see pg. 26 for guidance around prioritization for homeless prevention and rapid re-housing homeless projects.
	2. Please see pg. 33 for guidance around prioritization for permanent supportive housing project.
2. Prioritization for other project types will be outlined during the ATCAA contracting process

# **Appendix**

## Components of Eligible ESG and CoC Activities

## Introduction

1. This section outlines the allowable activities within each project as defined under both ESG and CoC.
	1. Activities are a set of allowable costs. For example, a phone line for a case manager might be considered a Supportive Services activity under the transitional housing component for the CoC Program.
2. ESG and CoC Programs each have five (5) eligible components.
	1. Rapid re-housing, homeless prevention and HMIS are allowable components of both funding sources; however, the activities that are allowable vary by program type.
	2. Street outreach and emergency shelter are eligible under ESG only.
	3. Permanent supportive housing and transitional housing are unique to the CoC Program.
3. In the CSCoC, ESG is currently being used for emergency shelter, homelessness prevention, and rapid re-housing. CoC funding is currently being used for rapid re-housing and permanent supportive housing.

## Emergency Solutions Grant Eligible Components

1. Street Outreach 24 CFR § 576.101 (ESG Only)
	1. ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people, referred to as street outreach.
2. Emergency Shelter 24 CFR § 576.102 (ESG Only)
	1. Emergency shelter is defined as any facility, where the primary purpose is to provide “a temporary shelter for the homeless in general, or for specific populations of the homeless people and which does not require occupants to sign leases or occupancy agreements.”
3. Homelessness Prevention 24 CFR § 576.103 (ESG Only)
	1. Homelessness prevention provides housing relocation, stabilization services and short and medium-term rental assistance necessary to prevent a household from moving into an emergency shelter or another place described in Category 1 of the HUD definition of homelessness.
	2. Please see Appendix D. HUD Definitions of Homelessness (pg. 45) for more information.
4. Rapid Re-Housing 24 CFR § 576.104 (ESG)
	1. Rapid re-housing provides housing relocation, stabilization services and short- and medium-term rental assistance to help homeless households move as quickly as possible into permanent housing and achieve stability in that housing.
5. HMIS 24 CFR § 576.107 (ESG)
	1. Section 416(f) of the McKinney-Vento Act requires for the first time that ESG-funded projects participate in the Homeless Management Information System (HMIS). The ESG interim rule makes certain costs eligible to the extent necessary to enable this participation.
6. Administrative Costs (ESG)
	1. ATCAA retains all administrative funds to manage contracts, complete monitoring, and complete reimbursement activities.

## Continuum of Care Eligible Components

1. CoC Eligible Activities by Component

|  |
| --- |
| CoC Eligible Activities by Component |
|  |  | PSH | RRH | TH |
| Housing Costs | Leasing | X |  | X |
| Rental Assistance | X | X | X |
| Operating | X |  | X |
| Supportive Services | X | X | X |
| HMIS | X | X | X |
| Administration | X | X | X |
| Indirect Costs | X | X | X |

1. Leasing 24 CFR § 578.49 (CoC)
	1. Leasing funds under the CoC Program may be used to lease a structure or individual units to provide housing or supportive services to households. Funds cannot be used to lease units or structures owned by the service provider, their parent organization(s), or other organizations more fully described in 24 CFR §578.49(a) unless authorized by HUD.
	2. For more information about CoC leasing requirements, please see pg. 36-37 of this document.
2. Rental Assistance 24 CFR § 578.51 (CoC)
	1. Rental assistance funds may be used to provide households with short-, medium-or long-term rental assistance. Rental assistance cannot be provided to households who are already receiving rental assistance or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources, excluding transfers between programs.
	2. For more information about CoC rental assistance requirements, please see pg. 26-27.
3. Supportive Services 24 CFR § 578.53 (CoC)
	1. Supportive services funds may be used to provide supportive services that address the special needs of households. Services must be limited to those which assist households in obtaining and maintaining housing. Ongoing, at least annual, assessments of service needs are required, and services should be adjusted accordingly. Where supportive services are provided within a facility not contained in a housing structure, the costs of operation of the facility are eligible, including maintenance, repair, building security, utilities and equipment.
4. Operating Costs 24 CFR § 578.55 (CoC)
	1. Operating funds may be used to pay the day-to-day costs of operation of transitional and permanent housing in a single structure or individual units. Operating costs for supportive service facilities are considered supportive services.

|  |
| --- |
| CoC Operating – Eligible Costs |
| Model of Assistance |
| Structure | Individual Units |
| Eligible Costs |
| Repair & Maintenance | Property Tax & Insurance | Scheduled payments to reserve | Security\* |
| Electricity, Gas & Water | Furniture | Equipment |
| \*Where >50% of the units are paid for with grant funds |

|  |
| --- |
| CoC Operating – Key Requirements |
| Unit Rent Standard | Not applicable. |
| Unit Lease | Households must have a lease or occupancy agreement with the service provider. |
| Household Rent Contribution | Service providers are not required to have households pay rent, but if they choose to charge households rent, the rent must be calculated in accordance with 24 CFR § 578.77 and cannot exceed the highest of 30% of the household’s adjusted monthly income, 10% of the household’s monthly income, or the welfare rent. Any household rent that is collected is considered Program Income and must be used for eligible costs in accordance with 24 CFR § 578.97. |

1. HMIS 24 CFR § 578.57 (CoC)
	1. HMIS funds may be used to pay the costs of contributing data to the CSCoC Homeless Management Information System (HMIS).

|  |
| --- |
| CoC HMIS – Eligible Costs |
| Purchasing/LeasingComputer Hardware | Purchasing Software orSoftware Licenses | Purchasing/LeasingEquipment(telephones, faxmachines, furniture) | Obtaining TechnicalSupport |
| Leasing Office Space | Electricity, Gas, Water,Phone Service, HighSpeed DataTransmission | Salaries for OperatingHMIS | Costs of Staff to Traveland Attend HUDSponsored/ ApprovedTraining on HMIS |
| Staff Travel Costs toConduct Intake | Participation FeesCharged by the Lead |

1. Project Administration 24 CFR § 578.59 (CoC)

|  |
| --- |
| CoC Administrative Costs |
| General Management & Oversight |
| Preparing Budgets & Schedules | Assure Compliance | Development of Agreements toCarry Out Program Activities |
| Monitoring for Progress &Compliance | Preparing HUD Reports | Coordinating Resolution of Findings |
| Evaluating Results & Objectives | Managing/Supervising Staff Who Engage inGeneral Management & Oversight |
| Training on CoC Requirements | Environmental Reviews |

1. Indirect Costs 24 CFR §578.63
	1. Indirect costs are eligible under the CoC Program and must be in accordance with OMB Uniform Guidance.

## HUD Definitions of Homelessness

|  |  |  |
| --- | --- | --- |
| Category 1 | Literally Homeless | Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:* 1. Has a primary nighttime residence that is a public or private place not meant for human habitation;
	2. Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
	3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
 |
| Category 2 | Imminent Risk of Homelessness | Individual or family who will imminently lose their primary nighttime residence, provided that:1. Residence will be lost within 14 days of the date of application for homeless assistance;
2. No subsequent residence has been identified; and
3. The individual or family lacks the resources or support networks needed to obtain other permanent housing
 |
| Category 3 | Homeless Under Other Federal Statutes | Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:1. Are defined as homeless under the other listed federal statutes;
2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
3. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
4. Can be expected to continue in such status for an extended period due to special needs or barriers
 |
| Category 4 | Fleeing/Attempting to Flee Domestic Violence | Any individual or family who:1. Is fleeing, or is attempting to flee, domestic violence;
2. Has no other residence; and
3. Lacks the resources or support networks to obtain other permanent housing
 |

## HUD Record Keeping Requirements

|  |  |  |
| --- | --- | --- |
| Category 1 | Literally Homeless | * Written observation by the outreach worker; or
* Written referral by another housing or service provider; or
* Certification by the individual or head of household seeking assistance stating (s)he was living on the streets or in shelter
* For individuals exiting an institution—one of the forms of evidence above and:
	+ Discharge paperwork or written/oral referral, or
	+ Written record of intake worker’s due diligence to obtain above evidence and certification by individuals that they exited institution
 |
| Category 2 | Imminent Risk of Homelessness | * A court order resulting from an eviction action notifying the individual or family that they must leave; or
* For individuals and families leaving a hotel or motel—evidence that they lack the financial resources to stay; or
* A documented and verified oral statement; and
* Certification that non subsequent resident has been identified; and
* Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
 |
| Category 3 | Homeless Under Other Federal Statutes | * Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; and
* Certification of no PH in the last 60 days; and
* Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; and
* Documentation of special needs or 2 more barriers
 |
| Category 4 | Fleeing/Attempting to Flee Domestic Violence | * For victim service providers:
	+ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.
* For non-victim service providers:
	+ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
	+ Certification by the individual or head of household that no subsequent residence has been identified; and
	+ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.
 |

## Eligibility By Component

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Component | Funding | HUD Homeless Category | Income Limits | Chronic Homeless (CH) |
| 1 | 2 | 4 |
| Emergency Shelter | ESG | X | X | X |  |  |
| Homeless Prevention | ESG, HEAP |  | X | X | X |  |
| RRH | ESG | X |  |  | X\* |  |
| RRH | CoC | X | X | X | X\* |  |
| TH | CoC | X | X | X |  |  |
| PSH | CoC | X |  |  |  | Prioritized |

X = required component

\*required at reassessment, not required at intake

*Category 3 is not included because CSCoC does not currently serve this type of household using existing funding sources. Future state and federal grant opportunities may expand the CSCoC’s ability to serve this population.*

*For more information about HUD’s Categories of Homelessness, please see Appendix E pg. 46.*

## Documentation for Chronic Homelessness

In order to establish that an individual is chronically homeless, a service provider must produce documentation for (1) the history of homelessness, (2) proof of disability, and (3) proof of current homelessness. The following list provides the range of acceptable forms of documentation for each category, in the order to HUD’s preference.

1. **History of Homelessness**

For at least one day of each 30 days of homelessness, staff must document the location of homelessness and supporting documentation:

* 1. Locations
		1. Streets
		2. Emergency Shelter
		3. Safe Haven
		4. Institution (less than 90 days)
	2. Supporting documentation can include (in order of HUD preference):
		1. HMIS
		2. Comparable Database
		3. Observation by Outreach
		4. Discharge Paperwork
		5. Referral
		6. Self-Certification
			1. Must include staff documentation of situation AND documentation of steps to obtain evidence
		7. Please be advised that if at least 75% of the households assisted in a project during an operating year include some months supported by self-certification, no more than 3 months can be self-certified per client. Please check with you project administrator to ensure your project has not exceeded its self-certification cap.
	3. Staff must record the month(s) and years of each break, if applicable.
		1. Uniquely, breaks may be documented fully based on self-report from the individual seeking assistance.
1. **Proof of Disability**
	1. Written verification from a professional licensed by the state
	2. Written verification from the Social Security Administration
	3. Receipt of a disability check
	4. Intake staff-recorded observation of disability confirmed no later than 45 days from the application for assistance AND at least one other piece of evidence
	5. Other documentation approved by HUD
2. **Proof of Current Homelessness**
	1. HMIS records (or another comparable database)
	2. Written observation by outreach or intake worker
	3. Written community member observation of where the individual was living/lives
	4. Written referral by another housing or service provider
	5. If no other evidence is available, a certification by the individual seeking assistance

|  |
| --- |
| Rapid Rehousing/Homeless Prevention Quick Reference Sheet |
|  | ESG-HP | ESG-RRH | CoC-RRH | CESH-HP |
| IncomeLimit at Intake | Required – 30% AMI | Not required at initial evaluation (i.e., no minimum or maximum income limits when determining the initial eligibility of a household) | Not required at initial evaluation (i.e., no minimum or maximum income limits when determining the initial eligibility of a household) | Required – 30% AMI  |
| Income Limit at Re-Evaluation | Required – 30% AMI  | Required – 30% AMI  | Required – Not to exceed 80% AMI [Local Requirement] | Required – 30% AMI  |
| Frequency of Re-Evaluation | No less than every three months | No less than every three months | No less than every three months [Local Requirement] | N/A |
| Regulation | Under the ESG program, income eligibility is based on the HUD income limits in effect at the time of income verification. Income eligibility is not based on HUD income limits that correspond with the grant year under which the ESG funds were awarded. | Under the ESG program, income eligibility is based on the HUD income limits in effect at the time of income verification. Income eligibility is not based on HUD income limits that correspond with the grant year under which the ESG funds were awarded. | HUD does not mandate that CoC-funded RRH recipients meet income limits and thus provides no specific regulations. | The state has not mandated any income limits. This is up to local discretion. |
| Helpful Links | HUD Income Limits:<https://www.huduser.gov/portal/datasets/il.html> |

*(continues on next page)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ESG-HP | ESG-RRH | CoC-RRH | CESH-HP |
| Type of Assistance | * Short-term rental assistance (up to 3 months)
* Rental arrears (one-time payment of up to 6 months of rent in arrears, including any late fees on those arrears)
 | * Short-term rental assistance (up to 3 months)
* Medium-term rental assistance (4 to 18 months)
* Rental arrears (one-time payment of up to 6 months of rent in arrears, including any late fees on those arrears)
 | * Short-term rental assistance (up to 3 months)
* Medium-term rental assistance (4 to 24 months)
 | No state or local mandates at this time |
| Model | * Tenant-based rental assistance
* Project-based rental assistance
 | * Tenant-based rental assistance
* Project-based rental assistance
 | * Tenant-based rental assistance only
 | No state or local mandates at this time |
| Eligible Costs | Financial assistance costs:* Rental application fees
* Security deposits (up to 2 months)
* Last month’s rent
* Utility deposits and payments (up to 24 months, including up to 6 months for payments in arrears)
* Moving costs
 | Financial assistance costs:* Rental application fees
* Security deposits (up to 2 months)
* Last month’s rent
* Utility deposits and payments (up to 24 months, including up to 6 months for payments in arrears)
* Moving costs
 | Financial assistance costs:* Security deposit
* First and last month’s rent
* Property damage
 | No state or local mandates at this time. |
| Duration of Assistance | Maximum of 3 months of assistance [Local Requirement] | Maximum of 18 months of assistance over a 3-year period [Local Requirement] | Maximum of 24 months  | No state or local mandates at this time |
| Frequency of Use | Once every 2 years | Up to 18 months of assistance over a 3-year period | Up to 24 months of assistance over a 3-year period | No state or local mandates at this time |

This chart captures both HUD mandates and locally established requirements. Any guidance/mandate that is not followed by “[Local Requirement]” is a HUD or State requirement

**Central Sierra Continuum of Care:**

**Emergency transfer Request**

**Approved: \_\_\_\_\_\_\_\_\_\_\_**

In order to be considered eligible to receive a housing transfer you must be a tenant in good standing with both CSCoC and your current landlord (ex. you cannot be facing termination of your tenancy for failure to recertify or allow inspection, and you must be current in paying your portion of rent). All transfer requests must be made by completing a Request for Transfer by the tenant of record and submitting it, with all required documents needed for transfer type, to the one of the CSCoC HUB locations for review and approval by the Leased Housing Department.

Your request for transfer will be designated as one of the following transfer types:

1. Emergency - see chart below for description of emergency reasons and documents required to qualify as an emergency. Using this form does not necessarily mean that you will receive an emergency transfer.

2. Non-emergency - have not transferred within the past 12 months and have informed the landlord in writing of their intent to transfer.

3. Portability - this transfer allows you to move outside the CSCoC Service Area to any jurisdiction that manages a Section 8 Program. You must provide contact information for porting agency.

IMPORTANT: If you are seeking to remove or add someone to your household, you must submit all documentation such as birth certificate, social security card, proof of income or proof of removal - lease, utility bills, driver’s license, etc. before or when you submit your transfer request. Any additions or removals must be processed before your request for transfer can be reviewed.

**VAWA:** If you are seeking an emergency transfer under the Violence Against Women Act (VAWA), this form will certify that you meet the following requirements for an emergency transfer request.

You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation.

You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer.

You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

**Submission of Documentation:** If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider *if it is safe for you to do so*. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. 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.

| **Emergency Reasons** | **Description** | **Lease Release Needed?** | **Additional Documentation Required** |
| --- | --- | --- | --- |
| 24 Hour Life Threatening  | Gas Leak, Building or Structural DamageOwner failed to complete repairs within 24 hours of the inspection date and unit remains in unrepaired status.  | No | None |
| Court Action by Landlord to Regain Possession of Apt or Foreclosure of Property | The owner has given tenant a notice to vacate, or has commenced court action for eviction, or has obtained a court judgment or other process to regain possession of apartment, or tenant has been advised or has become aware that property is in foreclosure and the bank or receiver wants you to move.  | No | Copies of court notices, warrants, stipulations, and/or eviction notices |
| Reasonable Accommodation | Tenant or household member qualifies as disabled, and the disability requires a change in housing. | Tenant must inform the landlord in writing of their intent to transfer. | Letter from health care provider stating the reason to transfer (letter from health provider) |
| Fire | Apartment is uninhabitable due to a fire. | No | Report from CalFIRE, Red Cross letter, or an Order to Vacate  |
| Natural Disaster | Apartment is inhabitability due to a Hurricane, Earthquake, Tornado etc. | No | Documentation from FEMA, Red Cross letter, or an Order to Vacate  |
| Victim of Domestic Violence | Suffers or suffered serious or repeated abuse from a family member or person with whom you had, or continue to have, an intimate relationship and, as a result of that abuse, has suffered actual physical injury or the threat of injury and will continue to suffer by continuing to live in current residence. | Tenant must inform the landlord in writing of their intent to transfer. | If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so.[[10]](#footnote-10) |
| Intimidated Victim, Intimidated Witness or Child Sexual Victim | Tenant is:* the victim of a violent crime or the threat of a violent crime and such crime was committed in a non-random manner as a result of a relationship between the victim and the perpetrator, and tenant has suffered actual physical injury or threat of injury against himself or immediate family and will continue to suffer by continuing to live in current residence; or
* a person who cooperates with a law enforcement agency in the arrest and prosecution of an individual who committed a crime and then suffered actual physical injury or threat of injury against himself or family; or
* a child victim of a sexual crime.
 | Tenant must inform the landlord in writing of their intent to transfer. | Appropriate documentation includes: * Court Order of Protection
* Police Report or Domestic Incident Report
* Letter from CA District Attorney or US Attorney’s Office
* A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from violence if the tenant were to remain in the same dwelling unit
* Advocacy letter from a CSCoC provider
 |

*TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER*

**Type of Transfer Request: ⃝ Emergency ⃝ Non-Emergency ⃝ Portability**

**1. Name of tenant requesting a transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Your name (if different from tenant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Name(s) of other family member(s) listed on the lease:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Name(s) of other family member(s) who would transfer with the tenant:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Address of location from which the victim seeks to transfer:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Address or phone number for contacting the tenant:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF EMERGENCY TRANSFER REQUESTED: Please Check Appropriate Emergency**

 **⃝** 24 Hour Life Threatening **⃝** Court Action **⃝** Reasonable Accommodation

**⃝** Fire **⃝** Natural Disaster **⃝** VAWA / Victim / Witness

**7. If voluntarily provided, list any third-party documentation you are providing along with this notice:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If VAWA / Victim / Witness is checked, complete additional questions below.**

**8. Name of the accused perpetrator (if known and can be safely disclosed):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Relationship of the accused perpetrator to the tenant:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Date(s), Time(s) and location(s) of incident(s):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. Describe why the tenant believes they are threatened with imminent harm from further violence if they remain in their current unit.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. 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.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed on (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Family separation policy: The CSCoC believes that households experiencing homelessness with minors should not be separated unless the health and well-being of the minors are at immediate risk. In addition, a broad definition of household or family shall be used that allows for female headed, male headed, two parent, same sex parent, LGBTQ parent, and extended families to be served together with their children as one household.

 Education and family stabilization: The CSCoC requires all projects to assure that school-age children are linked to the local school liaison to ensure rapid enrollment (within three days) and access to other services. [↑](#footnote-ref-1)
2. Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. [↑](#footnote-ref-2)
3. Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status. [↑](#footnote-ref-3)
4. An “affiliated individual” is defined as a spouse; parent; brother; sister; child; or a person who whom the tenant stands in the place of a parent or guardian, i.e., a person in the tenant’s care, custody, or control.

 If a tenant requests an emergency transfer based on an incident involving an individual who is not a tenant or authorized household member, staff will review the request to determine whether the individual qualifies as an “affiliated individual” and whether the tenant qualifies for emergency transfer under VAWA.

 The ability to request a transfer under VAWA is available regardless of sex, gender identity, or sexual orientation. [↑](#footnote-ref-4)
5. Family members include spouse, children, stepchildren, parents, stepparents, siblings (including half-siblings), grandparents, grandchildren, son-in-law, daughter-in-law, mother-in-law, father-in law, or a person registered as the domestic partner of the tenant. [↑](#footnote-ref-5)
6. If a tenant submits a completed, signed Emergency Transfer Request Form for VAWA Victims, CSCoC cannot require the tenant to submit additional third-party documentation.

Exceptions: Third-party documentation is required in 3 situations:

If a tenant submits and emergency transfer request and certification with conflicting information;

If a tenant submits documentation that conflicts with existing information CSCoC housing providers already have, or reliable information CSCoC housing providers regularly receive; or

If CSCoC receives cross-complaints wherein requests are received from two or more members of a household, each claiming to be a victim and naming one or more of the other petitioning household members as the perpetrator. See Conflicting Information and Cross-Complaints, below for more information. [↑](#footnote-ref-6)
7. For a full list of mandated reporters, please see California Penal Code Section 11165.7 [↑](#footnote-ref-7)
8. 24 CFR § 576.403(c) [↑](#footnote-ref-8)
9. 24 CFR § 982.401, 24 CFR § 578.75(b) [↑](#footnote-ref-9)
10. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts. [↑](#footnote-ref-10)