I.   INTRODUCTION AND OVERVIEW

The Orange County Partnership to End Homelessness (OCPEH) serves as the Continuum of Care (CoC) for Orange County, North Carolina. As part of the duties of a CoC (as outlined in 24 CFR Part 578.7) the U.S Department of Housing and Urban Development (HUD) requires CoCs to establish and consistently apply written standards for providing Emergency Solutions Grant (ESG) and Continuum of Care (CoC) assistance. In consultation with recipients of ESG funds within the geographic area, OCPEH has developed these Written Standards to provide policies and procedures for program eligibility and prioritization

A.   GEOGRAPHIC AREA

Coordinated Entry Coordinated Entry process covers the entire geographic area of Orange County, North Carolina, which includes the Towns of Carrboro, Chapel Hill and Hillsborough, part of the City of Mebane, and unincorporated parts of Orange County.

II.   VIOLENCE AGAINST WOMEN ACT EMERGENCY TRANSFER POLICY

ESG and CoC-funded homeless assistance programs providing housing or eligibility rental assistance must comply with the Violence Against Women Act (VAWA) regulations.

Households fleeing, or attempting to flee domestic violence, dating violence, sexual assault, or stalking will be connected immediately to the domestic violence service provider **Compass Center** and the victim service organization **Orange County Rape Crisis Center** for safety planning, even when households are seeking shelter or services from non-victim service providers. With client consent, Coordinated Entry screens for safety concerns in three different places in the VI-SPDAT intake survey. People fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to Coordinated Entry and victim services – including access to the comparable process – used by victim service providers, and immediate access to emergency services such as crisis hotlines and shelter.

VAWA protections mean that survivors of domestic violence, dating violence, sexual assault, or stalking:

- Cannot be denied admission to emergency housing, safe havens, transitional housing, or permanent housing programs because they are or have been victims or threatened victims;
- Cannot be evicted, lose federal rental assistance, or have emergency housing assistance terminated because they are or have been victims or threatened victims;
- Cannot be denied admission or rental assistance, evicted, terminated, or lose a rental subsidy for reasons related to the abuse, such as bad credit history and criminal history;
- May remain in housing, at least temporarily, if their abuser is evicted; and
- Must be able to move or "transfer" to another subsidized unit to protect their safety and keep their affordable housing.

VAWA housing protections are intended to encourage survivors of domestic violence, sexual assault, dating violence, and stalking who are receiving housing subsidies to report and seek help for the abuse

committed against them, without being afraid of being evicted. HUD's final VAWA rule "reflects the federal government's recognition that all people have a right to live their lives safely." The protections reduce the risk of homelessness for individuals who might otherwise be evicted, be denied housing assistance, or flee their homes.

HUD's regulations implementing the law include a number of requirements:
- Notifying all program participants (current and future) of their rights under VAWA;
- Providing all participants (current and future) with a self-certification form, to have in case needed;
- Including a lease provision/addendum with all VAWA requirements in all leases with participants; and
- Establishing Rental Assistance Agreements or Contracts with all third-party housing owners, or revising current agreements or contracts, to ensure compliance with VAWA obligations. A person's ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.

A Safe Unit is defined as a unit of housing deemed acceptable by tenant and qualified safety planners trained in domestic violence, dating violence, sexual assault, or stalking.

A tenant receiving rental assistance through, or residing in a unit subsidized under, a covered housing program who is a victim of domestic violence, dating violence, sexual assault, or stalking qualifies for an emergency transfer if:
- The tenant expressly requests the transfer; and
- The tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying; or
- In the case of a tenant who is a victim of sexual assault, either the tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying, or the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

Tenants who qualify for an emergency transfer under VAWA are not given other priorities in relation to other categories of tenants seeking transfers and individuals seeking placement on waiting lists.
- Tenant Selection Plans (TSPs) should be amended to include any VAWA preference (this does not require HUD approval).

Housing providers must enforce strict confidentiality measures to ensure they do not disclose the location of the dwelling unit of tenants to people who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against tenants.

An internal emergency transfer is an emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant; that is, the tenant may reside in the new unit without having to undergo an application process. Tenants can make an internal emergency transfer under VAWA when a safe unit is immediately available. Immediately available is defined as "a vacant unit, ready for move-in with a reasonable period of time." Possible transfer locations include market based rental units inside and outside of Orange County. There is no priority status relative to other tenants

seeking an internal transfer.

Tenants can be assisted in making an internal emergency transfer under VAWA when a safe unit is not immediately available. Requests for internal emergency transfers receive, at a minimum, any applicable additional priority that housing providers may already provide to other types of emergency transfer requests (e.g., transfers based on disability).

An external emergency transfer is an emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant; that is the tenant must undergo an application process in order to reside in the new unit. Housing providers will make reasonable efforts to assist tenants making external emergency transfer when a safe unit is not immediately available. When tenants seek external emergency transfer under VAWA out of or into the housing provider's program or project, housing providers will collaborate with other community organizations to facilitate moves and outreach to organizations that assist or provide resources to victims of domestic violence, dating violence, sexual assault, or stalking.

Nothing may preclude a tenant from seeking an internal emergency transfer and an external emergency transfer concurrently if a safe unit is not immediately available.

A request does not guarantee continued assistance or an external transfer to other HUD housing.

Housing providers should coordinate with local providers of the tenant-based assistance (e.g., Orange County Housing) when tenants meet requirements to move quickly with that assistance.

Housing providers can ask tenants seeking emergency transfers for documentation, provided that:
- The tenant's submission of a written request to the housing provider, where the tenant certifies that they meet the eligibility requirements to request a VAWA transfer, shall be sufficient documentation of the requirements necessary to request an emergency transfer;
- The housing provider may, at its discretion, ask an individual seeking an emergency transfer to document the occurrence of domestic violence, dating violence, sexual assault, or stalking, in accordance with 24 CFR §5.2007, for which the individual is seeking the emergency transfer, if the individual has not already provided documentation of that occurrence; and
- No other documentation is required to qualify the tenant for an emergency transfer.

Housing providers must make its emergency transfer plan available upon request and, when feasible, must make the plan publicly available.

Housing providers must keep records of all emergency transfers requested under its plan, and the outcomes of such requests, and retain these records for a period of three years, or for a time period as specified in program regulations. Requests and outcomes of such requests must be reported to HUD annually.

III.   COORDINATED ENTRY PROCEDURES

ACCESS
Coordinated Entry (CE) covers the entire geographic area claimed by OCPEH, Orange County, NC, is

easily accessed by individuals and families seeking housing services, and is well advertised within the geographic area. Coordinated Entry provides a standardized assessment process to all CE participants, ensuring uniform decision-making and coordinated care of persons experiencing housing crisis.

To access Coordinated Entry, people can contact the Housing Helpline:
- **In person at Southern Human Services Center (SHSC) Tuesdays from 8:30am – 4pm**
- By phone at 919-245-2655
    - The phone is answered live, Monday-Friday, 10am – 4pm
    - People can leave voicemails at any time and someone will be back in touch within 1 business day
- By email at housinghelp@orangecountync.gov, staff will reply to emails within 1 business day

People who are experiencing unsheltered homelessness can additionally access Coordinated Entry through the Street Outreach Harm Reduction and Deflection Team.
- By phone at 919-886-3351
- In person within Orange County Monday-Friday, 9am – 11pm and Saturday, 2pm - 11pm

ASSESSMENT

Housing Helpline and SOHRAD staff will guide callers and emailers to the appropriate resources based on their situation:
- For people with housing secured for 2+ weeks, staff will connect them with **Homelessness Prevention** resources
    - As of October 2020, these include the Orange County Emergency Housing Assistance (EHA) program; Central Piedmont Community Action (CPCA) Community Services Block Grant (CSBG) program and CSBG CARES Act funding; other community resources for emergency financial assistance
    - Staff will also use the OC Connect resource database and other tools to connect people with programs and services they need to maintain housing
- For people who have stable housing for 2 weeks or less OR who have been experiencing homelessness for 2 weeks or less, staff will connect them with **Homelessness Diversion** resources
    - Staff will have a strengths-based structured conversation with participants to determine if there are any other safe places a person can go, instead of homeless shelter
    - Flexible funding in available from the Carolina Homeless Prevention Initiative (CHPI) to assist with any costs needed to divert a household from homelessness
    - Staff will also use the OC Connect resource database and other tools to connect people with programs and services they need to enter or maintain housing
- For people who have not been able to be diverted OR who have been experiencing homelessness for 2+ weeks, staff will connect them with a mix, determined by the household, of **Emergency Housing, Services, and Permanent Housing referrals**
    - Staff use a comprehensive and standardized assessment tool, the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) for everyone in this part of Coordinated Entry
    - Staff will ask if households are interested to join the HOME Committee list
        - List of people (listed by anonymous numbers or names) of people prioritized for permanent housing referrals

- A group of service providers meet at the HOME Committee once per month to case conference each household on the list and make determinations for permanent housing referrals using the Coordinated Entry Prioritization
    - Staff will connect households with shelter referrals if desired
    - Staff will connect households with Homelessness Prevention/Housing Stabilization referrals if desired
    - Staff will connect households to other programs as needed/if desired, including
        - Street Outreach for people living unsheltered
        - UNC HomeLink for people with mental illness
        - Local Reentry Council for people with history of incarceration
    - Staff will also use the OC Connect resource database and other tools to connect people with programs and services they need to enter housing

Bi-monthly HOME Committee meetings take place the second and fourth Wednesday of each month. All service providers working on housing and/or homeless issues are welcome to attend. Please email Rachel Waltz for meeting information (rwaltz@orangecountync.gov). The purpose of the HOME Committee is threefold:

1. To prioritize permanent housing referrals, like Permanent Supportive Housing, Housing Choice Vouchers, and Rapid Re-Housing, when these are available
2. Ensure community collaboration and continued attention for people experiencing homelessness
3. Share resources and information with service providers with the goal of transitioning people from homelessness to housing as quickly and effectively as possible

General HOME Committee meeting info
- In advance of the meeting, service providers are asked to preview the revised list sent by OCPEH staff and prepare updates so these can be given quickly during the meeting
- If an agency is unable to attend in person, please send updates in advance of the meeting to Rachel Waltz (rwaltz@orangecountync.gov)
- The meeting starts at 9:00 a.m. with general announcements, agency updates, and occasionally short presentations from community groups/agencies about their services
- Service providers review the list from about 9:00am to 11:30am. During list review, service providers are asked to be prepared to:
    - Share updates on anyone on the list the agency has had contact with since the previous meeting; including:
        - Anything that affects housing
        - Changes to housing or housing plan
        - If household needs something from other HOME Committee members (help with deposits, etc)
        - If household needs something from other community members (furniture, etc)
    - Brainstorm potential solutions for housing entry barriers for everyone on the list
    - Creatively problem-solve on individual-level and system-level issues preventing people from being able to move quickly from homelessness to housing
- The HOME Committee generally meets about once a year outside of regular meeting time/agenda for the Annual Coordinated Entry retreat to troubleshoot system-level or other issues, and to celebrate successes

Agencies participating in Coordinated Entry as of October 2021 are:

- o Cardinal Innovations
- o Community Empowerment Fund (CEF)
- o Chapel Hill Carrboro City Schools
- o Chapel Hill Police Department Crisis Unit
- o
- o Compass Center
- o Durham Veterans Administration (VA) Medical Center
- o Freedom House
- o HomeLink
- o Inter-Faith Council for Social Service (IFC), inclusive of IFC Community House and IFC HomeStart shelters and IFC Permanent Supportive Housing (PSH) program
- o Local Reentry Council
- o Lutheran Family Services ACTT
- o Orange County Criminal Justice Resource Department
- o Orange County Department on Aging
- o Orange County Department of Social Services
- o Orange County Emergency Services - Community Paramedics
- o Orange County Health Department
- o Orange County Housing & Community Development Department, inclusive of Orange County Housing Authority and Emergency Housing Assistance (EHA) program
- o Orange County Partnership to End Homelessness (OCEPH), inclusive of the Housing Helpline, Housing Help Rapid Re-housing program, Homelessness Prevention/Housing Stabilization, and Housing Access Coordinator
- o Orange County Schools
- o Orange County Rape Crisis Center
- o Orange County Street Outreach, Harm Reduction and Deflection program
- o Peter-Elst LLC (peer support agency)
- o Piedmont Health Services
- o Standard Based Solutions LLC (peer support agency)
- o UNC Center for Excellence in Community Mental Health, inclusive of the HomeLink program and ACTT Team
- o UNC Healthcare
- o Volunteers of America of the Carolinas

PRIORITIZATION & REFERRAL

I.   Once Housing Helpline staff assess VI-SPDAT scores, households experiencing homelessness are eligible to be placed on the HOME Committee list if the head of household is interested and gives their consent. The HOME Committee reviews monthly this by-name list to case conference client needs, and to prioritize referrals for permanent housing referrals like PSH and RRH. OCPEH staff reprioritizes this list once per month using the overall list prioritization:

1. VI-SPDAT score – higher scores prioritized over lower scores

2. DV status – people fleeing domestic violence, sexual assault, or stalking prioritized over people who are not
3. Length of time homeless – longer lengths of time homeless prioritized over shorter
4. Living situation – people living unsheltered prioritized over people in shelter
5. People at high risk for contracting COVID-19 prioritized over people who are not at high risk

For permanent housing programs, the prioritization of the HOME list goes as follows:

- **Permanent Supportive Housing (PSH) prioritization**
  - o For people experiencing chronic homelessness (have a disability + 12 months of homelessness)
  - o Top of HOME list
- **Rapid Re-housing (RRH) prioritization**
  - o Serving people from different parts of the HOME list: 3 "buckets"
    - ▪ Top of the list according to VI-SPDAT (2 people out of 15 total on caseload)
    - ▪ Highest length of time homeless as indicated by one year or more at the shelter or multiple shelter stays (3 people out of 15 total on caseload)
    - ▪ Mid-level needs or higher VI-SPDAT with some service connection (10 people out of 15 total on caseload)

    - ▪ Determined during HOME meeting for any open slots on RRH caseload
- **Housing Choice Voucher (HCV) prioritization**
  - o The Orange County Housing & Community Development Department Administrative Plan states, "An applicant experiencing homelessness who is referred through an agency participating in the OCPEH HOME Committee. The referring agency must be an active participant in the HOME Committee and be recommended for a HCV by HOME Committee members prior to HCV applications being accepted from agency referrals in this preference category."
  - o Prioritization for HCV vouchers will be made for the following groups:
    - ▪ People on fixed incomes - disability, retirement
    - ▪ Low case management needs
    - ▪ Case management needs exist but are met
    - ▪ PSH Move On
    - ▪ RRH not stabilized in 3-12 months
    - ▪ "All But" chronic homeless status
      - • Missing months, episodes of chronicity OR formal disability status but exhibiting signs of a disability
    - ▪ Veterans who are either
      - • Not eligible for VA healthcare
      - • Not stabilizing in SSVF in 3-12 months
    - ▪ Fleeing domestic violence, sexual assault, or stalking
- **Emergency Housing Voucher (EHV) prioritization**

- o **Orange County Housing Authority has been issued 19 EHV vouchers through the American Rescue Plan Act.**
- o **The above prioritization for HCV plus at least one of the following:**
    - Unsheltered individuals and families with children
    - Long-term shelter stayers
    - People already assessed as needing permanent supportive housing
    - Currently homeless families with children under age 6 and people who are pregnant
    - People who are disabled

    - People over the age of 55

- **Veterans programs** use internal program guidelines for program referral
    - o HUD-VASH – program referral to Durham VA
    - o Supportive Services for Veterans and their Families (SSVF) – program referral to Volunteers of America of the Carolinas

OCEPH distributes the updated HOME Committee list before the monthly HOME Committee meeting. OCPEH also distributes the list after each HOME Committee meeting, adding service connected households who have presented at intake agencies for services during the previous month and updating households who have been housed or moved to inactive. A client is moved to inactive if they have not been service connected for three or more months, or if they are no longer eligible to be on the HOME list.

Agency staff prioritizes housing voucher availability based on vulnerability but are looking for individualized housing solutions for all people on the HOME Committee list. OCPEH is working on materials to provide clarity and information for households on the HOME Committee list about the purpose of the list and how to obtain updated information while maintaining client confidentiality and privacy.

Housing program referrals made using prioritization process above. When there are open slots available for permanent housing programs, service provider at the HOME Committee meeting will make referrals made using highest person on list that meets program eligibility. When primary program referral is not available, service providers will work with households to find other community options that are available to transition to permanent housing.

Service providers on the HOME Committee meet regularly to case conference the by-name list of those with the highest acuity seeking housing, working together to prioritize primary referrals and other community options to transition households to permanent housing as quickly as possible using Housing First principles and methods.

IV.   REFERRAL PROGRAMS

Coordinated Entry is available for any housing and homelessness service provider interested in participating. As of October 2021, here is the list of program participating, who are both sending referrals to the Housing Helpline and receiving referrals from the Helpline and the HOME Committee care coordination group:

- IFC Community House
- IFC HomeStart
- Emergency assistance programs for financial assistance and/or food
- Rapid Rehousing
- Homelessness Prevention / Housing Stabilization
- Permanent Supportive Housing
- Housing Choice Vouchers
- Emergency Housing Vouchers
- HUD-VASH
- Transitions to Community Living Initiative (TCLI)
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Local Reentry Council
- Freedom House
- Compass Center for Women and Families
- Formerly Incarcerated Transitions Program (FIT)
- Peer Support Specialists
- Supportive Services For Veteran Families Program (SSVF)
- Housing Access Coordinator
- Orange County Street Outreach, Harm Reduction and Deflection
- UNC Center for Excellence in Community Mental Health, including the STEP Clinic and HomeLink
- Orange County Outreach Court

V.   GRIEVANCE PROCEDURE

1. **Rights:** Coordinated Entry will protect participants' rights and inform participants of their rights and responsibilities explained to them verbally and -- if requested – in writing when completing an initial intake. At a minimum, rights will include:
   - The right to be treated with dignity and respect
   - The right to appeal housing referral decisions
   - The right to be treated with cultural sensitivity
   - The right to have an advocate present during the appeals process
   - The right to request a reasonable accommodation in accordance with the project's tenant/person selection process
   - The right to accept housing/services offered or to reject housing/services;
   - The right to confidentiality and to be informed about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure

- The right to file a grievance for violation of nondiscrimination policies – See OCPEH Coordinated Entry Policies and Procedures, Section I.H Nondiscrimination and Section III.F. Nondiscrimination Complaint and Appeal Process.

2. Process to File Grievances: Grievances about Coordinated Entry referrals and procedures could come from clients trying to access services, participating agencies, similar homeless service organizations, housing programs, and victim service organizations. If it's a program issue, grievances should be filed at the agency level. *Please note that each partnering agency also has its own grievance policy. All grievance policies – both those for Coordinated Entry and for the partnering agencies – will be posted at each agency.*

3. People submitting grievances of any sort are asked to submit them within 10 days of the decision or problem arising. The Grievance must contain a detailed account of the incident, including why the agency or household believes Coordinated Entry, the HOME Committee, or others where in error and, if any, a proposed solution.

4. Client or agency grievances can be sent in writing to the Orange County Partnership to End Homelessness (OCPEH):
   - via email to rwaltz@orangecountync.gov or
   - via mail at PO Box 8181, Hillsborough, NC 27278 (please note: if an agency is submitting the grievance, it must be received on that agency's letterhead)

5. OCPEH staff or another designee will reply to any grievance within 3 days, stating:
   - Acknowledgement of receipt of grievance
   - Details of the next steps regarding the decision and appeals process for both the aggrieved party and others
   - A timeline with deadlines and/or meeting dates

6. OCPEH will provide a copy of the Grievance to the State ESG Office on this initial reply and on any further correspondence relating either to the grievance decision or appeals.

7. Decisions and Appeals: OCPEH will identify a group – either a sub-group of the HOME Committee, Coordinated Entry Planning Committee or other appointed group – to hear grievances and to determine a decision. Within 15 days of initial filing of grievance, the group identified by OCPEH will respond in writing with:
   - A summary of its understanding of the grievance
   - A recap of activities since the grievance was filed
   - The decision of the group
   - If needed, any further steps or actions to be taken by the agency or OCPEH, including a timeline with dates for additional appeals

OCPEH or other Orange County homeless service agencies will offer assistance to anyone who needs accommodations to complete the above process. For example, clients can make grievances verbally to OCPEH staff, etc.

VI.   PROGRAM STANDARDS – ALL PROGRAMS

As of October 2021, Continuum of Care (CoC) funded programs in Orange County include:
- Permanent Supportive Housing (PSH)
    - Assistance offered: long term timeframe, housing search, services, financial assistance, housing case management, connections to mainstream resources, participation in the HOME Committee to coordinate client care and housing plans

- Rapid Re-housing (RRH)
    - Assistance offered: short and medium term timeframe, housing search, services, financial assistance, housing case management, connections to mainstream resources, participation in the HOME Committee to coordinate client care and housing plans

- Coordinated Entry Services (CE)
    - Assistance offered: assist people in housing crisis with connections to homelessness prevention services, homelessness diversion, coordinated entry assessment (VI-SPDAT), permanent housing referrals through the HOME Committee, participation in the HOME Committee to coordinate client care and housing plans, and administration of the coordinated entry system

As of October 2021, Emergency Solutions Grant (ESG) funded programs in Orange County include:
- Emergency Shelter
    - Assistance offered: emergency housing, housing case management, connection to mainstream resources, connection to permanent housing referrals through the Coordinated Entry HOME Committee, participation in the HOME Committee to coordinate client care and housing plan

- Street Outreach
    - Assistance offered: connections to housing and services for people living unsheltered, housing case management, connection to mainstream resources, connection to shelter referrals through coordinated entry, connection to permanent housing referrals through the Coordinated Entry HOME Committee, participation in the HOME Committee to coordinate client care and housing plan

- Rapid Re-housing
    - Assistance offered: housing search, services, financial assistance, housing case management, connections to mainstream resources, participation in the HOME Committee to coordinate client care and housing plan

- Homelessness Prevention / Housing Stabilization
    - Assistance offered: housing search and placement, services, financial assistance, housing stability case management, mediation, legal services, credit repair, connections to mainstream resources, participation in the HOME Committee to coordinate client care and housing plan

VI.   EMERGENCY SHELTER PROGRAM STANDARDS

Emergency shelters should operate from a Housing First philosophy. Programs with a Housing First approach believe that anyone experiencing homelessness can access shelters without prerequisites and barriers to permanent housing can be minimized. Housing First allows emergency shelters to move individuals and families experiencing homelessness as quickly as possible from their shelter beds into permanent housing, thus meeting the main objective of emergency shelter.

PERFORMANCE STANDARDS
PERSONNEL

STANDARD: The program shall adequately staff services with qualified personnel to ensure quality of service delivery, effective program administration, and the safety of program participants.
Benchmarks

1. The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.
2. The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance and best practices.
3. The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
4. For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
5. Staff supervisors of casework, counseling and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or lived experience and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.
6. Staff supervising overall program operations have, at a minimum, a bachelor's degree in a human service-related field and/or lived experience and/or demonstrated ability and experience that qualifies them to assume such responsibility.
7. All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
8. If the shelter provides case management as part of its programs, case managers provide case management with the designated Case Management Tool on a frequent basis (every six months minimum) for all clients.
9. Organizations should share and train all program staff on the Orange County Emergency Shelter Written Standards.

CLIENT INTAKE PROCESS
STANDARD: Programs will actively participate in their community's coordinated assessment system. Programs will serve the most vulnerable individuals and families needing assistance.

Benchmarks

1. All adult program participants must meet the following program eligibility requirements in ESG-funded emergency shelter:
   a. 18 years or older
   b. Literally homeless, imminently at-risk of homelessness, and/or fleeing or attempting to flee domestic violence (see definitions listed above for Category 1, 2, and 4 of the homeless definition)
2. All ESG recipients must use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
   a. Third-party documentation (including HMIS)
   b. Intake worker observations through outreach and visual assessment
   c. Self-certification of the person receiving assistance
3. Programs can only turn away individuals and families experiencing homelessness from program entry for the following reasons:
   a. Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
   b. All program beds are full
   c. If the program has in residence at least one family with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)
4. Programs cannot disqualify an individual or family from entry because of employment status or lack of income.
5. Programs cannot disqualify an individual or family because of evictions or poor rental history.
6. Programs may make services available and encourage adult household members to participate in program services, but cannot make service usage a requirement to deny initial or ongoing services.
7. Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for case workers and administrators who need said information.
8. Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff and participants and repeated rule violations.

EMERGENCY SHELTER
STANDARD: Shelters will provide safe, temporary housing options that meet participant needs in accordance within guidelines set by the Department of Housing and Urban Development.

Benchmarks
1. Shelters must meet state or local government safety, sanitation, and privacy standards. Shelters should be structurally sound to protect residents from the elements and not pose any threat to health and safety of the residents.
2. Shelters must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act, and Title II of the Americans with Disabilities Act, where applicable.

3. Shelters may provide case management, counseling, housing planning, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment, transportation, and services for special populations per 24 CFR 576.102 but cannot deny shelter services to individuals and families unwilling to participate in supportive services. See next section for specific required and optional services shelters must provide.
4. Shelters providing shelter to families may not deny shelter to a family on the basis of the age and gender of a child under 18 years of age.
5. Shelters must comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4946), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851- 4956), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R.
6. Shelters must actively participate in their community's coordinated assessment system.
7. Shelters shall not charge money for any housing or supportive service provided.
8. Programs must work to link their clients to permanent housing programs, such as rapid rehousing and permanent supportive housing, in the community.

CASE MANAGEMENT SERVICES
STANDARD: Shelters shall provide access to case management services by trained staff to each individual and/or family in the program.

Benchmarks (Standard available services)
1. Shelters must provide the client with a written copy of the program rules and the termination process before they begin receiving assistance.
2. Shelter staff provides regular and consistent case management to shelter residents based on the individual's or family's specific needs. Case management includes:
    a. Assessing, planning, coordinating, implementing, and evaluating the services delivered to the resident(s).
    b. Assisting clients to maintain their shelter bed in a safe manner and understand how to get along with fellow residents.
    c. Helping clients to create strong support networks and participate in the community as they desire.
    d. Creating a path for clients to permanent housing through providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
    e. If the shelters provide case management as part of its programs, use of the Case Management Tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve residents.
3. Shelter staff or other programs connected to the shelter through a formal or informal relationship will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others. Ongoing assistance with basic needs.

Benchmarks (Optional but recommended services, often from other providers)

1. Representative payee services.

2. Basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
3. Relationship-building and decision-making skills.
4. Education services such as GED preparation, post-secondary training, and vocational education.
5. Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
6. Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
7. Physical health services such as routine physicals, health assessments, and family planning.
8. Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal matters (warrants, minor infractions).

TERMINATION
STANDARD: Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination (24 CFR 576.402).

Benchmarks
1. In general, if a resident violates program requirements, the shelter may terminate assistance in accordance with a formal process established by the program that recognizes the rights of individuals and families affected. The program is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for residents who feel the shelter wrongly terminated assistance.
2. Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance and keep a copy signed by the client in the file.
3. Programs may carry a barred list when a client has presented a terminal risk to staff or other clients. If a barred client presents him/herself at a later date, programs should review the case to determine if the debarment can be removed to give the program a chance to provide further assistance at a later date.

CLIENT AND PROGRAM FILES
STANDARD: Shelters will keep all client files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks
1. Client and program files should, at a minimum, contain all information and forms required by HUD at 24 CFR 576.500 and the state ESG office, service plans, case notes, referral lists, and service activity logs including services provided directly by the shelter program and indirectly by other community service providers. ESG requires:
   a. Documentation of homeless status (see above for the priority of types of documentation)
   b. Determination of ineligibility, if applicable, which shows the reason for this determination

c. Annual income evaluation
d. Program participant records
e. Documentation of using the community's coordinated assessment system
f. Compliance with shelter and housing standards
g. Services and assistance provided
h. Expenditures
i. Conflict of interest/code of conduct policies
j. Homeless participation requirement
k. Faith-based activity requirement, if applicable
l. Other Federal requirements, if applicable
m. Confidentiality procedures

2. All client information should be entered into the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, enter HUD required data elements, and update the client's information as changes occur.

3. Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation. All programs must have consent for release of information form for clients to use to indicate consent in sharing information with other parties.

4. All records pertaining to ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods.

EVALUATION AND PLANNING
STANDARD: Shelter will conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness.

Benchmarks

1. Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
2. Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.
3. Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.

VII.   HOMELESSNESS PREVENTION AND RAPID REHOUSING PROGRAM STANDARDS

The Orange County Partnership to End Homelessness (OCPEH) Homelessness Prevention (HP) and Rapid Rehousing (RRH) program standards have been developed to provide specific guidelines for programs to operate HP and RRH programs. These guidelines create consistency and provide a balance for holding CoC HP and programs to a specific standard of care.

All program grantees using the United States Department of Housing and Urban Development Continuum of Care and Emergency Solution Grant funds must adhere to these performance standards and will be monitored to ensure compliance.   OCPEH recommends that HP and RRH funded through other sources also follow these standards

HP and RRH programs should adopt a Housing First philosophy to lowering barriers to entry and housing people experiencing homelessness as quickly as possible. HP and RRH programs should participate in Coordinated Entry by receiving referrals from the HOME Committee.

Some requirements and parameters for homelessness prevention and rapid rehousing assistance vary from program to program. It will be necessary to refer to the regulation for each program along with these program standards (CoC: 24 CFR 587; ESG: 24 CFR 576; SSVF: 38 CFR 62; HOME: 24 CFR 570). The program standards note many of the differences below in each of the following sections.

HOMELESSNESS PREVENTION AND RAPID REHOUSING
Rapid rehousing provides an immediate permanent housing solution for vulnerable homeless individuals and families by providing short-term rental assistance and services.3 Common publicly-funded types of rapid rehousing programs include HUD CoC-funded rapid rehousing, Emergency Solutions Grant-funded rapid rehousing, Supportive Services for Veteran Families (SSVF) programs funded through the Department of Veteran Affairs, and Tenant-Based Rental Assistance programs funded through the HOME Investments Partnership (HOME) formula grantprogram. Research shows rapid rehousing to be one of the most effective types of contemporary homeless service programs to end homelessness from a financial and housing stability perspective.4

In general, rapid rehousing programs have latitude in determining the target population the program will serve and a great degree of flexibility in how programs apply subsidies, in duration and amount, to house and stabilize individuals and families experiencing homelessness. Many rapid rehousing programs focus on ending homelessness among youth and family populations. Others programs focus exclusively on veterans and veteran families. Still others design their programs to target the needs of survivors of domestic violence or persons experiencing chronic or episodic homelessness. Rapid rehousing is an intervention that can adapt to serve individuals, families and youth with a variety of housing barriers.

Homelessness prevention programs can play an important role in ending homelessness. Like rapid rehousing programs, homelessness prevention programs can focus financial assistance and housing stabilization services on specific populations, including survivors of domestic violence, families with children, and formerly homeless individuals and families. While research clearly shows the effectiveness of rapid rehousing programs on reducing homelessness in communities, homelessness prevention programs demonstrate mixed results. In order to end homelessness, communities understand they must prevent new episodes of homelessness and returns to homelessness for individuals and families in housing crises. However, it can be difficult to determine which households would have become homeless if not for this intervention. Data suggests that only one out of ten households presenting to prevention programs would actually become homeless without financial assistance. In light of this

research, homelessness prevention programs should target their limited financial assistance and housing stability resources appropriately and develop methods to determine which households are at greatest risk of becoming homeless. In order to do so, prevention programs are encouraged to focus their spending on households who are at imminent risk of homelessness (within 72 hours) or those households who can be diverted from the shelter system with the aid of financial assistance. Homelessness prevention programs should target their funding towards households that have similar characteristics to the general homeless population in their community.

No matter the focus population, all CoC homelessness prevention and rapid rehousing programs should adopt a Housing First philosophy by reducing barriers to eligibility (i.e. no income, sobriety, and rental history) and housing people as quickly as possible. These programs should also participate in the CoC's coordinated assessment process, including the local prioritization of individuals for housing. Coordinated Entry uses the Prevention and Diversion screening tool and the Individual and Family VI-SPDAT Prescreen Tools to set priorities and housing triage methods, for relevant housing programs. Communities use the VI-SPDAT to prioritize ndividuals and families experiencing literal homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs.

PERFORMANCE STANDARDS

PERSONNEL

STANDARD: Programs shall adequately staff services with qualified personnel to ensure quality of service delivery, effective program administration, and the safety of program participants.

Benchmarks

• The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.

• The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance and best practices.

• The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.

• Program designates staff whose responsibilities include identification and recruitment of landlords, encouraging them to rent to homeless households served by the program. Staff have the knowledge, skills, and agency resources to: understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports. Grantees should train their case management staff who have housing identification responsibilities on this specialized skill set to perform the landlord recruitment function effectively.

• For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS End User and Participation Agreements, including adherence to

the strict privacy and confidentiality policies.

• Staff supervisors of casework, counseling, and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.

• Staff supervising overall program operations have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.

• All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position. Ideally, homelessness prevention and rapid rehousing programs would have dedicated staff for housing identification and landlord recruitment. However, if programs do not have the capacity to have dedicated staff, case manager job descriptions must include responsibilities for landlord recruitment and negotiation. Case managers provide case management with the designated Case Management Tool on a frequent basis (minimum of monthly) for all clients.

• Organizations should share and train all program staff on the CoC Homelessness Prevention and Rapid Rehousing Written Standards.

PRIORITY FOR TENANTS WHO NEED EMERGENCY TRANSFERS UNDER VAWA 2013
STANDARD: Tenants eligible for emergency transfers under the CoC's emergency transfer policy and VAWA statute and regulations have first priority for open rapid re-housing units, if they also meet all eligibility requirements and prioritization requirements for the project.

CLIENT INTAKE PROCESS

STANDARD: All referrals for Homelessness Prevention
(HP) will come through Coordinated Entry. All referrals for Rapid Rehousing (RRH) will come through the HOME Committee, unless they meet the criteria for a DV victim. Assistance for individuals and families for RRH programs will be determined and prioritized using the following criteria:
- Priority 1: Same as Permanent Supportive Housing (PSH) when PSH is not available
  - Chronic homelessness
  - Highest VI-SPDAT score
  - Length of time homeless
  - Living situation (sheltered vs. unsheltered)
  - Health and Wellness sub score on VI-SPDAT
- Priority 2: Highest VI-SPDAT recommended score range of 4-9
- Priority 3: Length of time homeless
- Priority 4: Living situation (sheltered vs. unsheltered)

Benchmarks
• All adult program participants must meet the following program eligibility requirements:

o Rapid rehousing programs work with households who meet the definition of homelessness in the definitions section of the performance standards (CoC RRH programs may work with participants in Categories 1 and 4. ESG RRH programs may work with participants in Category 1 and literally homeless participants in Category 4). SSVF programs should follow specific guidelines for eligible participants.

o Homelessness Prevention programs work with households who meet the at-risk of homelessness definition (Category 2) in the definitions section of the performance standards.

o Adult household members have the ability to participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan.

o CoC programs should also assess participant eligibility based on eligibility criteria established by the NOFO for the year of the award.

• Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.

• Programs explain the available services, encouraging each adult household member to participate in said services, but does not make service usage a requirement or the refusal of services a reason for disqualification or eviction unless service requirements are attached to funding (SSVF grants have a service requirement).

• Programs must use the standard order of priority of documenting evidence to determine homeless status and chronically homeless status per the program's eligibility requirements. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:

o Third-party documentation (including HMIS)

o Intake worker observations through outreach and visual assessment

o Self-certification of the person receiving assistance

• Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access reserved for case workers and administrators who need said information.

• Programs can turn away individuals and families experiencing homelessness from program entry for only the following reasons:

o Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals

o Prevention and rapid rehousing subsidy money has been exhausted

o If the housing has in residence at least one family member with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)

o For SSVF and HOME programs only, the family or individual has household income over 50% of area median income

HOMELESSNESS PREVENTION
STANDARD: Programs will assist participants in staying in their current housing situation, if possible, or assist households at imminent risk of homelessness to move into another suitable unit as defined under the specific program type.

Benchmarks

• Programs are encouraged to target prevention funds toward community diversion efforts. When paying financial assistance to divert households from homelessness, programs should target assistance to the households most likely to experience homelessness if not for this assistance.

• Programs explain program rules and expectations prior to admitting the individual or family into the program. Programs will have rules and expectations that ensure fairness and avoid arbitrary decisions that can vary from client to client or staff to staff.

• In evaluating current housing, programs consider the needs of the individual or family living there to decide if the current unit meets Housing Quality Standards and long-term sustainability (ESG and SSVF only).

• When moving the individual or family into a new unit, programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, etc. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness prior to the individual or family signing a lease and the program signing a rental assistance agreement with the landlord.

• Programs may provide assistance with rental application fees (ESG and SSVF only), moving costs (ESG, CoC, and SSVF only), temporary storage fees (ESG and SSVF programs only), security deposits (up to 2 months for ESG, CoC and HOME), last month's rent (ESG, CoC and SSVF only), utility deposits, utility payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair (ESG and CoC only), and legal services (ESG and CoC only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance.

• Lease: The program participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner.

• Rental Assistance Agreement: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a program participant.

• Programs will determine the amount that households will contribute toward their monthly rent payment. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. Except for the HOME TBRA program, programs can choose not to charge households rent during their participation in the program. All rent payments made by program participants must be paid directly to the landlord or property owner. Programs will review the amount of rental assistance paid for the participating household every 3 months, and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term.

• Programs may provide no more than 3 months of rental and utility assistance to a participating household for homelessness prevention. If the household needs more than 3 months of financial assistance, the agency Executive Director or his/her designated proxy may extend financial assistance month-to-month based on proof of continued need and demonstrated efficacy of stated housing sustainability plan.

• Use with other subsidies: Except for one-time payment of rental arrears on the program

participant's portion of the rental payment, rental assistance cannot be provided to a program participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Programs can pay for security and utility payments for program participants to move into these units when other funding sources cannot be identified.

RAPID REHOUSING

STANDARD: Programs will assist participants in locating and moving into safe, affordable housing, providing housing stabilization and case management services meant to provide long-term sustainability as defined under the specific program type.

Benchmarks
• Programs explain program rules and expectations prior to admitting the individual or family into the program. Programs have rules and expectations that ensure fairness and avoid arbitrary decisions that vary from client to client or staff to staff.
• Programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, and other pertinent information when moving a household into housing. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness prior to the individual Page 11 of 18 or family signing a lease and the program signing a rental assistance agreement with the landlord.
• Programs may provide assistance with rental application fees (ESG, CoC and SSVF only), moving costs (ESG, SSVF, and CoC only), temporary storage fees (ESG and SSVF programs only), security deposits (up to 2 months for ESG, CoC and HOME), last month's rent (ESG, CoC and SSVF only), utility deposits, utility payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair (ESG and CoC only), and legal services (ESG and CoC only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance.
• Lease: The program participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner. Initial lease agreements should be for one year, renewable for a minimum term of one month and terminable only for cause. HOME TBRA leases should not have prohibited lease provisions (24 CFR 92.253).
• Rental Assistance Agreement: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a program participant.
• Programs should take a progressive approach when determining the amount that households will contribute toward their monthly rent payment. Programs should remain flexible, taking into account the unique and changing needs of the household. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. Except for the

HOME TBRA program, programs can choose not to charge households rent during their participation in the program. All rent payments made by program participants must be paid directly to the landlord or property owner. Programs will review the amount of rental assistance paid for the participating household every 3 months and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term. Programs should have written policies and procedures for determining the amount of rent participants pay towards housing costs. This amount must be reasonable based on household income (this could potentially be 50-60% of their monthly income), including $0 for households with no income. These policies should also address when and how programs use financial assistance as a bridge to housing subsidy or a permanent supportive housing program.

• When determining the amount and length of financial assistance, programs should base their decision on the needs of the household and its long-term housing stability plan. Programs should have well-defined policies and procedures for determining the amount and length of time for financial assistance to program participants as well as defined and objective standards for when case management and/or financial assistance should continue or end. Programs must review the amount of rental assistance provided every 3 months and continued need determined through consultation between the participant and the case manager. Programs should review regulations for the funding source to determine maximum months they can pay for rental assistance.

• Use with other subsidies: Except for one-time payment of rental arrears on the program participant's portion of the rental payment, rental assistance cannot be provided to a program participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Programs can pay for security and utility payments for program participants to move into these units when other funding sources cannot be identified.

HOUSING STABLIZATION/CASE MANAGEMENT SERVICES
STANDARD: Programs shall provide access to housing stabilization and/or case management services by trained staff to each individual and/or family in the program.

Benchmarks
• Programs provide individual housing stabilization and/or case management services to program participants at least monthly. These services include:
o Housing stability services to assist participants in locating and obtaining suitable, affordable permanent housing, including:
▪ Assessment of housing barriers, needs, and preferences.
▪ Development of an action plan for locating housing.
▪ Housing search.
▪ Outreach to and negotiation with landlords or property owners.
▪ Tenant counseling.
▪ Assessment of housing for compliance with program type requirements for habitability, lead-based paint and rent reasonableness.
▪ Assistance with submitting rental applications.
▪ Understanding lease agreements.
▪ Arranging for utilities.
▪ Making moving arrangements.

▪ Assuring participants have the basics at move-in, including simple furnishings, mattresses, and cooking utensils like pots and pans.

o Case management services, including assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for participants who have obtained and maintained permanent housing through the homelessness prevention or rapid rehousing program by:

▪ Developing, in conjunction with the participant, an individualized housing and service plan with a path to permanent housing stability.

▪ Developing, securing, and coordinating services.

▪ Obtaining federal, state, and local benefits.

▪ Monitoring and evaluating program participants' progress towards goals.

▪ Providing information about and referrals to other providers ▪ Conducting 3-month evaluations to determine ongoing program eligibility.

o Programs may offer other services, including:

▪ Legal services to resolve a legal problem prohibiting a program participant from obtaining or retaining permanent housing (only ESG and CoC), including:

• Client intake.

• Preparation of cases for trial.

• Provision of legal advice.

• Representation of legal advice.

• Counseling.

• Filing fees and other necessary court costs.

▪ Mediation between the program participant and the owner or person(s) with whom the participant is living (only ESG and CoC).

▪ Credit repair (only ESG and CoC), including:

• 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.

• Case management includes the following types of contact: home visits, office visits, meeting in a location in the community, or phone calls (at least one visit per month must be in person). Programs should use the Case Management Tool as a guide for their case management services to program participants. Meeting times, place and frequency should be mutually agreed upon by both the participant and case manager.

• CoC and ESG RRH programs must meet with participants at least once per month to assist the participant in long-term housing stability. Program staff must conduct an annual assessment of service needs.

• The program will evaluate the household for continued eligibility every three months or as changes are reported in household income and housing stability. To continue receiving homelessness prevention and rapid rehousing assistance, the household must demonstrate:

o Lack of resources and support networks. The household must continue to lack sufficient resources and support networks to retain housing without program assistance.

o Need. The program must determine the amount and type of assistance that the household needs to (re)gain stability in permanent housing.

o For ESG, at the 12-month annual recertification, the client's income must be at or below 30% Area Median Income.

SERVICE COORDINATION
STANDARD: Programs will assist program participants in obtaining appropriate supportive services and other federal, state, local, and private assistance as needed and/or requested by the household. Program staff will be knowledgeable about mainstream resources and services in the community.

Benchmarks
• Programs should arrange with appropriate community agencies and individuals the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; substance abuse assessments and treatment; legal services, credit counseling services; and other assistance requested by the participant, which programs do not provide directly to clients.
• Programs coordinate with other mainstream resources for which participants may need assistance: emergency financial assistance; domestic violence shelters; local housing authorities, public housing, and Housing Choice Voucher programs; temporary labor organizations; childcare resources and other public programs that subsidize childcare; youth development and child welfare; WIC; Supplemental Nutritional Assistance Program (SNAP); Unemployment Insurance; Social Security benefits; Medicaid/Medicare or other comparable services if available.
• For CoC RRH, in addition to one-time moving costs and case management, other eligible supportive service costs include: childcare, education and employment services, food, housing search and counseling, legal services, life skills training, mental health and outpatient health services, outreach services, substance abuse treatment, transportation, and a one-time utility deposit.

TERMINATION
STANDARD: Termination should be limited to the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. The CoC recommends programs work with other community service providers to develop a board to hear client grievances.

Benchmarks
Emergency Solutions Grant Homelessness Prevention and Rapid Rehousing
• To terminate assistance to a program participant, the agency must follow the due process provisions set forth in 24 CFR 576.402 as follows:
o If a program participant violates program requirements, the grantee may terminate the assistance in accordance with a formal process established by the grantee, recognizing the rights of the individuals affected. The grantee must exercise sound judgment and examine all extenuating circumstances in determining when violations warrant termination so that programs terminate assistance to program participants in only the most severe cases.
o To terminate rental assistance and/or housing relocation and stabilization services to program participants, the required formal process, at a minimum, must consist of:
▪ Written notice to the program participant containing a clear statement of the

reasons for termination;

▪ A review of the decision, in which the program participant has the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision;

▪ Prompt written notice of the final decision to the program participant.

o Termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family.

Continuum of Care Rapid Rehousing, HOME Tenant-Based Rental Assistance

• To terminate assistance to a program participant, the agency must follow the provisions described in 24 CFR 578.91 of the HEARTH Continuum of Care Interim Rule as follows:

o The grantee may terminate assistance to program participants who violate program requirements or conditions of occupancy. Termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family.

o To terminate assistance to program participants, the grantee must provide a formal process, recognizing the rights of the individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

▪ Providing program participants with a written copy of program rules and the termination process before the participant begins to receive assistance with copy signed by client;

▪ Written notice to program participants containing a clear statement of the reasons for termination;

▪ A review of the decision, in which the program participant has the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision;

▪ Prompt written notice of the final decision to the program participant.

Supportive Services for Veteran Families – Prevention and Rapid Rehousing

• Limitations on and continuations of the provision of supportive services can be found under 38 CFR 62.35 as follows:

o Extremely low-income veteran families: a participant classified as an extremely low-income veteran family will retain that designation as long as the participant continues to meet all other eligibility requirements.

o Limitations on the provisions of supportive services to participants classified under 62.11(c): a grantee may provide supportive services to a participant until the earlier of two dates:

▪ The participant commences receipt of other housing services adequate to meet the participant's needs;

▪ Ninety days from the date the participant exits permanent housing.

o Supportive services provided to participants classified under 62.11(c) must be designed to support the participants in their choice to transition into housing that is responsive to their individual needs and preferences.

o Continuation of supportive services to veteran family member(s): if a veteran becomes absent from a household or dies while other members of the veteran family are receiving supportive services, then such supportive services must continue for a grace period following the absence or death of the veteran. The

grantee must establish a reasonable grace period for continued participation by the veteran's family member(s), but that period may not exceed 1 year from the date of absence or death of the veteran, subject to the requirements of bullets (1) and (2) of this section. The grantee must notify the veteran's family member(s) of the duration of the grace period.

o Referral for other assistance: if a participant becomes ineligible to receive supportive services under this section, the grantee must provide the participant with information on other available programs and resources.

o Families fleeing domestic violence: Notwithstanding the limitations in 62.34 concerning the maximum amount of assistance a family can receive during a defined periods of time, a household may receive additional assistance if it otherwise qualifies for assistance under this part and is fleeing from a domestic violence situation. A family may qualify for assistance even if the veteran is the aggressor or perpetrator of the domestic violence. Receipt of assistance under this provision resets the maximum limitation for assistance under the regulations for the amount of support that can be provided in a given amount of time under 62.34.

FOLLOW-UP SERVICES
STANDARD: Programs must ensure a continuity of services to all clients exiting their programs. Agencies can provide these services directly or through referrals to other agencies.

Benchmarks
• Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources as well as a list of prevention and diversion services available if another housing crisis occurs, as desired.
• Programs should attempt to follow up with participants through verbal or written contact at least once 6 months after the client exits the program. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services in order to prevent future episodes of homelessness.

CLIENT AND PROGRAM FILES
STANDARD: Programs will keep all program participant files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks
• Client and program files should, at a minimum, contain all information and forms required by HUD (24 CFR 576.500), the state ESG office, and/or the VA; service plans; case notes; referral lists; and service activity logs, including services provided directly by the homelessness prevention or rapid rehousing program and indirectly by other community service providers. Programs should have:
o Documentation of homeless status (for RRH) and at-risk of homelessness status (for homelessness prevention).
o Determination of ineligibility, if applicable, which shows the reason for this determination.
o Initial and annual income evaluation, per program rules.
o Program participant records

o Documentation of using the community's coordinated assessment system.

o Compliance with shelter and housing standards

o Services and assistance provided

o Expenditures and match

o Conflict of interest/code of conduct policies

o Homeless participation requirement

o Faith-based activity requirement, if applicable

o Other Federal requirements, if applicable

o Confidentiality procedures

• All client information should be entered in the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements, and an update of client's information as changes occur.

• Programs must maintain a release of information form for clients to use to indicate consent in sharing information with other parties. This cannot be a general release but one that indicates sharing information with specific parties for specific reasons.

• Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation.

• All records pertaining to ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING

STANDARDS: Homelessness prevention and rapid rehousing programs will work with the community to conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness or at-risk of homelessness.

Benchmarks

• Agencies maintain written goals and objectives for their services to meet outcomes required by the HUD CoC and ESG programs or other funding sources. These written goals and objectives should strive to meet these performance benchmarks (for programs serving a high need population such as chronically homeless or no income, the CoC will take targeting efforts into account):

o Reduce the length of time program participants spend homeless. Households served by the program should move into permanent housing in an average of 30 days or less.

o Maximize permanent housing success rates. Programs should ensure that at least 80% of households exit to a permanent housing setting.

o Decrease the number of households returning to homelessness. Programs should ensure that at least 85% of households exiting the program do not become

homeless again within one year of exit.
• Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
• Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.
• Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.

VII Street Outreach Program Standards

The Orange County Street Outreach, Harm Reduction and Deflection program began in October 2020. Staff will target and provider services in the following manner –

Referrals – Street Outreach staff will accept referrals from the following sources:

- Direct outreach to people living unsheltered and self-referral by people experiencing unsheltered homelessness

- Service providers working with people experiencing homelessness, including:

    o The Orange County Housing Helpline, which serves as the coordinated entry access site; Housing Helpline staff will make warm handoffs between callers and the Street Outreach program staff

    o Law Enforcement officials will make referrals to the OC Street Outreach program via the process created by the Orange County Pre-Arrest Diversion program, and via referrals to the Housing Helpline

- Community stakeholders, including neighbors and members of the Downtown Business Alliance are invited to make Community Referrals to connect people living unsheltered with services and housing. To protect client confidentiality, preserve dignity, and ensure safety, staff will not provide community members with updates or the results of these referrals.

The OC Street Outreach program will follow ESG regulations on client assistance time limits. There will be no further time limits placed upon assistance offered.

The OC Street Outreach program will not have eligibility requirements beyond the requirement that those served must meet the definition of Literally Homeless individuals and families in Orange County. Street Outreach staff will conduct an initial evaluation to determine homeless status under the definition of 24 CFR 576.2 and will serve people in Category 1: Literally Homeless:

- Individual or family who lacks a fixed, regular, and adequate nighttime residence:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;

- Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, hotels/motels paid for by charitable organizations or federal, state, and local government programs; or

- 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

The OC Street Outreach program serves people experiencing homelessness in Orange County, NC, as defined above under Eligibility Requirements for Assistance. This program does not serve any specific subpopulations.

Outreach staff will meet people where they are, both geographically and emotionally. This means meeting people in locations that are most convenient for them as well as developing trusting relationships with people living unsheltered through active listening, persistence, consistency, and without judgement.

People experiencing homelessness will be referred to Street Outreach per Priority 1 of the HUD Homeless definition: Persons residing on the streets, in vehicles or other places not meant for human habitation that have refused or are unlikely to engage with other homeless service providers in the community; or people residing on the streets, in vehicles or other places not meant for human habitation and are matched to transitional housing, rapid re-housing or permanent supportive housing but are not yet housed.

The street outreach program will offer clients:

- The same standardized process as persons who access coordinated entry through site-based access points, using Coordinated Entry, the coordinated entry process
- A relationship-based model, which uses harm reduction methods
- Close coordination with PSH, RRH, IFC Community Kitchen and shelter staff, Outreach Court, Emergency Service, law enforcement

PERFORMANCE STANDARDS
PERSONNEL
STANDARD: The program shall adequately staff services with qualified personnel to ensure quality of service delivery, effective program administration, and the safety of staff and program participants.

Benchmarks
• The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with unsheltered individuals and families.
• The organization provides time for all employees and/or volunteers to attend webinars

and/or trainings on program requirements, compliance, and best practices.
• The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program• All programs should use the Homeless Management Information System (HMIS) wherein all

end users must abide by the NC HMIS User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
• Staff supervisors of casework, counseling and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with unsheltered individuals and families.
• All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
• The organization will train program staff on general topics such as self-care, teamwork, boundaries and ethics, and personal safety. It will also train staff on specific skills necessary to effectively connect with unsheltered individuals, including, but not limited to, relationship-building, motivational interviewing, cultural competence, effective referrals and linkages, basic medical and mental health care, and conflict de-escalation.
• The organization should share and train all program staff on the CoC Street Outreach Written Standards.

OUTREACH AND ENGAGEMENT
STANDARD: Programs will locate, identify, and build relationships with unsheltered people experiencing homelessness and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs, mainstream social services, and permanent housing programs.

Benchmarks
• All participants must meet the following program eligibility requirements for street outreach programs:
o Unsheltered homeless, living in places not meant for human habitation such as campsites, abandoned buildings, bus or train stations, in cars, or under bridges (see definitions listed above for Category 1 (i)).
• All ESG recipients must use the standard order of priority for documenting evidence to determine unsheltered homeless status. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
o Third-party documentation (including HMIS)
o Intake worker observations through outreach and visual assessment
o Self-certification of the person receiving assistance
• Programs should engage individuals, make an initial assessment of needs, and determine unsheltered homeless status. During outreach, if programs determine that an individual does not meet the definition of unsheltered homelessness, they should still connect any literally homeless person needing assistance to the local coordinated assessment system to access needed services, but not enroll them for expanded services in the street outreach program.
• Programs can only turn away unsheltered individuals from program entry for the following reasons:
o The individual does not meet the unsheltered homeless definition
o The safety of staff is at imminent risk

Programs cannot disqualify an individual or family from entry because of employment status or lack of income.
• Programs cannot disqualify an individual or family because of evictions or poor rental history.
• Programs may make services available and encourage engaged individuals to participate in
higher level services but cannot make service usage a requirement. Street outreach programs should continue to outreach and engage unsheltered individuals on a regular basis, offering them higher level services and ensuring basic needs are met.
• Programs will maintain releases of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for case workers and administrators who need said information.
• Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff and participants.

STREET OUTREACH
STANDARD: Street outreach programs will provide assertive outreach and engagement to unsheltered individuals living in places not meant for human habitation, and assist them in accessing emergency shelter, physical and behavioral health services, income supports, and permanent housing.

Benchmarks
• Street outreach programs will assertively outreach and engage unsheltered individuals where they are, seeking them in campsites, under bridges, near entrance and exit ramps to roads and highways, in abandoned buildings, living in bus or train stations, or other places not meant for human habitation.
• Street outreach programs will collaborate with local service or basic needs providers and organizations where unsheltered individuals seek basic services such as food pantries, crisis centers, community centers, day shelters, and others, setting up regularly scheduled times to outreach and engage unsheltered individuals in these locations.
• Street outreach programs should provide outreach and engagement, crisis intervention counseling, case management, emergency and permanent housing planning, employment and other income assistance, and life skills training. Program staff should help unsheltered individuals connect to physical and mental health services, substance abuse treatment, transportation, services for special populations (i.e. developmental disabilities, HIV/AIDS), and other mainstream services, including public benefits such as Social Security Disability, Medicaid/Medicare, Food Stamps, TANF. Street outreach programs should not deny or terminate services to individuals unwilling or unable to obtain higher level services or follow a basic case management plan.
• Street outreach programs must actively participate in their community's coordinated assessment system. Program staff should assess unsheltered individuals with the VI-SPDAT and advocate for permanent housing for these individuals at the local case conferencing meeting.

• Street outreach programs shall not charge money for any housing or supportive service provided.

• Street outreach programs must work to link their clients to permanent housing programs, such as rapid re-housing and permanent supportive housing, in the community.

CASE MANAGEMENT SERVICES
STANDARD: Street outreach programs shall provide access to case management services by trained staff to any unsheltered individual, matching his/her needs and desire.

Benchmarks (Standard available services)
• Street outreach staff provide regular and consistent case management to program participants based on the individual's specific needs and the level at which the participant desires. Case management includes:
o Building trusting, lasting relationship with unsheltered individuals.
o Providing access to basic needs, including identification, health care services, public benefit enrollment, food, clothing, and hygiene items.
o Assessing, planning, coordinating, implementing, and evaluating the services delivered to the participant. Program staff should engage participants in an individualized housing and services plan. Participants do not need to access additional services to be referred to permanent housing providers.
o Helping clients to create strong support networks and participate in the community, as they desire.
o Encouraging unsheltered individuals to seek emergency shelter and advocating with local shelter providers to accept and work with the individual. The program can and should continue to work with an unsheltered participant who accesses emergency shelter to serve as an advocate and liaison to higher level services such as permanent housing.
o Creating a path for clients to permanent housing through providing rapid re-housing or permanent supportive housing or a connection to another community program that provides these services. Program staff should conduct the VI-SPDAT as quickly as possible and ensure participants information is added to the community's waiting list.
• Street outreach staff or other programs connected to the outreach program through a formal or informal relationship will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others.
• Street outreach staff will connect families with children to appropriate educational services including, but not limited to, early Head Start, Head Start, Public Pre-K, community colleges, and others. Staff will liaise with the local homeless school liaison to ensure coordination, allowing youth to attend their school of origin and receive eligible educational and other services allowable under McKinney-Vento.

Benchmarks (Optional but recommended services, often from other providers)
• Representative payee services.
• Basic life skills, including consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).

• Education services such as GED preparation, post-secondary training, and vocational education.
• Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
• Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
• Physical health services such as routine physicals, health assessments, and family planning.
• Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal matters (warrants, minor infractions).

TERMINATION
STANDARD: Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination (24 CFR 576.402). The CoC recommends programs work with other community service providers to develop a board to hear client grievances.

Benchmarks
• In general, the program may terminate assistance in accordance with a formal process established by the program that recognizes the rights of individuals and families affected. The program is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for participants who feel the street outreach program wrongly terminated assistance.
• Programs should only terminate assistance when a participant has presented a terminal risk to staff or other clients. If a barred client presents him/herself at a later date, programs should review the case to determine if the debarment can be removed to give the participant a chance to receive further assistance.

CLIENT AND PROGRAM FILES
STANDARD: Street outreach programs will keep all client files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks
• Client and program files should, at a minimum, contain all information and forms required by HUD at 24 CFR 576.500 and the state ESG office, service plans, case notes, referral lists, and service activity logs including services provided directly by the street outreach program and indirectly by other community service providers. ESG requires:
o Documentation of unsheltered homeless status (see above for the priority of types of documentation)
o Determination of ineligibility, if applicable, which shows the reason for this determination
o Program participant records
o Documentation of using the community's coordinated assessment system
o Services and assistance provided
o Expenditures and match
o Conflict of interest/code of conduct policies
o Homeless participation requirement

o Faith-based activity requirement, if applicable
o Other Federal requirements, if applicable
o Confidentiality procedures
• All client information should be entered into the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the participant enters and exits the program, enter HUD required data elements, and update the participant's information as changes occur.
• Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the participant as appropriate, except to program staff and other agencies as required by law. Participants must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation. All programs must have a consent for release of information form for participants to use to indicate consent in sharing information with other parties.
• All records pertaining to ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods.

EVALUATION AND PLANNING
STANDARD: Street outreach programs will conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing unsheltered homelessness.

Benchmarks
• Agencies maintain written goals and objectives for their services to meet outcomes required by ESG.
• Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
• Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, adjusting the program as needed to meet the needs of the community.
• Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.

* The Emergency Shelter, Homelessness Prevention Rapid Rehousing, and Street Outreach Program Standards borrow heavily from the North Carolina Balance of State Continuum of Care Program Standards for Emergency Shelter,Homelessness Prevention and Rapid Rehousing, and Street Outreach.

APPENDIX 1: Definitions

For the purposes of this Written Standards document, for those definitions identified in this section as a HUD Definition, the actual definition provided by HUD shall supersede those enumerated in this document.

1. Homeless

   a. Chronically Homeless *(HUD Definition)* A person who:
      i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
         a) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years, where the cumulative total of the four occasions is at least one year. Stays in institutions of 90 days or less will not constitute a break in homelessness, but rather such stays are included in the cumulative total; and
         b) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
      ii. Has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria in paragraph (1) of this definition, before entering that facility; or
      iii. Meets all of the criteria in paragraph (1) of this definition.

      Chronically Homeless Summary: A person who's lived in a safe haven, an emergency shelter or some other location not fit for human habitation for at least a year. This person might have a substance abuse or mental health issue (or more than one issue), and he or she might have even lived for 90 days or less – on several occasions – in a rehabilitation facility a jail or another institutional setting.

   b. Literally Homeless *(HUD Homeless Definition Category 1)*

      i. A person who lacks a fixed, regular, and adequate nighttime residence
         a) An individual with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, camping ground; or
         b) An individual living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government program for low-income individual); or
      ii. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Literally Homeless Summary: A person who's lived in a public or private place that's not typically used as a place for people to sleep, such as a car, a park or a bus station. This term might also describe a person who's living in a public or private shelter. A person who lived in such a place and then entered an institution (jail, substance abuse or mental health facility) for 90 days or less would also be considered "literally homeless" when he or she exited that institution.

- o At imminent risk of homelessness *(HUD Homeless Definition Category 2)* - A person who will imminently lose their housing (within 14 days) and become literally homeless
- o Homeless under other Federal statutes *(HUD Homeless Definition Category 3)*-A person defined as "homeless" by other federal statute (e.g., Dept. of HHS, Dept. of Ed.)
- o Homeless because fleeing domestic abuse or violence *(HUD Homeless Definition Category 4)*- A person fleeing or attempting to flee domestic violence, stalking, dating violence, or sexual assault

c. At Risk of Homelessness
   I. Category 1: A person who:
   a) Has an annual income below 30% of median income for the area; AND
   b) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; AND Meets one of the following conditions:
      1. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
      2. Is living in the home of another because of economic hardship; OR
      3. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
      4. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for people with low-income; OR
      5. Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
      6. Is exiting a publicly funded institution or system of care; OR
      7. Otherwise lives in housing that has characteristics associated with` instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.
   II. Category 2: A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
   III. Category 3: An unaccompanied youth who does not qualify as homeless under the homeless definition but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

At Risk of Homelessness Summary: According to HUD, there are three different ways to define whether a person is considered "at risk of homelessness." In Category 1, a person is at risk of

homelessness if his or her income is 30% below the community's median income and if that person doesn't have in the community a network of support – such as family, close friends or faith community – who might help house them to prevent them from going to a shelter. Coupled with these two circumstances must be at least one more factor from among the seven described in the HUD definition of Category 1, these factors include whether the person has moved 2 or more times in the last 60 days, whether they are currently living with friends and whether they are 21 days or less from losing the right to stay where they live. Categories 2 and 3 help define under what circumstances children or youth can be defined as "at risk of homelessness", offering them additional access to services if they don't qualify through protection from other laws.

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

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

Homeless Management Information System (HMIS) **-** A Homeless Management Information System is an electronic web-based data collection and reporting tool designed to record and store person-level information on the characteristics and service needs of people experiencing homelessness throughout a Continuum of Care (CoC) jurisdiction. Usage of the HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for any program receiving CoC or ESG funds.

3. Homelessness Prevention - Recipients and subrecipients located in HUD-designated High Performing Communities (HPCs) may use CoC Program funds for homelessness prevention assistance for individuals and families at risk of homelessness. The services under this component may include housing relocation and stabilization services as well as short- and medium-term rental assistance to prevent an individual or family from becoming homeless. Through this component, recipients and subrecipients may help individuals and families at-risk of homelessness to maintain their existing housing or transition to new permanent housing. Homelessness prevention must be administered in accordance with 24 CFR part 576.

4. Housing First – Housing First is not a "program" but a system-wide orientation that follows a basic principle that supports the fundamental importance of transitioning people experiencing homelessness back to permanent housing as quickly as possible and helping people maintain housing. Orange County's responses to homelessness reflect this "Housing First" principle.

5. Permanent Supportive Housing (PSH) – Long-term rental assistance and services designed for people who are chronically homeless, or for people with serious mental illnesses or other disabilities who need support to live stably in their communities. These services can include case management, substance

abuse or mental health counseling, advocacy, and assistance in locating and maintaining employment. PSH uses the Housing First model to move people into permanent housing as quickly as possible and aims to help people retain their housing. Best practice PSH incorporates client choice and a varying level of services that can ramp up or down depending on client needs.

6. Rapid Re-Housing (RRH) – Short-term rental assistance and services that helps people obtain housing quickly, increase self-sufficiency, and remain housed. The core components of RRH are housing identification, rent and move-in assistance, and case management and services. RRH programs are generally designed to serve people with low to moderate services needs and generally provide 3-6 months assistance for households.

7. Shelter / Emergency Shelter - Facility that provides temporary sleeping places for people experiencing homelessness. Best practice shelters are accessible, i.e. have low barriers to entry, appealing, and housing-focused.

8. SSI/SSDI Outreach, Access, and Recovery (SOAR) – a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to connect people who are experiencing homelessness or at risk of homelessness with SSI/SSDI disability benefits.

9. Street Outreach – Street Outreach programs connect people experiencing homelessness with housing and services using a relationship-based model. Street outreach programs provide services directly or by collaborating with other agencies. *Agencies in Orange County do not yet have funding to provide homelessness prevention.*

10. Transitional Housing (TH) – Long term temporary housing and supportive services, usually lasting 6-24 months, that uses the Housing Ready model of skill building prior to permanent housing placement.

11. Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) - Tool used by trained staff to determine vulnerability (also called acuity or service need) for people experiencing homelessness. The tool asks very personal questions about housing, health, social needs, family situation and safety and produces a score that indicates the level of service need for a household. Staff is trained to administer the VI-SPDAT and understand its context through Coordinated Entry.