



**EMERGENCY SOLUTIONS GRANT AND CONTINUUM OF CARE
CoC WRITTEN STANDARDS
DRAFT 9/20/2019 Draft 11/18/19**

I. INTRODUCTION AND OVERVIEW

The U.S Department of Housing and Urban Development requires ~~(24 CFR 576.400) subrecipients a Continuum of Care~~ to establish and consistently apply, written standards for providing Emergency Solutions Grant (ESG) ~~and Continuum of Care (CoC)~~ assistance. ~~A subrecipient must have Written Standards that are developed and approved by their Continuum of Care (CoC) for programs provided through the Emergency Solutions Grant Program (ESG).~~ In consultation with recipients of ESG funds within the geographic area, the Orange County Partnership to End Homelessness (OCPEH) has developed these ~~Written Program~~ standards to provide guidance and direction for the day-to-day operation, management, oversight, and evaluation of programs.

A. GEOGRAPHIC AREA

OC Connect Coordinated Entry process covers the entire geographic area of Orange County, North Carolina, which includes the Towns of Carrboro, Chapel Hill and Hillsborough.

~~B. ASSISTANCE TYPE~~

~~The following types of assistance will be offered through the ESG Program:~~

- ~~• Emergency Shelter for Women and Families~~
- ~~• Rapid Rehousing~~

~~B. 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;

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- 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:



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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.



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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. *Agencies in Orange County do not yet have funding to provide homelessness prevention.*

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



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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 OC Connect.

II. VIOLENCE AGAINST WOMEN ACT EMERGENCY TRANSFER POLICY

ESG and CoC-funded homeless assistance programs providing housing or 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, OC Connect 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 OC Connect 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.

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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.

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).

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

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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.

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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.

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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.

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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.

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

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• 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.

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III. COORDINATED ENTRY PROCEDURES

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OC Connects covers the entire geographic area claimed by OCPEH, is easily accessed by individuals and families seeking housing services, and is well advertised within the geographic area. OC Connect will provide a standardized assessment process to all CE participants, ensuring uniform decision-making and coordinated care of persons experiencing housing crisis.

OC Connect includes a comprehensive and standardized assessment tool. All persons served by OC Connect will be assessed using The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT documents a set of participants conditions, attributes, need level and vulnerability, allowing the access point and/or assessment staff to identify a service strategy to OCPEH, who manages the CoC prioritization list.

- I. Assessors - People who have experienced homelessness for 14+ days and are interested in housing referrals can come to the OC Connect System through agencies across Orange County. The list of agencies that have agreed to offer standardized assessment are:



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- Chapel Hill Police Department Crisis Unit
- Community Empowerment Fund (CEF)
- Inter-Faith Council for Social Service (IFC), inclusive of IFC Community House and IFC HomeStart shelters
- Orange County Department on Aging
- Orange County Criminal Justice Resource Office
- Orange County Department of Social Services
- Orange County Partnership to End Homelessness (OCEPH)
- Local Re-Entry Council

II. Points System - Orange County uses a points system called The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). This is a pre-screening tool that helps the agencies listed above – and many others around the country – determine during the intake process the health and social needs of the people who come to them for help with homelessness. Through a series of about 30 simple questions, the VI-SPDAT matches people with the support and housing interventions appropriate to the level of severity (acuity) of their respective situations; and it helps make these assessments for service consistently and quickly. Once the survey is completed, the client’s needs are scored.

VI-SPDAT score referral range:

- Score of 10-22 – prioritized for Permanent Supportive Housing (PSH)
- Score of 4-9 – prioritized for Rapid Re-Housing (RRH)
- Score of 3 or lower – no formal program referral, households will be assisted links to mainstream resources as best fits their needs

III. Once Scores Are Assessed - Households with scores of 4 and higher are also eligible to be placed on the HOME Committee list with their consent. The HOME Committee reviews monthly this by-name list to case conference client needs, and to prioritize referrals for PSH and RRH. OCEPH staff reprioritizes this list twice per month to give each household a unique prioritization number that encompasses:

- households with higher VI-SPDAT scores,
- longer lengths of time homeless, and
- people living unsheltered vs. in emergency shelter or transitional housing programs.
- higher Health and Wellness subscore in the VI-SPDAT

OCEPH distributes the updated HOME Committee list before the monthly HOME Committee meeting. OCEPH 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, who scored 4+ on the VI-SPDAT 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. OCEPH 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.

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.

For example: A household with a score of 11 would be prioritized for Permanent Supportive Housing (PSH). But if no PSH vouchers were currently available, this household would be referred to Rapid Re-Housing (RRH) if RRH funds are available; or for **Section 8 Public Housing**, if units/vouchers are available; or for **SOAR*** if a person in the household has a disability and does not yet receive SSI/SSDI; or for SNAP benefits if the household is eligible, etc.

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.

*SSI/SSDI Outreach, Access, and Recovery (SOAR) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration for eligible adults who are experiencing or are at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

IV. REFERRAL PROGRAMS

- IFC Community House
- IFC HomeStart
- Rapid Rehousing
- Permanent Supportive Housing
- Housing Choice Voucher
- HUD-VASH Voucher
- Transitions to Community Living Initiative (TCLI)
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Local Reentry Council
- Freedom House
- Compass Center
- Formerly Incarcerated Transitions Program (FIT)
- Peer Support Specialists
- Supportive Services For Veteran Families Program (SSVF)

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V. GRIEVANCE PROCEDURE

1. **Rights:** OC Connect 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

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- 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 Appel Process.
2. Process to File Grievances: Grievances about OC Connect 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 OC Connect 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 OC Connect, 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 Croot@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



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- 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. EMERGENCY SHELTER PROGRAM STANDARDS *

The Orange County Partnership to End Homelessness (OCPEH) Emergency Shelter program standards have been developed to provide specific guidelines for programs to operate emergency shelters. These guidelines create consistency and provide a balance for holding CoC emergency shelter programs to a specific standard of care.

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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 emergency shelter funds through other sources also follow these 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

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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.



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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



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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.



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- 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.



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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.



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- 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. RAPID REHOUSING PROGRAM STANDARDS *

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The Orange County Partnership to End Homelessness (OCPEH) Rapid Rehousing (RRH) program standards have been developed to provide specific guidelines for programs to operate RRH programs. These guidelines create consistency and provide a balance for holding CoC RRH 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 RRH funded through other sources also follow these standards

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

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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

- 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 End 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 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 demonstrated ability and experience that qualifies them to assume such responsibility.



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7. 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.
8. Case managers provide case management according to the client's needs, with a minimum of monthly visits for all clients.
9. Organizations should share and train all program staff on OCPEH Rapid Rehousing Written Standards.

PRIORITY FOR TENANTS WHO NEED EMERGENCY TRANSFERS UNDER VAWA 2013

STANDARD: Tenants eligible for emergency transfers under the OCPEH 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 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

1. All adult program participants must meet the following program eligibility requirements:
 - a. 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-- literally homeless participants in Category 4-- fleeing DV). SSVF programs should follow specific guidelines for eligible participants.
2. Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.
3. Programs educate participants on available services to assist the client with identified needs, participants are encouraged to participate the services however, if a participant chooses not to participate in the service, they are not disqualified or exited from the program unless service requirements are attached to funding.
4. 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.



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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
5. Programs will maintain all pertinent demographic and identifying data in HMIS as allowable by program type. If paper files are maintained they will be stored in a locked cabinet behind a locked door with access reserved for case workers and administrators who need said information.
6. Programs can turn away individuals and families experiencing homelessness from program entry for only 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 if prevention and rapid rehousing subsidy money has been exhausted
 - b. 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)

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

Benchmarks

1. 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.
2. 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 or family signing a lease and the program signing a rental assistance agreement with the landlord.
3. Programs may provide assistance with rental application fees, moving costs, security deposits (up to 2 months), last month's rent, utility deposits, utility payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair, and legal services 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.
4. 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 and terminable only for cause.
5. Rental Assistance Agreement: Grantees may make rental payments only to an owner with whom the participant has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided.
6. RRH case managers will use best practice program models, including case management paired with financial assistance and progressive engagement, to work with each household individually



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to determine the amount of household expenses, such as arrears, deposits, rent, or utilities, the household must pay while receiving RRH using these factors:

- a. Amount of household income (if any)
 - b. Amount of household expenditures
 - c. Any other factors affecting household's ability to enter and maintain permanent housing including arrears to past landlords, utilities, and others
 - d. Given that the community need for RRH services outstrips community resources and national data show RRH can be successful in most cases with less than 6 months assistance, RRH case managers will attempt to transition each household as quickly as possible to self-sufficiency while not jeopardizing the household's long-term stability
 - e. Rapid Re-Housing programs work with shelters to transition people into permanent housing as quickly as possible.
7. 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 must continually review the amount of financial and case management assistance to the participant and adapt the program to meet the participant's needs. Programs should review regulations for the funding source to determine maximum months they can pay for rental assistance.
 8. Use with other subsidies: Programs can pay for rental arrears, security and utility payments for program participants to move into these units when other funding sources cannot be identified. 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.
 9. HUD CoC grantees will adhere to the responsibilities of grant management outlined by OCPEH.

HOUSING STABILIZATION/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

1. RRH Program participants will work with the RRH Social Worker to develop a Housing Stability Action Plan (HSAP). The HSAP will be revised as needed to assist the participant in long-term housing stability.
 - a. RRH 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.
 - b. While enrolled in the RRH Program, all participants are strongly encouraged to meet with the RRH Social Worker at least once per month to ensure long-term housing stability, unless prohibited by the Violence Against Women Act of 1994 or Violence Prevention and Services Act
2. 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). Meeting times, place and frequency should be mutually agreed upon by both the participant and case manager.
3. Income must be verified for program participants that have been enrolled in the program for 12 months and annually thereafter. Participants must provide documentation per HUD and



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State requirements. Any household whose income exceeds 30% of area median income (AMI), as established by HUD, at the 12 month mark will be exited from the RRH Program per HUD and State rules and regulations.

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

1. 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.
2. 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.

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.

Benchmarks

1. 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:
 - a. RRH Programs shall follow the following process for terminating a program participant:
 - Provide a written notice to the program participant containing a clear statement of the reasons for termination
 - Conduct a review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision
 - Provide prompt written notice of the final decision to the program participant
 - Notify the participant that termination does not bar them from receiving assistance at a later date if the issue that caused the termination is resolved.

FOLLOW-UP SERVICES



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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

1. Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources.
2. 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

1. Client and program files should, at a minimum, contain all information and forms required by HUD (24 CFR 576.500) and the state ESG office. Participant files can be kept in paper format or electronically. Some examples documents needed are:
 - a. Documentation of homeless status.
 - b. Determination of ineligibility, if applicable, which shows the reason for this determination.
 - c. Annual income evaluation, per program rules.
 - d. Program participant records
 - e. Documentation they used the community's coordinated assessment system.
 - f. Compliance with shelter and housing standards
 - g. Services and assistance provided
 - h. Expenditures and match
 - i. Conflict of interest/code of conduct policies
 - j. Homeless participation requirement
 - k. Other Federal requirements, if applicable
 - l. Confidentiality procedures
2. 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.
3. 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.
4. 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.
5. 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



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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: 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.

Benchmarks

1. Agencies should strive to meet outcomes required by the HUD CoC and ESG programs or other funding sources. These objectives should strive to meet these performance benchmarks:
 - a. 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.
 - b. Maximize permanent housing success rates. Programs should ensure that at least 80% of households exit to a permanent housing setting.
 - c. 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.
 - d. 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.
 - e. 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.
 - f. 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 and Rapid Rehousing Program Standards borrow heavily from the North Carolina Balance of State Continuum of Care Program Standards for Emergency Shelter and Homelessness Prevention and Rapid Rehousing.

NOTE: Agencies in Orange County do not yet have funding to provide either street outreach or homelessness prevention. The Orange County Partnership to End Homelessness and its partnering agencies do, however, remain current and informed about best practices in these areas of work, with the intention of adding both elements of service to the community in the near future. Following is a summary of services proposed for a future date:

Homelessness Prevention: The CoC does not currently fund homelessness prevention services with ESG or CoC funds. The CoC works with DSS and faith-based partners and other community organizations offering prevention and guides people at risk of homelessness to a regularly updated Google doc listing emergency financial assistance. Each prevention program currently determines program eligibility and prioritization. The CoC will work with these agencies to bring prevention services under the coordinated



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entry umbrella. At that time, the CoC will take referrals for prevention services through OC Connect. OC Connect will prioritize using prevention funding for shelter diversion, then by the immediacy of the spell of imminent homelessness. People will be prioritized for other prevention services based on funding availability.

- o Homelessness prevention services that will participate in OC Connect will be prioritized based on the same methodology above
- o No separate access point(s) for homelessness prevention services exist in Orange County. The CoC will work with all agencies providing prevention services, regardless of funding source, to coordinate how persons will be prioritized for referrals

Street Outreach: The CoC does not have a street outreach program as of November 2019 but is working to establish this needed program. Once operational, 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.

All street outreach will offer clients:

- The same standardized process as persons who access coordinated entry through site-based access points, using OC Connect, 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

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