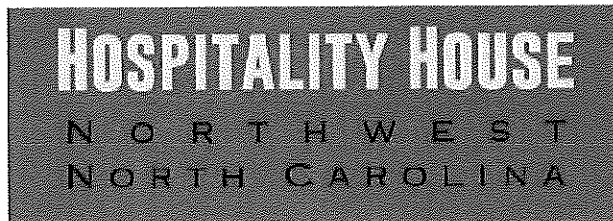


Ashe
Alleghany
Avery
Mitchell



Watauga
Wilkes
Yancey

Northwest CoC
NC-516

**Policies, Procedures,
and
Written Program Standards**

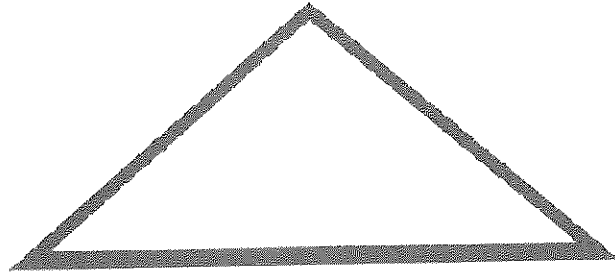
In accordance with Title 24 of the Code of Federal Regulations (24 CFR) Part 576 and Part 578, the Northwest Continuum of Care (NC 516, CoC) covering Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell, and Yancey counties, has adopted the following Written Standards for agency's providing services and housing for persons defined as homeless or at risk of homelessness within the Continuum of Care (CoC) geographic region. These written standards apply to all projects that receive Emergency Solutions Grants (ESG) and Continuum of Care (CoC) funds and any targeted homeless assistance funding in NC 516.

In addition, all homeless assistance programs that are located in the CoC that provide services or housing assistance, regardless of funding source, are encouraged to adhere to these written standards.

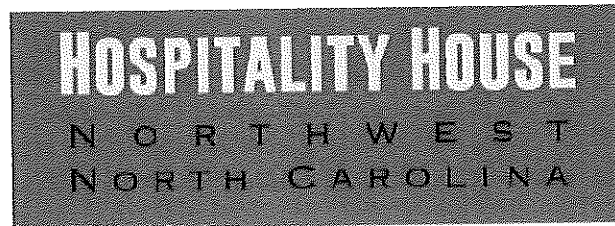
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Ashe
Alleghany
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Northwest CoC
NC-516

Coordinated Entry Policy

The Northwest (NC-516) Continuum of Care (NW CoC) has developed the Coordinated Entry and Assessment Policy and Procedures in accordance with the Department of Housing and Urban Development regulations and guidance to effectively achieve the goal of ending homelessness in the Northwest CoC geographic region.

Adopted: January 2018
Revised: September 2018
September 2019
October 2020
June 2022
COVID-19 Addendum: May 2020



Coordinated Entry Policy and Procedures

The Northwest (NC-516) Continuum of Care (NWCoC) has developed these policies and procedures to give specific guidelines for how best to operate a coordinated entry and assessment system to achieve the goal of ending homelessness in the Northwest CoC service area.¹ These standards create consistency of intake, assessment and referral across the NWCoC, protects participants of the homeless service system by putting their needs first, and provides a baseline for holding providers to a specific standard of care.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care to evaluate outcomes of projects funded under the Emergency Solutions Grant (ESG) and the Continuum of Care program and to report to HUD on these outcomes (24 CFR 578.7(a)(7)). HUD also requires consultation with recipients of ESG and CoC program funds within the defined geographic area to establish and operate a centralized or coordinated entry and assessment system that provides an initial, comprehensive assessment of the needs of homeless individual and families for housing and services.²

In consultation with recipients of ESG and CoC program funds within the geographic area, CoCs must establish and consistently follow written standards for providing CoC assistance. At a minimum, these standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for and determining the process for prioritizing eligible households for homelessness prevention, emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs.
- Policies and procedures for coordination among street outreach, emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid rehousing programs, and permanent supportive housing programs.
- Delineate requirements for participation in the CoC's Homelessness Management Information System (or comparable database for domestic violence or victims' service programs).

¹ The Northwest Continuum of Care (NC 516) covers Ashe, Avery, Alleghany, Mitchell, Watauga, Wilkes and Yancey Counties.

² Coordinated Entry refers to a centralized community process designed to intake, refer, assess, prioritize and assist people at-risk of homelessness and people experiencing homelessness to meet their basic housing needs in a defined geographic area (CPD 17-01).

The NWCoC developed coordinated entry and assessment system standards to ensure:

- System accountability to individuals and families experiencing homelessness, specifically populations with high vulnerability, disability or with the longest histories of homelessness;
- System compliance with the Department of Housing and Urban Development;
- Consistency across the coordinated assessment system; and
- Adequate staff competence and training, specific to assist the target population served.

When implemented effectively, a Coordinated Entry and Assessment system can:

- Reduce the amount of research, time and service provider contacts people experiencing homelessness must make before finding housing or needed services;
- Reduce entries into homelessness through system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before ultimately their needs are met;
- Increase retention in housing programs and positive exits of participants; and
- Foster increased collaboration between homeless assistance providers in the community.

The NC 516 Coordinated Entry and Assessment Policy and Procedures herein, describe the implementation and governance of the system in the Northwest Continuum of Care. This policy will be reviewed annually and may only be amended by the NWCoC Steering Committee, the governing body of NC 516.

COORDINATED ENTRY OVERVIEW

The Coordinated Entry and Assessment system facilitates program participant intake and standardized assessment, and coordinates appropriate referrals for services and housing. The system covers a set geographic area, can be easily accessed by individuals and families experiencing homelessness or those at-risk of homelessness seeking housing and crisis services, is well advertised, and includes a comprehensive and standardized assessment tool.

Any community can implement a coordinated assessment system regardless of geography, housing resources, service availability, or unique community makeup. Communities can successfully create and operate coordinated assessment with patience, persistence, testing, and revisions.

Whether a CoC, community or region uses the term “coordinated assessment,” “coordinated access,” “centralized intake,” or “coordinated intake,” the system behind the name remains the same: transitioning from a “first come, first served” mentality of homeless assistance providers to one that prioritizes the most vulnerable individuals and families in a community for the most intensive interventions and sets a course of services that meets the needs of all persons experiencing homelessness or those at-risk of homelessness.

Coordinated Entry, when implemented correctly, prioritizes individuals and families who need a housing intervention the most across a community. This type of system moves beyond programs to create a collaborative environment across all services and program types and can provide an informed way to target housing and supportive services that enable a community to:

- Divert people away from the system who have other safe options for housing.
- Quickly move people from homelessness to permanent housing by connecting them to the most appropriate housing program available.
- Create a more effective and defined role for emergency shelters and transitional housing.
- Save time, effort, and frustration on the part of service providers through targeting and engagement efforts.
- Focus on efforts of ending homelessness as a community.
- Reduce the length of time homeless by moving people quickly into the appropriate housing.
- Increase the likelihood of housing stability by targeting the appropriate housing intervention to corresponding needs.
- Provide a picture of current system gaps in the community that need to be filled in order to end homelessness for all households
- Be good stewards of limited resources.

Traditionally, communities across the country did not have an organized, transparent system for entry and referral to homeless housing and support services. Individual programs served only people presenting themselves at their front doors, taking clients on a “first come, first served” basis. While some communities still operate in this manner today, years of research, re-thinking, and commitment to moving away from this linear approach, has shifted communities towards a collaborative systematic approach to effectively make episodes of homelessness, brief, rare and non-reoccurring.

NWCoC COORDINATED ENTRY GUIDING PRINCIPLES

Across the NWCoC, the coordinated entry and assessment system will be:

- *Sustainable:* NWCoC identifies the resources required to operate a coordinated assessment system now and for the foreseeable future.
- *Flexible:* NWCoC customizes the coordinated assessment system based on community needs, resources, and services available.
- *Transparent and accountable:* Participants understand what coordinated assessment is doing and why. Agencies publish and make available their program rules and have a clear, fair grievance and appeals process for both participants and services agencies.
- *Housing-focused:* Individuals and families experiencing homelessness return to permanent housing within an average of 30 days, in compliance with HEARTH.
- *Client-focused:* The coordinated assessment system is easily accessible, leaves no one behind, and accommodates participant choice and needs.
- *Collaboration-focused:* Agencies operate the system with broad-based consensus and manage system responsibilities through strong partnerships where integrity is key and service providers hold one another accountable and exhibit a willingness to cooperate.
- *Easy-to-use:* System is well-advertised, known throughout the community and does not inhibit providers from doing the job of ending homelessness.

POPULATIONS SERVED:

The Northwest CoC Coordinated Entry and Assessment system is intended to serve people experiencing literal homelessness, those at risk or at imminent risk of homelessness, and persons fleeing domestic violence, dating violence, sexual assault, human trafficking or stalking, in the

geographic area as defined by HUD. Populations served are defined in accordance with the official HUD definitions.³ People who do not meet the definitions are directed to other prevention-oriented or crisis oriented resources available in the community.

GOVERNANCE

The NWCoC will design and administer coordinated entry and assessment in the seven county service area in the Northwest region of North Carolina with standards and governance provided by the NWCoC Steering Committee. The Steering Committee shall provide ongoing oversight of the full system to meet Department of Housing and Urban Development priorities and mandates.

The NC 516 Coordinated Entry and Assessment system will operate as a decentralized system, providing multi-access sites and a 24 hour access line rather than a single portal for participant entry to facilitate access to services across the seven county region. A parallel victim centered coordinated entry and assessment system will operate in the NWCoC, adhering to these policies and procedures, to meet the specific service and safety needs of victims of domestic violence, dating violence, sexual assault, human trafficking and stalking.

SAFETY PLANNING

The coordinated entry and assessment system must ensure the safety of people fleeing or attempting to flee domestic violence, dating violence, stalking, sexual assault, and victims of trafficking. Providers must follow the domestic violence protocol, which directs agencies to refer a participant directly to victim service providers immediately if they indicate they may be fleeing or attempting to flee domestic violence, dating violence, stalking, and sexual assault or are victims of trafficking. Participants who identify they are fleeing domestic violence, dating violence, sexual assault or human trafficking, will be assessed using the standardized assessment tool, a lethality tool and accordingly, referred to an appropriate housing provider based on safety concerns, acuity score and the lethality assessment.⁴

DATA COLLECTION

The NWCoC utilizes the Homeless Management Information System (HMIS) information technology system to collect participant-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. HMIS is a necessary and fundamental tool in the Coordinated Entry system and allows providers to maintain participant records, track and document the homeless history of participants across providers, and manage housing prioritization for participants in the NWCoC. However, Victim Service providers are prohibited by law from utilizing the Homeless Management Information System database. HUD-funded providers of housing and

³ https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

⁴ **Lethality Assessment/Danger Assessment (DA):** instrument is designed to assess the likelihood of lethality or near lethality occurring in a case of intimate partner violence (IPV). The most important risk factor for intimate partner homicide (IPH) is prior domestic violence. Even though victims/survivors of abuse are fairly good assessors of their own risk of re-assault, risk may be minimized as a coping skill. The Danger Assessment (DA) was developed in consultation on item wording and content validity from victims and survivors of IPV, advocates, law enforcement officials, and other clinical experts on IPV. The initial assessment was developed from Jacqueline C. Campbell's research reviewing police intimate partner homicide records as well as reviews of other studies of IPH or serious injury from IPV. The DA first assesses severity and frequency of intimate partner violence by asking the client to mark on a calendar the approximate days when physically abusive incidents occurred, ranking their severity on a scale of 1 to 5. The second part of the DA is a 20 question response, weighting the risk factors associated with IPH. The score measures the immediate risk and probability of intimate partner homicide.

services (recipients of ESG and /or CoC funding) who cannot enter information into HMIS (victim service providers as defined under the Violence Against Women the and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, “a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data.” CoC and ESG funded programs may use a portion of those funds to establish and operate a comparable database that complies with HUD’s HMIS requirements (24 CFR 578.57).

Domestic Violence and Victim Service providers participating in NWCoC’s coordinated entry and assessment process, must maintain the confidentiality of participant information and must not divulge any information that could put a participant’s safety at risk, including, but not limited to, personally identifying information. Domestic Violence and Victim Service providers will submit de-identified data from the parallel system and maintain a housing prioritization list for victim service providers but unique identifiers assigned by the provider will replace any personal identifying information.

Participants who are in imminent danger and want domestic violence, sexual assault or human trafficking specific services or safety planning may elect to have system entry exclusively through these specialized providers and shall not be entered into HMIS. The participant assessment should be done on a paper form and if the participant chooses, they may be immediately referred to a victim centered housing provider through the parallel coordinated entry process. If a participant is seeking homelessness assistance and is being served by a domestic violence, sexual assault or human trafficking provider, that agency may enter their information into a HMIS-comparable database. Additionally, participants who do not agree to share their data through HMIS on the Release of Information form should never have their data shared in HMIS. Participants shall not be denied housing or services if they exercise this right.⁵

PRIVACY PROTECTIONS

All participants in NW CoC Coordinated Entry and Assessment system must be informed of how information collected during the Coordinated Entry and Assessment process will be shared and used and participants must provide written consent before that information is shared. NWCoC provides a community-wide Release of Information (ROI) for CE that each participant must sign before their information is shared.

Participants in Coordinated Entry and Assessment system must be allowed to refuse to have their information shared or refuse to disclose certain information. Providers cannot deny services to participants if participants refuse to share or disclose information, unless Federal statute requires collection, use, storage, and reporting of a participant’s personally identifiable information (PII) as a condition of program participation.

The assessment and prioritization process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

⁵ See Appendix B, *North Carolina Homeless Management Information Systems Operating Policy and Procedures*

AFFIRMATIVELY FURTHERING FAIR HOUSING

NC 516'S Coordinated Entry and Assessment system complies with the non-discrimination and equal opportunity provisions of Federal civil right law as specified at 24 CFR 5.105(a), including but not limited to: 1) Fair Housing Act, which prohibits discrimination in all housing transactions based on race, national origin, sex, color, religion, age, disability or familial status, 2) Section 504 of the Rehabilitation Act, 3) Title VI of the Civil Rights Act, 4) Title II and III of the Americans with Disabilities Act and 5) HUD's Equal Access Rule prohibiting discriminatory eligibility determination in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity or marital status including any project funded by the CoC Program and ESG Program.

NON-DISCRIMINATION AND EQUAL ACCESS

Participants may not be denied access to the Coordinated Entry and Assessment process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault, stalking, or human trafficking. The Coordinated Entry and Assessment process must be available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. All populations and subpopulations in the geographic area, including people experiencing chronic homelessness, Veterans, families with children, youth, and survivors of domestic violence and human trafficking, must have fair and equal access to the coordinated assessment process, regardless of the location or method by which they access the system. Access sites must be accessible to individuals with ambulatory issues or disabilities, including for those participants who may be least likely to access homeless assistance services and may elect direct street outreach. All persons encountered by street outreach and engagement are offered the same standardized assessment process as persons who access the NWCoC Coordinated Entry and Assessment through site-based access points.

NWCoC and participating providers should take reasonable steps to ensure effective communication with individuals with disabilities, including providing information in appropriate accessible formats as needed (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters). All assessment sites and assessment staff have access to a language line, TDD line and American Sign Language (ASL) interpreters for clients who have these needs. Marketing materials and the assessment tools are widely available and circulated in both Spanish and English.

NWCoC and participating providers should take reasonable steps to ensure the coordinated assessment process can be accessed by persons with Limited English Proficiency (LEP). All participants must be informed of the ability to file a non-discrimination complaint.

Participants who believe that may have been discriminated against in accessing housing may file a fair housing complaint with HUD by calling 1-800-669-9777 or online at:

https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/online-complaint.

NC 516 seeks to ensure full coverage and equal access of the Coordinated Entry System through community wide, diverse marketing across the region. Marketing will include, at a minimum:

- Flyer postings and informational cards describing how to access the NC 516's crisis response and Coordinated Entry and Assessment system and the interventions offered in the community.
- Web posting and dissemination to the full NWCoC membership via e-mail and upon request from any community organization.
- Links to Coordinated Entry and Assessment information posted on the NWCoC website(s).
- Posting Coordinated Entry and Assessment Policy and Procedures on the NWCoC website.
- Disseminating Coordinated Entry and Assessment information in public presentations (Town Councils, County Commissions, correctional facility presentations, homeless coalitions, religious organizations, civic groups, agencies and volunteer organizations upon request).
- Provide copies of literature at all general NC 516 membership meetings, homeless services training for Law Enforcement Organizations, Emergency Responders and at all outreach events.

CONFIDENTIALITY and RECORD RETENTION

Participating agencies and providers must comply with all federal and state applicable laws and regulations concerning the confidentiality of participant records, files, or communications. Participating HMIS agencies and providers must secure the privacy, confidentiality and integrity of data as proscribed by NC HMIS Operating Policies and Procedures. Participating agencies and providers must either have or develop a record retention policy consistent with the Health Insurance Portability and Accountability Act (HIPAA), and must ensure the protection of and ultimate destruction of paper copies of any participant assessment.

Participating agencies must ensure that program participants are not informed of their assessment score, as this information may erode the efficacy of coordinated entry and assessment system. Participating agencies and providers must not inform participants that a given acuity score permits entry into a particular housing program as this baseline is not fixed within the Coordinated Entry and Assessment system and therefore, such information may erode the integrity and efficacy of Coordinated Entry.

ACCOUNTABILITY

Programs should actively contribute to the coordinated entry and assessment system and prioritization process. Both HUD and VA programs must participate and only accept referrals from the coordinated entry system. When potential participants contact programs, an assessment should be completed at the point of entry or the household may be referred to the designated coordinated assessment point that best suits their needs (e.g. DV). The coordinated entry and assessment system has a grievance process for participants and agencies using the system to formally bring their concerns to the NWCoC Steering Committee in accordance with the NC 516 Provider and Participant Grievance, Termination and Appeals Process policy. Providers and participants should follow the process outlined in the policy and participants are required to be informed of their rights of due process and the procedure by which those rights are ensured.

The NWCoC must ensure that all providers serving individuals and families experiencing homelessness or at-risk of homelessness are invited to participate in the NC 516 Coordinated Entry and Assessment system. For providers unwilling to play a role, NWCoC must consistently outreach and engage these providers to reconsider their role with coordinated assessment. The NWCoC should ensure that all counties under their purview play a role in the system that coordinates participant referral, services, and housing opportunities.

Programs should make every effort to take as many referrals from the prioritization process as possible within federal and state eligibility criteria. If programs exhibit a consistent history of turning down referrals, the Steering Committee shall reach out to the program coordinator/responsible entity, to encourage them to lower barriers to participant entry. NWCoC sets a limit of the number of referrals that participating programs can deny and the procedures are defined in the NC 516 Provider and Participant Grievance, Termination and Appeals Process policy.

Participants may utilize the NC 516 grievance process to file a complaint and agencies participating in the Coordinated Entry and Assessment system, may utilize the grievance procedures when they have a concern with decisions made by the Steering Committee or the coordinated entry and assessment system working groups managing the housing prioritization by name list and day to day operations of the system or the domestic violence parallel system working group. A grievance will be handled by NWCoC Steering Committee in accordance with the policy. Documentation about the grievances filed and resolved should be kept by the NWCoC Lead Agency, Hospitality House of Northwest North Carolina.

NWCoC will evaluate the effectiveness of the NC 516 Coordinated Entry and Assessment systems annually, using system data and participant surveys. NWCoC Steering Committee should only make changes to the Coordinated Entry and Assessment system, unless directed by HUD, based on system data analysis and the annual evaluation, to make it more effective for the community and participants.

Northwest Continuum of Care, HOMELESS PRIORITIZATION (CPD-16-11)

Order of Priority for CoC-Funded Dedicated or Prioritized Chronically Homeless Beds

The Northwest Coordinated Entry and Assessment system shall follow the Order of Priority in housing placement. Programs receiving CoC-funds for permanent supportive housing which have dedicated or prioritized their beds to serve individuals and families experiencing homelessness must follow this order of priority in accordance with the Order of Priority section in HUD Notice CPD-16-11, when selecting participants for housing. CoC and ESG grantees must exercise due diligence when conducting outreach and assessment to ensure the program serves people in the order of priority as adopted by the Northwest Continuum of Care.⁶

- *First Priority:* Chronically homeless individuals and families as defined in 24 CFR 578.3 with the longest histories of homelessness AND the most severe service needs as determined through the acuity score on the standardized assessment with information from community stakeholders.
 - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - The chronically homeless individual or head of household of a family has severe service needs as assessed through the standardized assessment. This person has a history of high utilization of crisis services, including, but not limited to, hospital emergency departments, jail, or psychiatric facilities; or significant health and behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

- *Second Priority:* Chronically homeless individuals or families with the most severe service needs as determined through the acuity score on the standardized assessment with information from community stakeholders
 - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12
 - The chronically homeless individual or head of household of a family has severe service needs as assessed through the standardized assessment. This person has a history of high utilization of crisis services, including, but not limited to, hospital emergency departments, jail, or psychiatric facilities; or significant health and behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

⁶ <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

- *Third Priority:* Chronically homeless individuals or families with the longest history of homelessness that meet the following:
 - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - The chronically homeless individual or head of household of a family has not been identified to meet the severe service needs described in priority one.

- *Fourth Priority:* All other chronically homeless individuals or families.
 - The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the cumulative total of the four separate occasions is less than 12 months; and
 - The program has not identified the chronically homeless individual or head of household of a family, who meets all of the criteria of a chronically homeless person or family, as having severe service needs.

ORDER OF PRIORITY for CoC-FUNDED NON-DEDICATED OR NON-PRIORITIZED CHRONICALLY HOMELESS BEDS

Programs receiving CoC-funded permanent supportive housing that do not dedicate or prioritize their beds for individuals and families experiencing chronic homelessness must first follow the order of priority as mentioned in the section above: Order of Priority for CoC-Funded Dedicated or Prioritized Chronically Homeless Beds. However, if the community does not have any chronically homeless individuals or families or someone meeting the priority listing above cannot be identified within 30 days, programs will prioritize their beds in accordance with the Order of Priority section in Notice CPD-16-11s for non-dedicated or non-prioritized beds when selecting participants for housing.⁷

- *First Priority:* Priority listing under section: Order of Priority for CoC-Funded Dedicated or Prioritized Chronically Homeless Beds.

- *Second Priority:* Homeless individuals and families with a disability with the most severe service needs as determined through the acuity score on the standardized assessment with information from community stakeholders
 - An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

⁷<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

- *Third Priority:* Homeless individuals and families with a disability and severe service needs as defined by the assessment score and high utilization rates of community services.
 - An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

- *Fourth Priority:* Homeless individuals and families with a disability coming from places not meant for human habitation, safe haven, or emergency shelters without severe service needs.
 - An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

PARTICIPANT INTAKE PROCESS THROUGH COORDINATED ENTRY and ASSESSMENT

The coordinated entry and assessment system in the Northwest CoC will be decentralized, meaning all agencies will employ the standard assessment(s) for intake at multiple access sites across the Northwest CoCs geographic region. All CoC and ESG funded programs will actively participate in the coordinated entry and assessment system. Programs will minimize their entry requirements to ensure that the most vulnerable individuals and families experiencing homelessness are served. CoC and ESG housing programs will not accept referrals for housing outside of the coordinated entry and assessment system. All providers will utilize diversion strategies (unless a victim service provider) prior to a participant's entry into shelter and any emergency housing program. Within two weeks of entrance into shelter or emergency housing, the programs trained staff will administer a standardized assessment to determine the most appropriate housing intervention based on the individual's or family's specific needs and acuity.

The NWCoC Coordinated Entry and Assessment system utilizes a required standardized assessment tool for literally homeless households across the region. The standardized assessment tool determines whether a participant has low, moderate or high acuity and vulnerability and helps establish which participants receive the prioritization for housing. The use of a standardized assessment tool is an objective mechanism used to prioritize which homeless individuals and families should receive assistance first based on presentation, vulnerability, and acuity. The standardized assessment tool is designed to help guide case management and improve housing stability outcomes and provide in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with objective evidence. The NWCoC has also incorporated a lethality assessment for the safety needs of participants fleeing domestic violence, dating violence, sexual assault, human trafficking or stalking. Each assessment combines to provide unique insight into a participant's stated service and housing needs, goals, and safety concerns.

All assessments shall follow a 'client-centered,' trauma informed approach, including 1) physical assessment areas are safe and confidential at all access sites 2) focus on the individual's needs and not further traumatizing the participant, and 3) questions are orally reframed when possible, to reflect participants' development capacity and sensitivities to lived experiences, and administrators shall integrate cultural and linguistic competencies.

REQUIREMENTS:

1. All adult program participants must meet eligibility requirements by appropriate program type, consistent with the Order of Priority in placement.
2. Programs may require participants to meet only additional program eligibility requirements as they relate specifically to federal, state, and Continuum of Care eligibility in writing.
3. The only reasons programs may disqualify an eligible individual or family from program entry are:
 - a. All programs beds are full.
 - 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 person with a criminal record that includes 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 program entry for lack of income or employment status.
5. Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.
6. Programs must explain available services and encourage each adult household member to participate in program services, but do not make service usage a requirement or the denial of services a reason for disqualification or eviction.
7. All participant information should be entered in the NC HMIS or comparable database 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 household enters and exits the program, HUD required data elements, and any update of participant information as changes occur.

SPECIAL POPULATIONS and the VULNERABILITY REVIEW

The NC 516 Coordinated Entry Vulnerability Review (VR)⁸ process is used to assess and review homeless individuals and families with high vulnerability and greatest needs whose assessment score does not reflect their true vulnerabilities. The purpose of the Vulnerability Review is to provide a safety net for individuals where the standardized assessment tool did not reveal the full depth and/or urgency of their current presentation beyond homelessness; it is not a side door to the Coordinated Entry and Assessment process. The VR is to be used to prioritize the minority, not majority of the community's homeless registry.

The VR referral form requirements and process ensures that the most vulnerable homeless individuals and families are fairly considered and prioritized for an appropriate housing intervention. The Vulnerability Review process will allow for some element of individual attention and conversation

⁸ The Coordinated Entry and Assessment Vulnerability Review (VR) and the VR Referral Form was approved July 2019.

in the prioritization process, but at the same time still maintain a uniform, transparent process. The VR referral form may be completed by any organization in the NWCoC and submitted to the assigned assessment staff for presentation at the coordinated entry meeting. The VR considers documented severe persistent mental health conditions and/or whether the client is IDD and that these conditions manifests in at least two of the following:

- Interferes with the person’s ability to complete Activities of Daily Living
- Results in self-neglect, putting the person’s health, safety, or well-being at risk
- Impairs the person’s ability to understand and perceive his or her illness
- Prevents the person from being able to complete an assessment

The VR also considers frequent MEDIC/Emergency Room usage, high utilization of local emergency services, and whether the client has severe ongoing medical conditions that impact daily functions or a terminal illness.

Additionally, there are various subpopulations that may have special needs or need to be directed to specific resources to have their needs met (family with autistic children, e.g.). While the VR includes specific instructions for some of those populations, the process covers many others. Assessment staff members who believe that a participant household is eligible for another specific resource not discussed in this document should go to the coordinated entry meeting coordinator or CoC Lead for additional assistance. Having standardized tools to operate a coordinated entry and assessment system is necessary to successfully implement and manage the system. The following list shows the necessary tools and the specific ones used by Northwest Continuum of Care.

<u>Tool or Concept</u>	<u>Specific solution used by the NWCoC</u>
A common assessment tool at entry to determine the best housing intervention	Standardized Vulnerability Assessment Tool, a lethality assessment (if applicable), Prevention/Diversion Tool, and if necessary, the Vulnerability Review
A common process for prioritization for housing	NWCoC determines scoring ranges for the various housing interventions
A common referral mechanism across programs	NWCoC determines the common mechanism used within the community.
A common community-level process for housing placement	NWCoC determines the community-level process which may include prioritization meetings and shared prioritization lists
A common method to measure results	Quarterly Coordinated Entry Reports

ASSESSMENT PROCESS: All programs will actively participate in the NWCoC coordinated entry and assessment system by sharing responsibilities for implementing the system and closing side doors that circumvent the coordinated entry process. Whenever possible, providers want to work to divert any individual or family from the homeless service system by providing problem-solving, mediation, and diversion financial assistance (prevention or crisis assistance) to presenting households. When diversion is not possible, programs should refer clients to appropriate emergency services to meet their needs. Once in the shelter or emergency housing, a trained access provider will then administer the standardized assessment within 14 days of intake. Programs should submit their assessment

scores through the agreed-upon method so that individuals and families can be evaluated, prioritized, and slated for the appropriate housing intervention.

REQUIREMENTS:

1. All staff and/or volunteers administering the screening tools and the lethality assessment (if applicable) should participate in training prior to direct work with individuals and families presenting for services. Staff should attend the annual trainings offered by the NWCoC consistent with best practices and these standards.
2. Providers will utilize diversion screening as the initial triage assessment, diverting households as possible using problem-solving, mediation, and/or financial assistance if needed, unless the participant identifies as fleeing domestic violence, dating violence, sexual assault or stalking.
3. Once individuals and families enter the homeless service system, programs should administer the standardized assessment to households within two weeks of initial intake. Once complete, the assessment score provides programs with the ability to determine, across dimensions, the acuity of an individual or family for an appropriate housing intervention.
4. The evidence-informed common assessment tools, expresses acuity of homeless individual or family through a numeric score, with a higher number representing more complex, co-occurring disorders likely to impact overall housing stability. The assessment score shows the *presence* of these issues and indicates the potential best intervention for housing and services. A standardized assessment tool quantifies some of the following determinates:
 - a. Wellness: Chronic health issues and substance abuse
 - b. Socialization and Daily Functioning: Meaningful daily activities, social supports, and income
 - c. History of Housing and Homelessness: Length of time experiencing homelessness and cumulative incidences of homelessness
 - d. Risks: Crisis, medical and law enforcement interdictions. Coercion, trauma, and most frequent places the individual or family has slept
 - e. History or experiencing trauma
 - f. Family Unit: School enrollment and attendance, familial interaction, family makeup, and childcare
5. Scores on the assessment tool populate the local prioritization list, allowing agencies, providers, case managers, and others with housing resources to determine who enters a particular housing program next by acuity. Length of time homeless will also be tracked by NWCoC in order to follow the Order of Priority. Currently, there are four dedicated chronic beds in the CoC and all other permanent supportive housing beds are Dedicated Plus.
6. Once the prioritization committee identifies an eligible participant, a referral will be sent from Coordinated Assessment to the corresponding provider. Providers have 2 business days to verify eligibility and notify Coordinated Assessment of the acceptance or rejection of the referral.

NWCoC determines the acuity score range under which individuals and families experiencing homelessness go into various housing interventions based on community needs. However, the score ranges below are only recommended and serve as the starting point for an appropriate housing intervention for each participant household based on the household's specific needs.

Individuals Intervention Recommendation	Score for Individuals
Permanent Supportive Housing	8-17
Rapid Rehousing or TH/PH-RRH	4-7
Basic Case Management	0-3
Families Intervention Recommendation	Score for Families
Permanent Supportive Housing	9-22
Rapid Rehousing or TH/PH-RRH	4-8
Basic Case Management	0-3

ASSIGN WITH PARTICIPANT CHOICE

Programs will provide safe, affordable housing meeting participants' needs in accordance with the coordinated assessment process and prioritization schedule, based on acuity and program eligibility. Programs will provide rapid and successful entry into permanent housing for each eligible household, by assessing acuity and length of time homeless, with as few barriers as possible. The coordinated assessment system will focus its attention on the ability of all persons in the community to access the appropriate housing intervention to meet their immediate and long term needs.

REQUIREMENTS:

1. In providing or arranging for housing, programs must consider the specific household needs of the individual or family experiencing homelessness.
2. Programs assist households in finding suitable housing quickly and effectively and do so guided by client input and choice.
3. Programs agree to only accept referrals through the coordinated entry and assessment system, closing all side doors to permanent housing placement.

Client choice should remain at the center of any referral and placement, with the client being completely informed of the steps and processes necessary to move from homelessness to permanent housing. The process should include, whenever possible, a warm hand-off of the client to the referred agency, which could include either a phone call or email with a method for transmitting intake materials, releases of information and the completed the assessment tool(s). Providers should take into consideration resources for transportation to get participants from initial intake/screening site to referred agency.

FOLLOW-UP AND HOUSING STABILIZATION

To reduce returns to homelessness, programs should provide a continuity of services to all participants following their exit from a program. These services may be provided directly by the program or through referrals to other service providers.

REQUIREMENTS:

1. Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources, as desired.
2. Programs routinely check in with PSH participants to identify those households whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program as part of the Move On strategy to independence.
3. Programs develop a housing plan, in conjunction with the participating household, for effective, timely program exit of individuals and families whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program.
4. Programs should attempt to follow up with participants through verbal or written contact at least once in 6 months after the participant 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.
5. For HUD CoC PSH grants, programs may provide services to formerly homeless individuals and families for up to six months after their exit from the program.

Programs will perform an assessment to track household progress in meeting key needs and determine ongoing acuity of the participant household. Programs must complete an assessment at housing program entry, at housing entry, and every 6 months thereafter until program discharge but at least annually. Programs should follow-up with participants 6 months after program exit to ensure that the household continues to thrive in permanent housing and can assist with service referral if the acuity score indicates ongoing needs.

Program staff, in coordination with participants, determine which individuals and families in permanent housing programs should be considered for exit to another permanent housing program or housing subsidy based on community resources, keeping in mind that some households may experience ongoing challenges at program exit.

DEFINITIONS

Acuity: When using the standardized assessment tools, acuity means the presence of a presenting issue based on the assessment score. Acuity on the prescreening tool is expressed as a number with the higher score representing more complex, co-occurring issues likely to impact overall stability in permanent housing. When using the case management tool acuity refers to the severity of the presenting issue and the ongoing goals to addressing these issues.

At Risk of Homelessness: (1) An individual or family who has an annual income below 30 percent of median family income for the area, as determined by HUD; does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground or hotel/motel paid for by government entity or charitable organization; and meets one of the following conditions: Has moved because of economic reasons two or more times during the 60 days immediately preceding the

application for homelessness prevention assistance; Is living in the home of another because of economic hardship; Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals; Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau; Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correctional facility); or 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; or a child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or a child or youth who qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Chronically Homeless: (1) an individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) had been homeless and living as described in (i) continuously for at least 12 months or on at least 4 occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days do not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in (1) or (2) of this definition, including a family whose composition had fluctuated while the head of household has been homeless (24 CFR 578.3).

Comparable Database: HUD-funded providers of housing and services (recipients of ESG and /or CoC funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women the and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, "a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data." A recipient or subrecipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD's HMIS requirements (24 CFR 578.57).

Coordinated Entry and Assessment: A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The

system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool (24 CFR 578.3). CoCs have ultimate responsibility to implement coordinated entry and assessment in their geographic area.

Developmental Disability: As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of "developmental disability" in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life (24 CFR 578.3).

Disabling Condition: According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV) (24 CFR 583.5).

Diversion: Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs help reduce the number of people becoming homeless and the demand for shelter beds.

Family: A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) a group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family (24 CFR 5.403).

Homeless:

Category 1: an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including

a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals); or (iii) an individual who exits an institution where he/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; or

Category 2: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or

Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing (24 CFR 578.3).

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

Housing First: A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.⁹

Lethality Assessment/Danger Assessment (DA): instrument is designed to assess the likelihood of lethality or near lethality occurring in a case of intimate partner violence (IPV). The most important risk factor for intimate partner homicide (IPH) is prior domestic violence. Even though victims/survivors of abuse are fairly good assessors of their own risk of re-assault, risk may be minimized as a coping skill. The Danger Assessment (DA) was developed in consultation on item wording and content validity from victims and survivors of IPV, advocates, law enforcement officials, and other clinical experts on IPV. The initial assessment was developed from Jacqueline C. Campbell's research reviewing police intimate partner homicide records as well as reviews of other studies of IPH or serious injury from IPV. The DA first assesses severity and frequency of intimate partner violence by asking the client to mark on a calendar the approximate days when physically abusive incidents occurred, ranking their severity on a scale of 1 to 5. The second part of the DA is a 20 question

⁹<https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/>

response, weighting the risk factors associated with IPH. The score measures the immediate risk and probability of intimate partner homicide.

Joint (Combined) Component Housing: housing for participants who have signed a lease or occupancy agreement with the primary purpose of transitioning participants into permanent housing within 24 months utilizing any combination of transitional housing and rapid-rehousing financial assistance that fits the participant's individual needs and goals.

Prevention and Diversion: A comprehensive and individualized intake approach used to reduce entries into the homeless service system by determining a household's needs upon initial presentation to shelter or other emergency response organization. This initial contact strategy gives homeless services and housing programs a chance to divert households by assisting them to identify other permanent housing options and, if needed, providing access to mediation and financial assistance to remain in housing.

Rapid Rehousing: A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. Like Housing First, rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

Transitional Housing: Refers to housing projects that are designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living within 24 months, or longer if approved by HUD. Individuals and families living in Transitional Housing are included under the HUD Homeless definition.



NC 516 Coordinated Entry and Assessment Addendum: Emerging Issues Related to Assessment and Prioritization in CE to Provide Appropriate Response to COVID-19 in the Northwest Continuum of Care

Background:

In December 2019, a new coronavirus known as SARS-CoV-2 was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of a virulent coronavirus disease, COVID-19, that has now spread across the globe to the United States. In March 2020, in response to increased spread of COVID-19, the World Health Organization declared the coronavirus outbreak a pandemic and the President of the United States declared the outbreak of COVID-19 a national emergency. During this time, the majority of states, including North Carolina, declared states of emergency that included Stay at Home Orders, to mitigate the spread of the pathogen. As a result, many homeless housing and service providers are facing challenges to ensure appropriate shelter, housing and supportive services are available for program participants who need to be separated from others because they are exhibiting symptoms or at high risk of contracting the virus, updating training to permit staff to safely work with program participants and prevent spreading the virus, securing necessary supplies and implementing safeguards to prevent the spread of the virus, and maintaining necessary staffing levels during the outbreak to provide essential services.

Additionally, many program participants and community members are suffering economic consequences from the mass shutdown of businesses and lack of availability of traditional mainstream benefits. As a result, increased demand for housing assistance, placement and supportive services to appropriately address the needs of affected persons in the Northwest Continuum of Care (CoC) require flexibility and adaptive response in the Coordinated Entry and Assessment System.

Purpose:

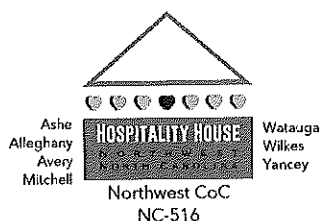
In response to COVID-19, the Northwest Continuum of Care (NC 516) Coordinated Entry and Assessment System Policies and Procedures and will adapt flexibility in prioritization and assessment to position the system to respond to the COVID-19 public health crisis. This NC 516 Coordinated Entry and Assessment Policy and Procedures addendum ("the addendum"), reflects temporary changes to the Northwest CoC's Coordinated Entry Policies and Procedures that are needed to ensure that the coordinated entry and assessment process is flexible and responsive to new or existing developments related to COVID-19. Please note, the pandemic is a constantly evolving crisis and policies are subject to change to fit the immediate needs of the community as the Northwest CoC continues to refine its COVID-19 response. Wherever applicable, this addendum supersedes the currently adopted NC 516 Coordinated Entry and Assessment Policy and Procedure for the duration of the COVID-19 crisis, which is the timeframe during which this addendum is intended to be in effect.

Objectives:

In order to quickly place participants in housing or safe shelter and to address the threats posed by COVID-19, the Northwest CoC is following HUD and CDC guidance concerning increased risk of exposure and negative outcomes from COVID-19 for people experiencing homelessness and those at risk of homelessness. The Coordinated Entry committee and victim CE parallel system committee of the Northwest CoC shall have the authority to guide and adjust system level priorities and assessment procedures to mitigate pathogen exposure risk for both staff and participants of the homeless service system. The following amendments will apply to the Coordinated Entry and Assessment Policies and Procedures.

- Any adaption or revision of the standardized assessment tools to appropriately prioritize vulnerable persons that are designed to respond to the effects of COVID-19;
- Any prioritization of high risk persons for housing placement that are consistent with the following criteria:
 - Age 65 years old or older;
 - Significant underlying health conditions, particularly for those conditions which are not well controlled, which may include: chronic lung disease or moderate to severe asthma, serious heart conditions, Persons who are immunocompromised, severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease.
- Prioritization for Rapid Re-housing program placement that support Progressive Engagement for highly vulnerable person as defined above;
- In person assessment requirements for safety of staff or participants.

Eligibility criteria for rapid re-housing and permanent supportive housing (PSH), DV and DDV/SA projects are unchanged unless the CE committee is notified by the grantee/subrecipient. Wherever applicable, this addendum supersedes the currently adopted NC 516 Coordinated Entry and Assessment Policy and Procedures for the duration of the COVID-19 crisis, which is the timeframe during which this addendum is intended to be in effect, or until such time the Steering Committee of the Northwest Continuum of Care revokes this addendum.



Written Standards for All Projects and Programs

In accordance with Title 24 of the Code of Federal Regulations, Part 576 and Part 578, the Northwest Continuum of Care (NC 516) covering Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell, and Yancey counties, has adopted the following Written Standards for agency's providing services and housing for persons defined as homeless or at risk of homelessness within the Continuum of Care's (CoC) geographic region. Activities governed by these standards are designed to promote a community-wide commitment to the goal of ending homelessness; provide funding for efforts to quickly rehouse homeless individuals and families, which minimizes the trauma and dislocation caused by homelessness; promote access to, and effective use of, mainstream programs and services by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. These written standards apply to all projects that receive Emergency Solutions Grant (ESG) assistance¹⁰ and Continuum of Care funds and any targeted homeless assistance funding in NC 516. In addition, all homeless assistance programs that are located in the NWCoC that provide services or housing assistance for at risk or literally homeless households regardless of funding source, are encouraged to adhere to these written standards.

Populations Served

The Northwest CoC system serves people experiencing literal homelessness and those at risk and at imminent risk of homelessness in the geographic area as defined by HUD. All populations are defined in accordance with the official HUD definitions.¹¹ People who do not meet the definitions are diverted to other appropriate prevention or crisis oriented resources that are available in the community to meet their needs and support housing stability. Program participants must meet program eligibility criteria, based on funding sources, and have an intake to determine eligibility at a coordinated entry access site for an appropriate housing intervention. All homeless services providers, emergency shelter, housing and prevention providers, and other mainstream agencies who provide essential support services to meet the needs of homeless or at risk of homelessness households, should coordinate activities directly with homeless service providers to effectuate planning and housing stability, prevent duplication of benefits, and ensure the safety and well-being of participants.

Coordinated Entry and Assessment

Coordinated Entry refers to a centralized community process designed to intake, refer, assess, prioritize and assist people at-risk of homelessness and people experiencing homelessness to meet their basic housing needs in a defined geographic area (CPD 17-01)¹². The implementation of Coordinated Entry is now a requirement to receive certain federal funding, namely Emergency Solutions Grant (ESG) and Continuum of Care (CoC) funds, from the Department of Housing and Urban Development (HUD), and is considered a

¹⁰ ESG assistance programs included: Street Outreach, Emergency Shelter/Operations, Homeless Prevention, Rapid Rehousing, and Homeless Management Information System (HMIS).

¹¹ https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

¹² <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

national best practice (*See*, 24 CFR 578.7(a)(8)). ESG sub-recipients and Continuum of Care grantees are required to participate in the local Coordinated Entry and Assessment process as designed by NC 516 and take only referrals from the Coordinated Entry and Assessment system for housing programs. Recipients of Federal funding in NC 516 that provide homeless assistance services and rental subsidy, shall comply with the NC 516 Coordinated Entry and Assessment Policy and Procedures as adopted. CoC and ESG funded projects and activities shall comply with all eligibility requirements for households seeking assistance.

Coordination with Mainstream and Targeted Homeless Providers

ESG and CoC funded programs must coordinate and integrate, to the maximum extent practicable, with programs targeted to serve homeless persons and other mainstream benefits and services in the Northwest region. Providers shall affirmatively coordinate mainstream benefits and community resources to participants engaged in all programs that will effectively serve and support a households specific needs. As available, these programs include but are not limited to:

1. Continuum of Care Program (24 CFR 578);
2. Shelter Plus Care Program (24 CFR part 582);
3. Supportive Housing Program (24 CFR part 583);
4. Section 8 Moderate Rehabilitation Program for Single Room Occupancy Program for Homeless Individuals (24 CFR part 882);
5. HUD - Veterans Affairs Supportive Housing (HUD-VASH) (division K, title II, Consolidated Appropriations Act, 2008, Pub. L. 110-161 (2007), 73 FR 25026 (May 6, 2008));
6. Education for Homeless Children and Youth Grants for State and Local Activities (title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431et seq.));
7. Grants for the Benefit of Homeless Individuals (section 506 of the Public Health Services Act (42 U.S.C. 290aa-5));
8. Healthcare for the Homeless (42 CFR part 51c);
9. Programs for Runaway and Homeless Youth (Runaway and Homeless Youth Act (42 U.S.C. 5701et seq.));
10. Projects for Assistance in Transition from Homelessness (part C of title V of the Public Health Service Act (42 U.S.C. 290cc-21et seq.));
11. Services in Supportive Housing Grants (section 520A of the Public Health Service Act);
12. Emergency Food and Shelter Program (title III of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11331et seq.));
13. Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program (section 40299 of the Violent Crime Control and Law Enforcement (42 U.S.C. 13975));
14. Homeless Veterans Reintegration Program (section 5(a)(1)) of the Homeless Veterans Comprehensive Assistance Act (38 U.S.C. 2021);
15. Domiciliary Care for Homeless Veterans Program (38 U.S.C. 2043);
16. VA Homeless Providers Grant and Per Diem Program (38 CFR part 61);
17. Health Care for Homeless Veterans Program (38 U.S.C. 2031);
18. Homeless Veterans Dental Program (38 U.S.C. 2062);
19. Supportive Services for Veteran Families Program (38 CFR part 62); and
20. Veteran Justice Outreach Initiative (38 U.S.C. 2031).
21. Public housing programs assisted under section 9 of the U.S. Housing Act of 1937 (42 U.S.C. 1437g) (24 CFR parts 905, 968, and 990);

22. Housing programs receiving tenant-based or project-based assistance under section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f) (respectively 24 CFR parts 982 and 983);
23. Supportive Housing for Persons with Disabilities (Section 811) (24 CFR part 891);
24. HOME Investment Partnerships Program (24 CFR part 92);
25. Temporary Assistance for Needy Families (TANF) (45 CFR parts 260- 265);
26. Health Center Program (42 CFR part 51c);
27. State Children's Health Insurance Program (42 CFR part 457):
28. Head Start (45 CFR chapter XIII, subchapter B);
29. Mental Health and Substance Abuse Block Grants (45 CFR part 96); and
30. Services funded under the Workforce Investment Act (29 U.S.C. 2801et seq.).

Homeless Management Information System (HMIS) or Comparable Database Participation

The purpose of a homeless database is to record and store participant-level information about the numbers, characteristics and needs of persons who use homeless supportive services and/or receive housing assistance. All providers receiving CoC and ESG Program funding in NC 516 who are not victim service providers are required to participate in the North Carolina Homeless Management Information System (NC HMIS). Programs must follow the NC HMIS Operating Policies and Procedure, input data into NC 516 HMIS platform and remain in good standing with participation requirements.¹³ All agencies must have Data Use Agreement/Administrative Qualified Service Organization Business Associate Agreement (QSOBAA), Participation Agreements, Confidentiality Policy, Grievance Policy and Privacy Policy. However, federal law prohibits Domestic Violence and Victim Service Providers from entering participant information into HMIS and instead, Domestic Violence agencies and Victim Service providers use an HMIS comparable data system.

The NC HMIS system is compliant with the Health Insurance Portability and Accountability Act (HIPAA), and all Federal and State laws and codes. All privacy procedures are designed to ensure that the broadest range of providers may participate in the project. All users issued access to the system must sign a User Agreement & Code of Ethics form, and agencies must sign a NC HMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies share information, they must sign an agreement, the sharing QSOBAA, which defines sharing and prevents re-release of information to unauthorized third parties.

Participant Intake and Verbal Explanation

Prior to every participant's initial intake and assessment, agency staff must provide a verbal explanation that the participant's information will be entered and stored in an electronic database and an explanation of the NC HMIS or comparable database Release of Information (ROI) form and participant grievance/complaint processes. However, a participant's refusal to sign a ROI does not disqualify a participant from access to services or housing. Agencies will maintain all applicable NC HMIS or comparable dataset releases, case notes, verification of homeless status, and all pertinent demographic and identifying data as required by funding source and program type as applicable.

Data Entry and Data Quality

Participating agency staff performing data entry for households served and activities provided with ESG or CoC funds must use the latest copy of the workflow guidance and all participants must be entered into NC HMIS or comparable database system no later than 14 days from the initial intake date. Agencies must actively monitor project participation and participant exits. All participants must be exited within 30 days of

¹³ See Appendix B, *North Carolina Homeless Management Information Systems Operating Policy and Procedures*.

last contact, unless project guidelines specify otherwise. All NC HMIS participant agencies are required to enter at minimum, the Universal Data Elements (UDEs). All required project information and additional updates must be collected as defined by the funding source and program type.

Public Notice

All agencies are required to have the HUD Public Notice on NC HMIS posted and visible to participants in locations where information is collected and at all Coordinated Entry access sites. Notices should be posted both in English and Spanish.

Confidentiality and Record Retention

All participating programs must uphold the privacy protection standards established by the NC HMIS Operating Policies and Procedure and relevant State and Federal confidentiality laws and regulations that protect participant records containing personally identifiable information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Agencies must have appropriate Release(s) of Information (ROI) that are consistent with the type of data the agency plans to share and the time period for which the ROI is valid. Confidential participant information may only be released with the participant or the participant's guardian's consent. Providers must ensure the protection of and ultimate destruction of paper copies of any participant assessment received or performed. 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. A HUD and HIPAA compliant record retention policy and procedure must be developed and enforced by all recipient agencies. CoC and ESG programs must maintain records in accordance with regulations (24 CFR 578.103; 24 CFR 576.500 *et seq.*) Documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served.

Housing Quality and Minimum Habitability Standards

All dwelling units shall meet Minimum Habitability Standards¹⁴ or Housing Quality Standards set by HUD as applicable depending on funding source (24 CFR 576.403(c) and 578.75, *et seq.*). Emergency Shelter facilities are required to adhere to 24 CFR 576.403(b) and meet state or local government safety and sanitation standards, as applicable, including energy-efficient appliances and materials.

Lead-Based Paint

All emergency shelters and housing occupied by program participants must adhere to the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R. Such regulations pertain to all HUD-assisted housing and require that all owners, prospective owners, and tenants of properties constructed prior to 1978 be properly notified that such properties may include lead-based paint. Such notification shall point out the hazards of lead-based paint and explain the symptoms, treatment and precautions that should be taken when dealing with lead-

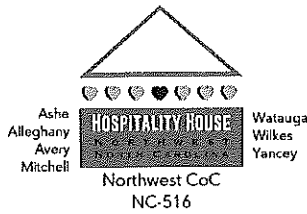
¹⁴ Providers receiving Emergency Solutions Grant funds must maintain documentation provided by the NC ESG Program on Minimum Habitability Standards: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%93-0>

based paint poisoning and the advisability and availability of blood lead-level screening for children under seven. The notice should also note that if lead-based paint is found on the property, abatement measures may be undertaken. The regulations further require that, depending on the amount of Federal funds applied to a property, paint testing, risk assessment, treatment and/or abatement may be conducted. All housing units assisted with ESG and CoC funds must meet habitability standards for housing. Housing providers must document the year a unit was constructed and document the year in the inspection checklist using approved forms, or the unit will not be considered approved for financial assistance.¹⁵ Additionally, all participants moving into units built before 1978, must have the *"Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards"* attached to the unit lease.

Environmental Reviews

Activities conducted under CoC or ESG funds are subject to Environmental Review under 24 CFR part 50. HUD-assisted projects are required to comply with the National Environmental Policy Act (NEPA) by conducting an Environmental Review to determine the potential environmental impacts of a project or, if applicable, by documenting its categorical exclusion or exemption from this requirement. Under § 578.31 of the Interim Rule, CoC funded activities are subject to Environmental Review consistent with 24 CFR part 50. An Environmental Review for each CoC project type must be completed prior to committing or expending CoC Program funds or local funds on any eligible program activity or acquiring, rehabilitating, converting, leasing, repairing, disposing of, demolishing, or constructing property for a CoC funded project. Per 24 CFR 576.407(d), all ESG funded activities must also meet requirements for Environmental Review. The NC ESG Office as the recipient, will provide each Subrecipient with an Environmental Review form prior to awarding funds. Subrecipients must complete and return the form to the NC ESG Office before the contract can be executed and funds can be awarded. This is the only action the Subrecipient is required to take in order to be in compliance with the Environmental Review requirement per the ESG Office. Records of completed Environmental Reviews must be retained in accordance with 24 CFR 578.103(a).

¹⁵ Providers receiving Emergency Solutions Grant funds must maintain documentation provided by the NC ESG Program on Minimum Habitability Standards and Lead Based paint: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%930>



Anti-Discrimination, Fair Housing and Faith-based Activities Policy

NC 516 is committed to ending homelessness in the Northwest region and ensuring that all individuals and families have equal access to housing and support services without regard to race, color, religion, sexual orientation, disability, familial status, age, gender identity, ethnicity or national origin. The NC 516 Written Standards comply with all requirements regarding the HUD Equal Access Rule, other federal and state non-discrimination and privacy laws required by the Department of Housing and Urban Development, and are applicable to all CoC and ESG funded programs in the Northwest Continuum of Care (CoC). NC 516 will provide training on an annual basis to agencies and the community at large regarding the Equal Access Rule, Fair Housing compliance and other related requirements.

Equal Access

Covered Providers shall not discriminate in housing placement, services or accommodation on the basis of any protected characteristic, including: race, color, religion, sex, familial status, disability, age, gender identity, LGBTQIA (lesbian, gay, bisexual, transgender, queer/questioning, intersex or allies) status or marital status. NC 516 will ensure equal access to programs for all individuals and families in housing, services and accommodations in accordance with a participant's gender identity and shall determine eligibility for all covered programs without regard to actual or perceived sexual orientation, gender identity and/or marital status. NC 516 encourages all agencies within the CoC to aspire or adopt these standards in practice, regardless of funding sources.

Involuntary Family Separation

In compliance with the CoC Program Interim Rule (24 CFR 578.93(e)) and ESG regulations (24 CFR 576.102(b)), involuntary separation is prohibited in all funded projects. Covered projects shall not deny admission to any household on the basis of the age and gender of a child under the age of eighteen (18) years or the gender or marital status of a parent or parents. NC 516 will work with providers to ensure placements are coordinated to avoid involuntary separation. Any person who believes that they or a family member has experienced involuntary family separation may report the issue directly to the Northwest CoC or by utilizing the participant grievance procedures delineated in these written standards.

Fair Housing is the right of individuals to obtain equal and free access to housing choices regardless of their race, color, religion, sex (orientation and gender identity), age, handicap or disability, familial status, national origin, marital status, or ancestry. This was made law in the "Fair Housing Act" as follows, "Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability)." Additionally, Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.

CoC and ESG sub-recipients in NC 516 must implement all funded programs in a manner that will comply and affirmatively further fair housing, which means that the recipient must affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, gender identity, sexual orientation, or handicap. Marketing should target those least likely to apply for services without special outreach, and records should be maintained of all marketing activities in the CoC. Where a sub-recipient encounters a condition or action that impedes fair housing choice for current or prospective program participants, information on rights and remedies available under applicable federal, state and local fair housing and civil rights laws shall be provided.

CoC and ESG sub-recipients must also take appropriate steps to ensure effective communication with persons with disabilities including, but not limited to, adopting procedures that will make information available regarding the services and facilities that are accessible to persons with disabilities. Recipients and sub-recipients are also required to take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons.

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

Inquiries Related to Disability

Although the Fair Housing Act places limitations on the ability of housing providers to inquire about the nature and severity of an applicant's disability, it is permissible for a housing provider that offers housing serving persons with disabilities to inquire whether an applicant meets the program's eligibility requirements. Thus, a provider whose housing is limited to serving residents with disabilities may inquire and must document whether an applicant has a qualifying disability. In addition, service providers connected with the housing program may make inquiries necessary to determine the service needs of residents. Housing providers may also ask applicants and residents whether they need units with special features or if they have special needs related to communication, but they should make these inquiries of all program participants, but may not discriminate in providing housing on the basis of that disability.

Equal Access Protections

Housing shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status. No recipient or sub-recipient of HUD funds may inquire about the sexual orientation or gender identity of an applicant for, or occupant of, HUD-assisted housing for the purpose of determining eligibility for the housing or otherwise making such housing available. This prohibition on inquiries regarding sexual orientation or gender identity does not prohibit any individual from voluntarily self-identifying sexual orientation or gender identity. This prohibition on inquiries does not prohibit lawful inquiries of an applicant or occupant's sex where the housing provided or to be provided to the individual is temporary emergency shelter that involves the sharing of sleeping areas or bathrooms, or inquiries made into familial composition for the purpose of determining the number of bedrooms to which a household may be entitled.

Prohibitions on Discrimination Based On Sex

In general, the Fair Housing Act prohibits housing providers from limiting access to their housing program based upon sex. However, housing may be limited to one sex where, because of the physical limitations or configuration of the housing facility, considerations of personal privacy or personal safety would make it

inappropriate for the facility to be made available to members of both sexes. For example, it would not be a violation of the Fair Housing Act for units with shared bathing or sleeping facilities to be limited to one sex.

Discrimination Based Upon Religion

The Equal Access Rule and the Fair Housing Act prohibits discrimination based upon religion. Recipients and sub-recipients may not restrict housing or services to persons of a particular religion or religious denomination, nor may they require a particular religious belief or activity as a condition of receiving benefits or participating in program activities. If providers allow participant's to use the public and common spaces for religious services, it must make those public and common spaces available for all types of religious services requested by the participants and no religious activity shall be or implied to be compulsory to receive services or housing.

Equal Access and Prohibition of Inquiries on Sexual Orientation or Gender Identity

Housing that is assisted by HUD shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status. No owner or administrator of HUD-assisted housing, nor any recipient or sub-recipient of HUD funds, may inquire about the sexual orientation or gender identity of an applicant for, or occupant of, HUD-assisted housing for the purpose of determining eligibility for the housing. This prohibition on inquiries regarding sexual orientation or gender identity does not prohibit any individual from voluntarily self-identifying sexual orientation or gender identity. This prohibition on inquiries does not prohibit lawful inquiries of an applicant or occupant's sex where the housing provided or to be provided to the individual is temporary emergency shelter that involves the sharing of sleeping areas, bathrooms, or inquiries made for the purpose of determining the number of bedrooms to which a household may be entitled.

Complaints related to Fair Housing are referred to the NC Human Relations Commission and may be made in writing to: 1318 Mail Service Center, Raleigh, NC 27601, or by telephone at 1-866-324-7474.

Section 504 Requirements

Section 504 of the Rehabilitation Act of 1973 (24 CFR Part 8), prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance, regardless of whether the programs involve provision of housing or non-housing services or benefits. While Section 504 overlaps with the disability discrimination prohibitions of the Fair Housing Act, it also imposes broad affirmative obligations on recipients to make their programs, as a whole, accessible to persons with disabilities.

Americans with Disabilities Act

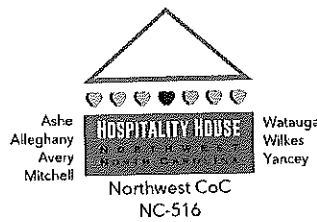
Title II of the Americans with Disabilities Act (ADA) prohibits discrimination against persons with disabilities in all programs, activities, and services of a public entity (i.e., state or local government; or department, agency, special purpose district, or other instrumentality of a state, or states, or local government). The prohibitions against discrimination under Title II of the ADA are essentially the same as those in Section 504, except they apply to all programs, activities, and services of the public entity and those funded with federal financial assistance such as CoC or ESG.

Title III of the ADA prohibits discrimination on the basis of disability in public accommodations and commercial facilities. These do not include housing, but do include emergency overnight shelters or social services facilities. For more information about the ADA and its requirements, see the Department of Justice website at: www.ada.gov. CoC and ESG funded recipients must ensure that their program's housing and

supportive services are provided in the most integrated setting appropriate to the needs of persons with disabilities and in accordance with federal regulations (24 CFR 8.4(d)).

Age Discrimination Act of 1975

The Age Discrimination Act prohibits discrimination based upon age in federally assisted and funded programs or activities, except in limited circumstances (24 CFR Part 146). It is not a violation of the Age Discrimination Act to use age as a screening criterion in a particular program if age distinctions are permitted by statute for that program or if age distinctions are a factor necessary for the normal and efficient operation of the program or the achievement of a statutory objective of the program or activity.



Faith-based Activities (24 CFR §578.87(b), 578.103(13), 578.406)

Equal Treatment

Organizations that are religious or faith-based are eligible to participate in CoC and ESG programs. Recipients and sub-recipients must not discriminate against a program participant or prospective program participant on the basis of religion, religious belief, or absence thereof. In providing program assistance, CoC and ESG funded agencies and staff shall not discriminate against a prospective participant or program participant on the basis of religion or religious belief a refusal to hold a religious belief or any refusal to attend or participate in any religious practice.

Separation of Activities

Grantees and sub-recipients of CoC or ESG funds that engage in explicitly religious activities such as worship, religious instruction, or proselytization, must offer these services separately, in time or location, from the programs or services funded through CoC or ESG. Participation in any such explicitly religious activities must be made clear to be voluntary, not compulsory, for program participants.

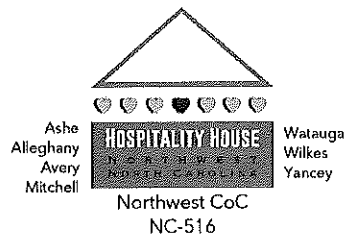
Religious Identity

A faith-based organization that is a grantee or sub-recipient of CoC or ESG program funds may continue to carry out its faith mission, including the definition, development, practice, and expression of religious beliefs, provided that it does not use direct program funds to support or engage in any explicitly religious activities. Faith-based organizations may use space in their facilities to provide program-funded services, without removing or altering religious art, icons, scriptures, or other religious symbols.

In addition, ESG regulations explicitly specify that religious organizations retain authority over internal governance. The organization may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

Alternative Provider

If a program participant or prospective program participant objects to the religious character of an organization that provides services under the program, that organization shall, within a reasonably prompt time after the objection, undertake reasonable efforts to identify and refer the program participant to an alternative provider to which the prospective program participant has no objections. Grantees and sub-recipients shall document any objections from program participants and prospective program participants and any efforts to refer such participants to alternative providers shall be documented.



Ensuring Access to Educational Services Policy

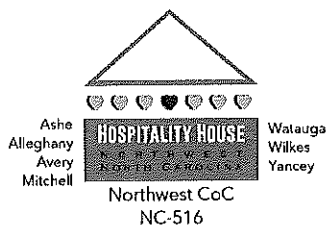
NC 516 Continuum of Care is dedicated to ensuring that all homeless children are provided the resources necessary to stabilize their housing, support their growth and development, and minimize the specific trauma associated with homelessness. To that end, the immediate assessment of a child's needs and connection to all early intervention and educational supports available and assisting guardians in advocating for their rights under the McKinney-Vento program is key. Therefore, homeless service providers should incorporate information from the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act) and the Every Student Succeeds Act (ESSA) related to education assurances for homeless children and youth into all program intakes.

All providers receiving federal funding through the Continuum of Care and Emergency Solutions Grant programs for shelter, rapid re-housing, transitional housing, combined component, housing services and permanent supportive housing for families, are required to follow these practices in order to meet the developmental needs of homeless children and youth as defined under McKinney-Vento (42 U.S.C § 11434a(2)).

School Enrollment

Every parent, guardian or custodian having charge or control of a child between the ages of seven and 16 years must enroll the child in school (see, N.C.G.S. § 115C-378). Program staff must provide the parent, guardian, and unaccompanied youth with information on school enrollment; and

- The district school that is the appropriate for the age/grade level of the child.
- The rights under the McKinney-Vento legislation to remain at the school of origin, if feasible; and to be immediately enrolled regardless of the availability of previous school records, health records, birth certificates, or proof of residency.
- The contact information for the Local Education Agency (LEA), or school social worker and/or the school's or district's McKinney-Vento Liaison.
- Parents or Guardians choosing to home school children should provide grade appropriate curriculum or web-based programming being used to support an adequate home-school program and ongoing progress in mastering grade-level material, via progress reports and/or testing results in accordance with North Carolina General Statutes.
- Homeless Programs will provide or make arrangements with the appropriate school's transportation service coordinator if requested by the parent, guardian or unaccompanied youth to facilitate engagement in school-based services that are consistent with the student's needs.



NC 516 Violence Against Women Act (VAWA) Policy

With the HUD Final Rule of 2016¹⁶ and the Reauthorization of the Violence Against Women Act (VAWA) of 2013, several key regulations were enacted that affect housing providers. Most prominent is the ability for participants and affiliated household members to request a transfer to another rental unit if they are experiencing domestic violence, dating violence, stalking or sexual assault, and/or feel threatened that it will occur or continue as long as they stay in their current residence.

VAWA requires that applicants, new residents, and current residents of any rental unit receiving housing assistance through Continuum of Care (CoC), Emergency Solutions Grant (ESG), HOME-Tenant Based Rental Assistance (HOME-TBRA), Department of Justice or Housing Opportunities for Persons With AIDS (HOPWA), receive notification of their right to request a transfer without penalty, that housing providers place a priority on moving the household to a new unit, that the unit location must meet the approval of the tenant(s), that all associated documentation meet strict storage and confidentiality requirements and the outcome of the requests must be tracked and reported.

The changes to VAWA reaffirmed in 2022, provide additional protections for victims and affiliated individuals of domestic violence, dating violence, sexual assault, and stalking. An affiliated individual is defined as a spouse, parent, brother, sister, child, or guardian, or any other lawful occupant living within the household.

In accordance with 24 CFR Part 5, subpart L, a covered housing provider¹⁷ shall:

1. Provide all new tenants and applicants (upon denial of residence) a copy of the "Notice of Occupancy Rights" and a copy of the "Certification Form for Documenting Incidents". All other tenants that began residence prior to December 16, 2017 must be provided a copy of these documents upon renewal, or if not being renewed before then, by another means.
2. Adopt and keep record of an Emergency Transfer Plan for all affected lease holders. The Emergency Transfer Plan must be available upon request and when feasible, publicly available. The plan must:
 - o Detail the priority given to persons who qualify for an emergency transfer under VAWA in relation to others requesting a transfer;
 - o Allow tenants who are victimized to make an internal emergency transfer immediately after a safe unit (as determined by the victim) becomes available, ensuring that the transfer receives at a minimum any additional priority already allowed for other types of emergency transfer requests;

¹⁶ HUD implemented the VAWA Final Rule in November 2016. Covered housing programs administered by HUD are required to follow VAWA 2013. Regulations were effective in December 2016.

¹⁷Covered housing provider refers to the individual or entity under a covered housing program that has responsibility for the administration and/or oversight of VAWA protections and includes PHAs, sponsors, owners, mortgagors, managers, State and local governments or agencies thereof, nonprofit or for-profit organizations or entities.

- Describe reasonable efforts by the housing provider to assist a victim in making an external emergency transfer (as determined by the victim) if a safe unit is not immediately available. Each housing provider must also assist other victims who are seeking an external transfer from a covered housing provider; and
 - Describe remedies available to protect victims that may also include lease bifurcation or providing reasonable time (no less than 90 days) to establish eligibility for assistance at alternative housing. Additionally, if the abuser/perpetrator is removed through bifurcation, and the abuser/perpetrator was the sole tenant to have established eligibility for covered housing program, the victim and other household members must be allowed to remain in the unit for 90 days in order to establish household eligibility under existing program or to find alternative housing.
3. Keep a record of all emergency transfer requests and the outcomes of all requests for at least three (3) years.¹⁸
 4. Keep all related information in strict confidence which includes but not limited to not entering data onto a shared database, or disclosing any information to anyone else without written consent with a timed release when required by law.
 5. Emergency Transfer Plan policies may include documenting arrangements, including memoranda of understanding with other covered housing providers to facilitate transfers and the referral process to organizations that assist or provide resources such as counseling and safety planning to victims of domestic violence, dating violence, sexual assault or stalking.

In accordance with 24 C.F.R. 578.99(j), NC 516 has developed the following model Emergency Transfer Plan consistent with the requirements in 24 CFR Part 5, subpart L, to assist providers funded with CoC or ESG in program coordination and implementation of these afforded protections for participants.

NC 516 Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Human Trafficking, Sexual Assault, or Stalking

Emergency Transfers

The Northwest Continuum of Care (NC 516) is concerned about the safety of participants in homeless assistance programs, and such concern extends to tenants who are victims of domestic violence, dating violence, human trafficking, sexual assault, or stalking. Accordingly, NC 516 seeks to provide individuals and families fleeing violence access to housing and trauma informed care and victim centered services that prioritize the household's safety needs and accommodates their unique circumstances to ensure their safety. In accordance with the Violence Against Women Act (VAWA),¹⁹ agencies utilizing federal housing funds in NC 516, tenants who are victims of domestic violence, dating violence, sexual assault, human trafficking or

¹⁸ CoC and ESG programs must maintain records in accordance with regulations (24 CFR 578.103; 24 CFR 576.500 *et seq.*) Documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served.

¹⁹ Despite the name of this law, *VAWA* means the Violence Against Women Act of 1994, as amended (42 U.S.C. 13925 and 42 U.S.C. 14043e, *et seq.*). *VAWA* protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

stalking may request an emergency transfer from the tenant's current unit in the event of domestic violence, to another unit.²⁰ The ability to request a transfer is available regardless of family status sex, gender identity, or sexual orientation.²¹ The ability of an agency to honor a request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and whether an agency has a dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan is compliant under VAWA and based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees the Continuum of Care (CoC) and applies to all housing programs supported by HUD; Emergency Solutions Grant (ESG), HOME-Tenant Based Rental Assistance (HOME-TBRA), CoC Program funds or Housing Opportunities for Persons with AIDS (HOPWA), and all programs participating in the NC 516 Coordinated Entry and Assessment system.

This emergency transfer plan includes information on eligibility for an emergency transfer, the required documentation, confidentiality protections, a description of the transfer process, and resources for participants affected by domestic violence, dating violence, human trafficking, sexual assault, or stalking. A housing provider must make this emergency transfer plan available upon request and publicly available when feasible.

Definitions

Actual and imminent threat refers to a physical danger that is real, would occur within an immediate time frame, and could result in death or serious bodily harm. All providers are highly encouraged to consult with a domestic violence hotline about safety assessment and participant safety planning, without disclosing participants' personal information without consent.

Bifurcate means to divide a lease as a matter of law, such that certain tenants or lawful occupants can be evicted or removed and the remaining tenants or lawful occupants can continue to reside in the unit under the same lease requirements or as may be revised depending upon the eligibility for continued occupancy of the remaining tenants and lawful occupants.

Domestic Violence [based on Centers for Disease Control and Prevention (CDC) definitions] is a pattern of behavior that one person in a relationship uses to gain power and control over the other. Domestic violence could include physical, sexual, or psychological harm, as well as financial abuse; and it also includes abusive behaviors perpetrated by a former or ex-partner. Some other terms used to refer to domestic violence include: intimate partner violence (IPV), family violence, relationship violence, spousal violence, and dating violence.

External emergency transfer refers to an emergency relocation of a participant to another assisted unit outside the inventory of their current housing provider.

Human Trafficking refers to subjecting a person to an act or practice of (1)sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such

²⁰ See, HUD Form and NC ESG Form 5380, *Notice of Occupancy Rights Under VAWA*.

²¹ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

act has not attained 18 years of age; or (2) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Internal emergency transfer refers to an emergency relocation of a participant to another assisted unit within the inventory of their current housing provider.

Safe unit refers to a unit that the victim of domestic violence, dating violence, sexual assault, human trafficking, or stalking believes is safe.

Sexual Violence [based on Centers for Disease Control and Prevention (CDC) definitions] refers to sexual activity when consent is not obtained or not given freely. This term is used to define the continuum of acts of violence which can violate a person's trust and sense of safety. The continuum of sexual violence includes rape, incest, child sexual assault, date and acquaintance rape, statutory rape, marital or partner rape, sexual exploitation, unwanted sexual contact, sexual harassment, exposure, and voyeurism.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to (1) fear for the person's individual safety or the safety of others; or (2) suffer substantial emotional distress.

Trauma-informed refers to approaches delivered with an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, participants, and others, and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on restoring the survivor's feelings of safety, choice, and control. Programs, services, organizations, and communities can be trauma-informed.

Victim-centered refers to placing the victim's priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and practices that could inadvertently re-traumatize victims; ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact victims of violence.

Eligibility for Emergency Transfers

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

Participants in housing assistance programs that receive additional HUD funding (e.g. Housing Choice Voucher/Project Based Vouchers) may choose to use the protections or remedies under any or all of those programs, as long as the protections or remedies are feasible and permissible under each of the program statutes. The Northwest Regional Housing Authority's (NRHA) Emergency Transfer Plans are part of the Admission and Continued Occupancy Plan (ACOP) for public housing and the NRHA's Administrative Plan for Tenant-Based and Unit-Based Vouchers.

A tenant's request for a transfer does not guarantee continued assistance beyond the term of the program, if applicable, nor an external transfer to other HUD housing programs.

Emergency Transfer Request and Documentation

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan and outlined in the Request for Emergency Transfer (HUD Form 5383). To request an emergency transfer, the tenant shall notify the housing provider and submit a written request for a transfer to the administrative office or the assigned case manager.²² A covered agency will provide reasonable accommodations to this policy for persons with disabilities and those with limited English proficiency.²³ The housing provider will assist the participant in securing documentation of the reported incident and/or third party documentation as described in HUD Form 5382. A participant has 14 business days in which to provide documentation of an incident after receiving a written request from the housing provider. An extension of time is available for extenuating circumstances, otherwise, participant may lose these afforded protections.

A tenant's request for an emergency transfer should include either:²⁴

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the agency's assistance program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

A participant may have third-party documentation that demonstrates eligibility for an emergency transfer under VAWA. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the participant sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

²² See, HUD Form 5382 and NC ESG Form 5382, *Certification of Documenting Incident Under VAWA*

²³ See, https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a for forms in various languages.

²⁴ See, HUD Form 5383 and NC ESG HUD Form 5383

Confidentiality

A covered housing provider will keep confidential any information that the tenant submits requesting an emergency transfer, whether internal or external, and any information about the emergency transfer, unless the tenant gives written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, human trafficking, dating violence, sexual assault, or stalking against the tenant.²⁵

A housing provider must keep confidential any information related to the exercise of a tenant's rights under VAWA, including the fact that a tenant is exercising their rights under this notice and must not allow any individual administering assistance or other services on behalf of the housing provider (for example, employees and contractors) to have access to confidential information unless it is specifically permitted that these individuals have access to this information under applicable Federal, State, or local law. A housing provider must not enter the information into any shared database or disclose the information to any other entity or individual unless and if:

1. Victim gave written permission to release the information on a time limited basis.
2. The housing provider needs to use the information in an eviction or termination proceeding, such as to evict the abuser or perpetrator or terminate the abuser or perpetrator from assistance under this program.
3. Another state or federal law requires the housing provider or the landlord to release the information.

Emergency Transfer Timing and Availability

An agency cannot guarantee that a transfer request will be granted or how long it will take to process a transfer request. However, the agency will act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to the availability and safety of a given unit. Nothing may preclude a participant from seeking an internal emergency transfer and an external emergency transfer concurrently if a safe vacant unit is not immediately available. The housing provider must explain both options to the participant. The provider is responsible for assisting household members as they work to meet their stated safety needs until a transfer can occur. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. An agency may be unable to transfer a tenant to a specific unit if the tenant has not or cannot establish eligibility for that unit. If a given agency has no safe and available units for which a tenant who needs an emergency transfer is eligible, the agency will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, the agency will also assist tenants in contacting the local organizations that offer assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are included in this plan.

²⁵ See the Notice of Occupancy Rights, Form 5380, under the Violence Against Women Act for All Tenants for more information about a housing provider's responsibility to maintain the confidentiality of information related to incidents of domestic violence, human trafficking, dating violence, sexual assault, or stalking.

Upon receiving the participant's emergency transfer request, the housing provider will assess the possibility of an internal emergency transfer by determining the availability and safety of an alternative unit within that provider's inventory. If an internal emergency transfer is feasible (there is a safe vacant unit available), the provider will act within 48 hours to move the participant who is a victim of domestic violence, dating violence, human trafficking sexual assault, or stalking to another unit. All internal emergency transfer requests must receive priority over other housing placements that are part of Coordinated Entry and regardless of the assessment score, the individual or family shall have priority over all other applicants for an external transfer for rental assistance, transitional housing, and permanent supportive housing projects for which the household meets all eligibility criteria. The household shall retain their original homeless or chronically homeless status for the purposes of the transfer. If the external transfer request is approved and the participant is referred to another program, the provider is responsible for assisting the household with meeting documentation requirements of the program where they are referred. For instance, the provider would share the documentation of homelessness, disability, and/or other items that were received at entry to the referring program. The housing provider would not share any information about the situation prompting the transfer without receiving specific written consent from the participant.

Non-transferring Household Member(s) and Lease Bifurcation

If a family separates in order to affect an emergency transfer and the non-transferring household member is engaged in criminal activity directly relating to domestic violence, sexual assault, dating violence, human trafficking, or stalking, a housing provider may bifurcate the lease, or remove said household member from the lease in order to evict, remove, terminate occupancy rights, or terminate assistance to the non-transferring member. In terminating assistance or occupancy rights of the non-transferring household member, the housing provider must follow its written termination policy and grievance procedure, including formal due process. In removing the abuser or perpetrator from the unit, the housing provider must follow Federal, State, and local eviction procedures. When a household receiving assistance separates, the household's assistance shall continue for the household member(s) who are not evicted or removed in a program for which the remaining household member(s) are eligible.

Costs of Breaking a Lease

Providers of CoC or ESG funded tenant-based rental assistance may use grant funds to pay amounts owed for breaking the lease if the family qualifies for an emergency transfer under this model plan.

Limitations on Transfer Requests

Neither a housing provider nor NC 516 can force a participant to move to unit that does not feel safe. A survivor of domestic violence, dating violence, human trafficking, sexual assault, or stalking can invoke this plan multiple times. A transfer cannot be denied because the perpetrator learned of a new location of residence, even if the perpetrator learned from the victim. There is no limitation on the number of emergency transfers that a survivor can request.

Grievance

If an emergency transfer is denied, participants can file a grievance following the NC 516 Participant Grievance and Termination procedure. The CoC Lead and/or Steering Committee will respond to said grievance within 2 business days from receipt. If the denial is reversed, the household will be transferred to a safe unit for which they are eligible. Regardless of the standardized assessment score, the individual or family shall have priority over all other applicants for rental assistance, transitional housing, and permanent supportive housing projects for which the household meets all eligibility criteria. The household shall retain their original homeless or chronically homeless status for the purposes of the transfer.

Record Keeping

The housing provider must keep a record of all emergency transfers requested, the documentation provided with the requests, and the outcomes of such requests. Requests and outcomes of such requests must be reported to HUD annually. Records must be retained for at least 5 years after the expenditure of all funds from the grant under which the program participant was served consistent with the NC 516 Participant File and Record Retention Policy.

Safety and Security of Tenants

Pending processing of the emergency transfer request and any actual transfer, the tenant should take all reasonable precautions to be safe. Contact Law Enforcement (**911**) for immediate assistance or these resources:

Community Resources:

- Boone Police Department: (828) 268-6900
- Newland Police Department: (828) 733-2024
- Banner Elk Police Department: (828) 898-4300
- Beech Mountain Police Department: (828) 387-2342
- Watauga Sheriff's Department: (828) 264-3761
- Avery Sheriff's Department: (828) 733-3858
- OASIS office (8-5, M-F): (828) 264-1532
- OASIS 24 hour Crisis Line in Watauga: (828) 262-5035
- OASIS 24 hour Crisis Line in Avery: (828) 504-0911
- OASIS Spanish Crisis Line: (828) 504-0800
- SAFE, Inc. 24 hour Crisis Line: (336) 838-SAFE (7233)
- DANA Crisis Line in Wilkes and Alleghany at 1-866-261-3262 or 336-372-3262.
Spanish speakers at 336-657-0466.

For assistance with sexual assault, domestic violence, stalking or dating violence, contact Oasis for appointment: (828) 264-1532; office hours (8-5, M-F), Oasis, Inc., 225 Birch Street, Boone, N.C., 28607 or email: outreach@oasisinc.org

Tenants who are or have been victims of domestic violence are encouraged to contact:

Oasis 24-hour crisis line above for local assistance and/or emergency shelter or the National Domestic Violence Hotline at 1-800-799-7233. For persons with hearing impairments, that national hotline is accessible by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call:

Alleghany County

DANA Crisis Line 24 hours a day every day toll-free at 1-866-261-3262 or 336-372-3262. Spanish crisis support is 336-657-0466.

Ashe County

A.S.H.E. (A Safe Home for Everyone); Administrative Line: (336) 982-8851 or contact Crisis Line: (336) 246-5430; or online at www.ashechildren.org

Avery County

OASIS, Inc., Crisis Line: (828) 504-0911 or Spanish Crisis Line at (828) 504-0800.

The Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>

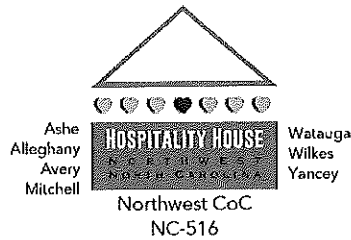
Watauga County

OASIS, Inc., Administrative Line: (828) 264-1532 or the Crisis Line: (828) 262-5035

Fax: (828) 264-1538; or Spanish Crisis Line at (828) 504-0800; online at: www.oasisinc.org

Wilkes County

DANA Crisis Line 24 hours a day every day toll-free at 1-866-261-3262 or 336-372-3262. Spanish crisis support is 336-657-0466.



Program Participant Transfers

At times it may be necessary for program participants to transfer from one housing program or project type to another housing program or project type, to maintain housing or to meet the household's financial and long term needs. In many cases, the transfer will require the household to be assigned to a new program and/or case manager which may be traumatic to individuals or families who have established rapport with their current service provider. A well-coordinated transfer can help address this trauma, ensure tenants are supported and that the transfer process honors participant choice and minimizes the harm and disruption to the individual or family receiving services. Reasons for needing to transfer may include but are not limited to:

- Household will need more assistance than the current program can offer;
- Household requires more long term financial support than a program is permitted to offer;
- Household has reached the maximum term for period of assistance and requires other assistance to maintain housing;
- Household begins their participation near the end of the expenditure period or all funding has been expended prior to grant term closing;
- Declining health;
- Change in household composition, circumstances, or a desire to leave the area of service;
- Participant no longer needing intensive supportive services;
- Unable to maintain healthy relationships with neighbors or other residents which results in conflict or results in their home being taken over;
- Violations of lease agreement that cannot be mediated;
- Participant choice; or
- Safety considerations.

Transfer Considerations and Eligibility

Transferring a participant from one program type to the same program type with a different funding source or grant year may not require a new intake or eligibility assessment (PSH to PSH for example), but current guidelines on program eligibility, the NC 516 Coordinated Entry Policy and Procedures, and periods of assistance must all be documented before initiating a transfer. Transfers from one RRH program to another for example, would not require a new intake or eligibility assessment and would not trigger the re-evaluation requirement but a RRH unit may not meet the Housing Quality Standards and therefore not be an eligible unit for assistance. However, a transfer from some program types to another may not be possible as transferring a participant from ESG rapid re-housing to CoC rapid re-housing is not allowed *unless* the household was dual enrolled at intake in each program and an eligible cost was expended under each grant occurred during the household's program(s) enrollment. All factors, including eligibility, funding source, need, and collateral consequences that may arise must be reviewed and assessed prior to any transfer commitment.

While some transfers may not require a new intake for eligibility, transfers from RRH to Permanent Supportive Housing (PSH) would require an intake, assessment, and additionally, that the household meet all other eligibility requirements. Households who are receiving rapid re-housing assistance maintain their homelessness status, regardless of funding type, for the purpose of eligibility to other programs that require a household to be literally homeless but if a PSH project requires chronic homelessness, the RRH participant may not qualify as the RRH term would constitute a break in homelessness for the calculation period. However, depending on the program, additional eligibility criteria outside of homelessness may apply like income limits for projects assisted with HOME Investment Partnership funds or the Community Development Block Grant (CDBG).

For PSH and the Emergency Housing Voucher (EHV) program, transfers are required to be staffed through Coordinated Entry (CE) and unit availability, voucher availability, and other participant's waiting for placement from the By-Name List (BNL), is considered in relation to the urgency/timing of the pending transfer.

All Prevention, Transitional Housing, or TH/PH-RRH and PSH transfers must be staffed for program eligibility and alternatives considered to maintaining permanent housing best suited for the participant's immediate and long-term needs. Staff must consider whether and to where the participant should be transferred and what stipulations (if any) are put into place before the transfer can occur. In consideration of a transfer, staff will adhere to the philosophy of Housing First, with the understanding that some participants may need to try a different setting or level of support to ensure success. After two placements in PSH, providers will work with participant to identify alternatives to PSH options best suited to address needs (assisted living, e.g.). Additionally, a participant may have to return to homelessness/Coordinated Entry, to be reassessed and re-prioritized if they remain homeless following a PSH exit or termination.

Transfers in the Homeless Management Information System (HMIS) System/Comparable Database

Different methods for transferring participants from project to project are identified in the Grant Consolidation and Closing Projects: How to handle client data in HMIS document. When exiting/transferring a program participant, their destination is about where they are staying, not necessarily about why they are staying there. The destination will depend on the specifics of the particular transfer, but it is important to select a destination response category that reflects the true nature of the situation. When enrolling a participant into the project they are transferring into, the participant's Prior Living Situation as recorded in data element 3.917 should also reflect the true nature of the situation, a transfer, not an exit. Comparable databases will have a different procedure.

The Housing Move-In Date should be recorded once per enrollment. The purpose of this data element is to accurately differentiate between participants in permanent housing projects who are homeless from those who are housed in a program at any given point in time. In the instance of a permanent housing transfer, the housing move-in date would stay intact as recorded for the first project enrollment and would match the project start date for the subsequent project enrollment. When participants transfer from one permanent housing project to another, HMIS data collection requirements may not perfectly align. Data entry in HMIS should comport with the instructions provided in the HMIS Data Standards Manual. In instances such as these, please use the notes sections of various required reports to explain the situation and maintain appropriate documentation in the participant file to explain the apparent discrepancy should a need arise to explain it.



NC 516 Re-Allocation and Agency Appeals for Continuum of Care and Emergency Solutions Grant

The Northwest Continuum of Care (NC 516) strives to create a fair, open and transparent process for notification, distribution, and allocation of both federal and state funds. The NC 516 Steering Committee, the NC 516 Governing Board, is comprised of representatives from key stakeholders, persons with lived experience, and community members within the Continuum of Care's geographic area. The Steering Committee is charged with facilitating, coordinating and recommending funding of all project applications submitted during a request for proposals time period for Emergency Solutions Grant (ESG) and during the Notice of Funding Opportunity (NOFO) for Continuum of Care (CoC) funds. Steering Committee members and all CoC sub-committees must adhere to the Ethics and Conflict of Interest Policy in the NC 516 bylaws while engaging in all business of the CoC to ensure fairness and transparency. All projects that have been re-allocated, reduced, or not included in the NC 516 Regional Application or the CoC Consolidated Application, have the opportunity to appeal the Steering Committee's decision. Recommendations for funding, re-allocation, reduction and/or rejection are based on publicized criteria and scoring during each request for proposal and are designed to support a cost effective and efficient system approach that addresses the needs of the community and the project participants.

The following appeals process for providers applies only to ESG and CoC funds applied for and administered by NC 516 Continuum of Care for all homeless services, housing assistance, Homeless Management Information System (HMIS) funds and Homeless Prevention programs. Provider and consumer appeals relate to all projects and policies under the CoC and are covered by the NC 516 Provider and Participant Grievance Policy in these Written Standards.

Providers Not Funded/Underfunded

Providers who have applied for ESG or CoC funds and have either not been funded, not funded at their full request, in the CoC Consolidated Application or ESG Regional Application, can appeal the Steering Committee's decision in writing by filing an appeal in within 2 business days of receipt of the notification from the Steering Committee /Vice Chair with the following information:

1. Funding information
2. Decision or action being appealed
3. Basis for the appeal
4. Details of the adverse impact on the provider

Written appeals should be sent c/o the CoC Lead to: The NC 516 Steering Committee at: P.O. Box 309, 338 Brook Hollow Road, Boone NC 28607 or emailed to Director@HospHouse.org.

Appeals will be reviewed by the Steering Committee within 5 business days of the appeals deadline and a response issued to the provider in writing within 5 business days following the decision.

Project Ranking for Priority Listing Appeals Process

The Northwest Continuum of Care (NC 516) strives to create a fair and transparent process for notification, distribution, and allocation of funds for new projects/activities and renewal grants for both federal and state funds. The NC 516 Steering Committee may recommend that some applications should not be included in the Consolidated Application Priority Listing, ranked lower, or that some renewal projects should be partially or fully reallocated to existing or new applicants to ensure an efficient and effective delivery of services and housing opportunities across the region that align with community need and priorities. To ensure fairness in this process, these projects will have the opportunity to appeal the Steering Committee's decision.

Who may appeal:

- New applicants whose projects were not included in the NC 516 project Priority Listing.
- Renewal applicants whose projects were partially or fully reallocated

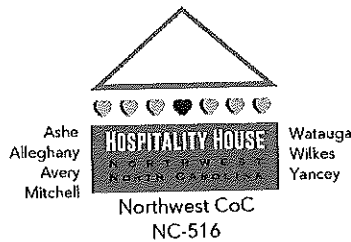
How to appeal:

- Applicants must submit a letter on agency letterhead, signed by a director-level position, within 2 business days of the written notification outside of *esnaps* of the projects reduction, ranking or rejection. No appeals will be considered after the 2 business day deadline.
- Appeal letters must be emailed as PDFs to Director@HospHouse.org

Appeal letters must present additional information or explain extenuating circumstances that address the deficiencies in the project application. Letters requesting an appeal without additional information in writing will not be considered by the Steering Committee.

The Steering Committee will consider each appeal and decide whether to amend the Project Priority Listing in the Consolidated Application for NC 516.

In the event the Steering Committee decides to amend the Project Priority Listing after appeals are made and include a project application or revise the Project Priority Listing, the NC 516 Priority Listing will be re-approved by the Steering Committee following written instructions on re-submission in *esnaps* to the appellee.



Provider and Participant Grievance, Termination and Appeals Policy

Provider Declines Referral

There may be rare instances where program staff do not accept a referral from the Coordinated Entry and Assessment system. Refusals to provide services or housing are acceptable only in limited situations, including:

1. The person does not meet the program's eligibility criteria (income, e.g.);
2. The person would be a danger to others or themselves if allowed to stay at this particular program; and
3. The person has previously caused serious conflicts within the program and was banned (was violent with another participant, volunteer or provider staff, e.g.).

If program staff determines a participant is not eligible for their program after they have received the referral from coordinated entry, the participant should be sent back to their initial intake or assessment point for staff to determine a more appropriate referral. If assessment hours are over for the day, the participant should be referred to a population-appropriate emergency shelter if needed. Any case that is unable to be resolved to the participant's satisfaction will be referred to a supervisor to be addressed at the next scheduled coordinated entry meeting. If a provider is consistently refusing referrals, they must meet with the CoC Lead to assess and determine the program's role in the Coordinated Entry and Assessment system.

Participant Declines Referral

Coordinated Entry and Assessment staff, through the administration of the standardized assessment tool(s) and the intake and assessment process (which includes participant input), will attempt to meet each participant's needs while also respecting community wide prioritization standards. The Northwest CoC has the authority to limit the number of program or housing option refusals any participant can make per episode of homelessness. If a participant exceeds three referrals or unit offers, agency staff will review and case conference at the next coordinated assessment meeting to assess the participant needs and barriers and work to resolve the issue(s) with the participant to ultimately facilitate a positive outcome.

Provider Grievances

Providers should bring any concerns about the Coordinated Entry and Assessment system to the CoC Lead, unless the provider believes a participant is being put in immediate or life-threatening danger by delay, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the CoC Lead who will schedule the provider's representative to come to the next available coordinated entry meeting so the issue can be resolved. If the issue needs immediate resolution, the CoC Lead in conjunction with the Chair or Vice-Chair of the Steering Committee, will determine the best course of action to resolve the issue and provide a written report with those findings.

Participant Grievances

The provider staff member or the staff supervisor should address any complaints/grievances by participants submitted in writing or orally in a reasonable amount of time from receiving grievance notice. Complaints that should be addressed directly by the staff member or staff supervisor include complaints about how a participant was treated by assessment staff or any violation of the data or privacy agreements. Any other complaint or grievance should be referred to the CoC Lead. Any complaint or grievance filed by a participant related to Coordinated Entry and Assessment must note their name and contact information so the CoC Lead may contact them directly and offer the opportunity to appear before the coordinated entry meeting to present the grievance in accordance with NC 516's Coordinated Entry and Assessment Policy and Procedures. The participant may request a case manager to assist them in presenting the issue. If the participant declines to address the coordinated entry meeting members, the participant may elect to schedule an in person meeting with the CoC Lead to discuss the matter. Final arbitration on the issue rests at the discretion of the CoC Lead and the Steering Committee. A participant has the right to appeal to HUD regarding the grievance.

Termination of Assistance

Per 24 CFR 576.402 and 24 CFR 578.91, each project is required to have a formal termination process established by the provider that recognizes the rights of participants affected, that is readily available, accessible, and must have a documented notice of those rights in the participant file. Providers must exercise good judgment and examine all extenuating circumstances in determining when violations warrant termination so that a participant's assistance is only terminated in the most severe of cases. The process must include:

- 1) providing the program participant with a written copy of the program rules and the termination process before participant begins to receive assistance;
- 2) written notice to the program participant containing a clear statement of the reasons for termination; and
- 3) 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 (or a subordinate of that person) who made or approved the termination decision; and
- 4) a prompt written notice of the final decision is issued to the program participant.

Termination does not bar the program participant from receiving assistance at a later date if the issue that caused the termination is resolved or remediated. Any recipient, who wishes to exercise their right of appeal upon an unsatisfactory resolution of a properly noticed grievance, may file an appeal in writing or verbally with the CoC in accordance with NC-516 Participant Grievance, Termination and Appeals Policy and has the right to contact HUD directly in the event of an unsatisfactory resolution after appeals have been exhausted.

Appeals

If a participant is terminated from a program and a participant believes themselves to be otherwise eligible, the applicant/participant may appeal, either orally or in writing, within 2 days after the occurrence/denial. The appeal must provide specific evidence of an agency or NC 516 Continuum of Care policy violation, violation of data agreements or other relevant regulations. The appeal is filed with the provider agency Director, copied to the CoC Steering Committee Chair and CoC Lead, who will review the appeal and respond in writing to the participant within 5 days. All CoC/ESG project program participants and family members involved in service delivery and coordination, shall have a right to voice concerns. A participant can ask anyone they choose to assist them in their appeal. If a participant needs

assistance in the process and/or if unable to read or write and requires assistance, the participant may notify the agency Director or another staff member either verbally or in writing. Reasonable steps must be taken to ensure effective communication with persons with disabilities, including procedures that will make information available regarding the services and facilities that are accessible to persons with disabilities and to ensure meaningful access to programs and activities for Limited English Proficiency persons (LEP). If the appellant is not satisfied with the response, the appeal may be presented to the NC 516 Steering Committee within 5 days of the issuance of the final written response. The Committee will attempt to resolve the issue within 5 days. In the event of an unsatisfactory resolution, a participant may appeal to HUD directly by contacting the North Carolina HUD Field Office directly for assistance at: (336) 547-4000.



NC 516 Conflict of Interest Standards and Statement

All agencies utilizing federal or state funds administered through the Northwest Continuum of Care (NC 516) that provide homeless services and homeless housing assistance within the NC 516 geographic area must keep records to show compliance consistent with the organizational conflicts-of-interest requirements in 24 CFR Part 578, 24 CFR §576.404(a) and (c) and 2 CFR 200.317-18, a copy of the personal conflicts of interest policy or codes of conduct developed and implemented to comply with the requirements in 24 CFR §576.404(b), and maintain any records, if applicable, supporting exceptions to the personal conflicts of interest prohibitions.

The standard of behavior for providers and Steering Committee members, the Governance Board of the Northwest Continuum of Care, is to scrupulously avoid any conflict of interest between their personal, professional and business interests and the interests of the Northwest CoC. This standard includes avoiding actual conflicts of interest as well as perceptions of conflicts of interest.

The Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) requires the Northwest CoC Steering Committee members to disclose any conflicts of interest that arise in the course of meetings and activities. These include transactions, discussions or decisions in which members (or their business or other nonprofit affiliations), their families or significant others, employers or close associates will receive a benefit or gain. Members of the Steering Committee also disclose any family relationship, either by consanguinity or marriage, between themselves and an agent or employee of Northwest CoC who will be directly affected by a transaction or decision. After disclosure, members recuse themselves from participating in the transaction, discussion or decision. Upon election to the Northwest CoC Steering Committee, members must submit a full written disclosure of their interests, relationships and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and updated annually.²⁶

The purpose of the Conflict of Interest policy is to:

- Comply with the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) of 2009 and the Continuum of Care Program, Interim Final Rule (24 CFR Part 578),
- Protect the integrity of the Northwest CoC Steering Committee's decision-making process,
- Enable the constituencies to have confidence in the integrity of the Steering Committee, and
- Safeguard the integrity and reputation of Steering Committee members and the CoC.

²⁶ The Northwest NC Continuum of Care is one of 12 CoCs in North Carolina. Northwest CoC includes seven of North Carolina's 100 counties (Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey). The Steering Committee is charged with the governance of the Northwest CoC (NC 516). The Conflict of Interest policy is included in the bylaws of the NC 516 Steering Committee as Appendix 2. Each member signs an annual Conflict of Interest form in accordance with 24 CFR §576.404(a) and (b).



Northwest (NC-516) Continuum of Care Program Standards

The Northwest (NC 516) Continuum of Care (NWCoC) has developed these written program standards in accordance with 24 C.F.R. 576 and 578, *et seq.*, to provide specific guidance for how programs can operate to achieve the goal of ending homelessness and ensuring that any homeless episode is brief and non-reoccurring. These guidelines create consistency in services across the NWCoC, protect the participants served by putting their needs first, and provide a baseline for holding all homeless services and housing programs within the Continuum of Care to a specific standard of care.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care (CoC) to evaluate outcomes of projects funded under the Emergency Solutions Grants (ESG) program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)(7)). In consultation with recipients of ESG and CoC program funds within the geographic area, CoCs must also establish and operate a centralized or coordinated entry and assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services and ensure that all programs consistently follow written standards for providing CoC homeless assistance. At a minimum, program standards must include:

- Policies and procedures for engaging and then evaluating individuals' and families' eligibility and determining the process for prioritizing eligible households in emergency shelter, joint component housing programs, prevention, rapid rehousing, and permanent supportive housing programs (24 CFR 578.7(a)(9)).
- Program standards that meet HUD's requirements to define policies and procedures for admission, diversion, referral, and discharge standards as well as safeguards to meet needs for special populations such as victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking.
- Policies and procedures for coordination among outreach, emergency shelters, joint component housing programs, essential service providers, homelessness prevention programs, all rapid rehousing programs, and permanent supportive housing programs.
- For homelessness prevention, rapid rehousing programs, and permanent supportive housing programs, standards to define policies and procedures for prioritization of eligible households, to set the percentage or amount of financial assistance and housing stabilization services to households, and to determine the length of time assistance is provided.
- Definitions for participation in the CoC's Homelessness Management Information System (or comparable database for domestic violence or victims' service providers and programs).

Northwest (NC-516) Continuum of Care Program Standards

Street Outreach and Engagement

All program grantees using Department of Housing and Urban Development Continuum of Care (CoC) and Emergency Solutions Grant funding must adhere to these performance standards and will be monitored by the Northwest CoC to ensure compliance. The NWCoC recommends that outreach providers funded through other sources, whether public or private, also follow these written standards. These performance standards attempt to provide a high standard of care that places community and participant needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the Northwest region. In furtherance of this goal, NWCoC developed the following Street Outreach and Engagement Program standards to ensure:

- Program accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness;
- Program compliance with the Department of Housing and Urban Development;
- Service consistency within programs; and
- Adequate program staff competence and training, specific to the target population served.

Street Outreach and Engagement

Outreach activities will provide services to unsheltered homeless individuals and families,²⁷ connecting them with emergency shelter, housing, or critical services, and provide them with trauma informed, non-facility-based care. Unsheltered homelessness is defined as those 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, but not limited to; a car, park, abandoned building, bus or train station, or encampment.

Street Outreach activities operating within the Northwest Continuum of Care (CoC) shall adhere to these basic written standards in all activities associated with the performance of services. Street Outreach activities conducted in the Northwest CoC shall:²⁸

1. Respect participant autonomy, decision making and incorporate cultural and linguistic competencies into a 'client centered' approach;
2. Maintain engagement with participants with no expectation of compliance, behavioral norms or reciprocity;
3. Incorporate Housing First philosophy into all interactions;
4. Assist with obtaining ID, Social Security Card, birth certificates, and access to mainstream benefits;
5. Assist with referrals to primarily health, mental health and substance use treatment providers at participant(s) request;
6. Complete housing applications and documentation of chronic homeless verification, if applicable;

²⁷ <https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/>

²⁸ Providers receiving Emergency Solutions Grant funds for outreach activities must maintain documentation provided by the NC ESG Program in accordance with ESG standards: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%93-0>

7. Advocate for participant(s)' rights and appropriate treatment in the criminal justice system, institutional settings, and with housing providers;
8. Complete Coordinated Entry intakes and assessments in the field or neutral setting as determined by the participant(s);
9. Follow up on referrals from the community and providers of services (i.e. law enforcement, first responders, hospital social workers, faith-based organizations, etc.);
10. Ensure the unsheltered population is prepared for any inclement weather;
11. Document camps and locations of unsheltered participants in the community.
12. Limit termination of assistance to only the most severe cases. Programs must exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination (24 CFR 576.402). NWCoC recommends programs develop an internal mechanism to hear participant grievances must comply with the NC 516 Participant Grievance, Termination and Appeals Process.
13. Staff from participating agencies that utilize the Homeless Management Information System (NC HMIS), must adhere to NC HMIS Operations Policy and Procedures, User and Participation Agreements and privacy and participant confidentiality policies. All paper files/assessments must be maintained in accordance with participant files and record retention policies and releases of information must be renewed annually.
14. Organizations should annually train all program staff on the NC 516 Coordinated Entry and Assessment Policy and Procedures and the Outreach and Engagement Written Standards.

If receiving Emergency Solutions Grant (ESG) funds, providers must maintain all documentation provided by the NC ESG Program for Street Outreach activities.²⁹ In accordance with an ESG award, the following standards are required to comport with the regulations:

1. Providers will ensure all outreach program staff have the requisite knowledge, skills and appropriate training on program requirements, best practices, program policies and procedures and information on community wide resources relevant to assisting participants with the program.
2. All program staff shall have written job descriptions that delineate the minimum qualifications for the position and ensure at a minimum, that each employee has experience in human-service related field and/or experience and capacity to work with unsheltered participants and effectively connect and support participants with high needs and acuity.
3. All participants must meet program eligibility requirements for funded outreach program- unsheltered homelessness under Category 1. All unsheltered homeless households will be served. Staff must document in the participant file the standard order of priority for homeless verification and any attempts to obtain such documentation.

The order of verification of homeless status is as follows:

²⁹ <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%93-0>

1. Third-party documentation and/or HMIS/comparable database; or
 2. Staff observations through outreach engagement and visual assessment; or
 3. Self-certification of the participant receiving assistance.
4. Outreach staff should engage unsheltered individuals in the field or while accessing day/basic needs services at provider agencies and make initial introduction, assessment of needs and determination of unsheltered homeless status. If an individual does not meet enrollment eligibility (unsheltered homelessness) staff will connect the individual(s) to appropriate agencies in the community to access resources and/or housing support.
 5. Staff will utilize relationship building skills, conflict resolution skills, and motivational interviewing techniques and shall employ cultural sensitivity in an effort to build trust with all participants to ensure effective assessment, assistance, referral and community support occurs.
 6. Staff must utilize the Homeless Management Information System (NC HMIS), adhere to NC HMIS Operations Policy and Procedures, User and Participation Agreements and Providers privacy and participant confidentiality policies. All paper files/assessments must be maintained in accordance with the Providers participant file and record retention policy and releases of information must be renewed annually.
 7. Participant information must be entered into NC HMIS in accordance with participation agreements, data quality standards and timeliness requirements. Staff should record participant entry and exit dates for the program and all HUD required data elements. Participant information should be updated in NC HMIS at each engagement.
 8. A participant's refusal to sign an HMIS or Providers Release of Information, does not disqualify a participant from access to outreach or other related services.
 9. Outreach staff must affirmatively communicate to participants that service usage/mental health/sobriety is not a pre-condition of assistance, enrollment or housing. Staff should continue to engage participants wherever encountered, and establish a good rapport to facilitate regular communication so that a participant's basic needs are met.
 10. Participants cannot be deemed ineligible to receive outreach services on the basis of income, poor rental history, criminal history, registration on the sex offender registry, employment status, credit history or prior housing program enrollment/assistance that results in a return to homelessness. Staff may only deny an otherwise eligible participant entry or terminate services in accordance with the Providers Termination of Assistance Policy for program specific violations relating to safety and security of staff and/or the participant and in accordance with 24 CFR 576.402.
 11. Providers must provide outreach and engagement services to unsheltered homeless individuals and families for at least the period during which ESG funds are provided for the activity or until the participant is housed/sheltered.
 12. Participant files must contain all information and forms required by HUD 24 CFR 576.500, the ESG office, releases of information, case notes, service plans, service activity logs, and documentation of referrals for services to other community providers. Participant files must be maintained in accordance with the

provider's Participant File and Record Retention Policy and all ESG files shall be kept a minimum of five (5) years after the expenditure of all funds from the grant under which the program participant was served. Staff must adhere to the ESG office and Providers client file requirements as follows:

- a. NC ESG Emergency Street Outreach Client File Checklist
- b. Documentation/ Verification of Homeless Status in accordance with order of priority
- c. Ineligibility determination, if applicable
- d. NC ESG Street and Shelter Intake
- e. NC HMIS Client Release of Information and Sharing Plan
- f. Correspondence records, referrals and releases of information
- g. Participant Housing Barriers Matrix and Stabilization Plan
- h. NC 516 Coordinated Entry and Assessment documentation
- i. Documentation of services and assistance provided to participant
- j. Participant Exit Form

13. ESG program files shall be maintained in accordance with 24 CFR 576.500, the state ESG office and Providers of Northwest North Carolina requirements. Program files must contain:

- a. Evidence of compliance with the requirements of § 576.400 for consulting with the Continuum(s) of Care and coordinating and integrating ESG assistance with programs targeted toward homeless people and mainstream service and assistance programs.
- b. Records of the participation in HMIS.
- c. Documentation of all expenditures and match, if applicable.
- d. Conflicts of Interest Policy and any records supporting exceptions to the personal conflicts of interest prohibitions.
- e. Faith-based Activities Policy.
- f. Anti-discrimination Policy.
- g. Affirmatively Furthering Fair Housing Policy and Records demonstrating compliance with the nondiscrimination and equal opportunity requirements under § 576.407(a) and the affirmative outreach requirements in § 576.407(b), including: data concerning race, ethnicity, disability status, sex, and family characteristics of persons and households who are applicants for, or program participants in, any program or activity funded in whole or in part with ESG funds.
- h. Records of compliance with the uniform administrative requirements in 2 CFR 200.
- i. Records demonstrating compliance with the environmental review requirements, including flood insurance requirements if applicable.
- j. Certifications and disclosure forms required under the lobbying and disclosure requirements in 24 CFR part 87.
- k. Supporting documentation for all costs charged to the ESG grant, documentation showing that ESG grant funds were spent on allowable costs in accordance with the requirements for eligible activities under §§ 576.101 through 576.109, financial management in 2 CFR 200.302, and the cost principles in 2 CFR part 200, subpart E, and any records of the receipt and use of program income. The recipient must keep documentation of compliance with the expenditure limits in § 576.100 and the expenditure deadline in § 576.203 if applicable; and
- l. Any other records specified by HUD or the NC ESG office.

Northwest (NC-516) Continuum of Care Program Standards

Emergency Shelter

All program grantees using Department of Housing and Urban Development Continuum of Care (CoC) and Emergency Solutions Grant funding must adhere to these performance standards and will be monitored by the Northwest CoC to ensure compliance. The NWCoC recommends that Emergency Shelters funded through other sources, whether public or private, also follow these written standards. These performance standards attempt to provide a high standard of care that places community and participant needs first. Based on proven best practices, a high standard of care is necessary to achieve the goal of ending homelessness in the Northwest region. In furtherance of this goal, the NWCoC developed the following Emergency Shelter program standards to ensure:

- Program accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness;
- Program compliance with the Department of Housing and Urban Development;
- Service consistency within emergency shelter programs; and
- Adequate program staff competence and training, specific to the target population served.

EMERGENCY SHELTER OVERVIEW

Emergency shelter is any facility whose primary purpose is to provide temporary housing for individuals or families experiencing literal homelessness for a period of 90 days or less. Emergency shelters, as we know them today, emerged during the late 1970s and early 1980s in response to an increasing number of individuals experiencing homelessness. These initial shelters were meant to provide a short-term emergency stay for individuals as they rehoused themselves. However, because of decreased affordable housing, a lack of substantive supportive services catering to the needs of homeless individuals, and a large subpopulation of individuals with disabling conditions, the movement out of emergency shelter into permanent housing stalled with many individuals staying in shelter for extended periods of time.³⁰

With the advent of permanent supportive housing and rapid rehousing based on the best practice of 'Housing First', communities are moving some of their most vulnerable homeless individuals and families with the longest histories of homelessness into permanent housing. This practice allows the emergency shelter system to regain its original intention- providing individuals experiencing homelessness a temporary shelter stay until they can acquire permanent housing.

Emergency shelters serve a wide variety of people experiencing homelessness in our community and may target their services to a particular type of population (Domestic Violence, Youth, e.g.). Many emergency shelters serve a single gender, individuals and/or families, people fleeing domestic violence, or a combination thereof. The most effective emergency shelters direct their services and resources toward a truly interim housing solution and have strong connections to permanent housing programs catering to the specific needs of people experiencing homelessness. Emergency shelters can optimally provide short-term housing for individuals and families waiting for placement in a rapid rehousing program or permanent supportive housing program so that episodes of homelessness are brief.

In the NWCoC shelters can help reduce the number of unsheltered individuals and families in the community by reducing barriers to shelter in their programs and accepting high-need individuals or families. Accordingly,

³⁰ <https://www.gpo.gov/fdsys/granule/CFR-2012-title24-vol3/CFR-2012-title24-vol3-part576/content-detail.html>

emergency shelters will play a significant role in the NWCoC's efforts to end homelessness. Emergency shelters should provide triage and interim beds for high-need and chronically homeless individuals and families while they coordinate with rapid rehousing and permanent housing programs to place participants quickly into stable, secure housing.

Emergency shelters must operate from a 'Housing First' philosophy. Programs with a Housing First approach believe that anyone can be housed and the barriers to permanent housing can be minimized. Housing First allows emergency shelters to move individuals and families experiencing homelessness more quickly from their shelter beds into permanent housing, thus meeting the main objective of emergency shelter.³¹

Every emergency shelter program's staff must participate in the NC 516 Coordinated Entry and Assessment system, including the NWCoC's assessment and prioritization of individuals for housing in compliance with the NC 516 Coordinated Entry and Assessment Policy and Procedures. In the NWCoC, each agency may utilize Diversion screening, a lethality tool (if applicable) and the approved standardized vulnerability assessment tool to set priorities and housing triage methods, while housing programs may use a case management tool for more comprehensive housing purposes and for intensive case management over time. The Diversion screening prioritizes shelter beds for people who have no other safe housing option and should be utilized for every household who presents needing shelter prior to being admitted into a shelter program. The Northwest CoC utilizes a standardized vulnerability assessment tool and incorporates a lethality assessment if applicable, to prioritize individuals and families experiencing literal homelessness based on an acuity score that indicates the type of housing intervention best suited to their immediate and ongoing needs.

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

Minimum Standards

- 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 participant(s) in the program.
- For programs using the Homeless Management Information System (NC HMIS), all end users must abide by the NC HMIS Operations Policy and Procedure, 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.

³¹ http://www.endhomelessness.org/page/-/files/4.2_Housing-Focused_Emergency_Shelter_-_Ralph_Payton.pdf

- If the shelter provides case management as part of its programs, case managers should provide case management on a frequent basis (monthly minimum) for all participant(s) currently enrolled in program.
- Organizations should annually train all program staff on the NC 516 Coordinated Entry and Assessment Policy and Procedures and the Emergency Shelter Written Standards.

PARTICIPANT INTAKE PROCESS AND ELIGIBILITY: Programs will actively participate in the NC 516 Coordinated Entry and Assessment system. Programs will serve the most vulnerable individuals and families needing assistance in the program and program staff must complete the required standardized assessment for housing prioritization.

Minimum Standards

- All adult program participants must meet the following program eligibility requirements in ESG-funded emergency shelter, unless specified as an unaccompanied youth shelter:
 - 18 years or older
 - Literally homeless, and/or fleeing or attempting to flee domestic violence, sexual assault, stalking or human trafficking (see current definitions for Category 1 and 4 of the homeless definition)³²
- All ESG recipients must use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status. Providers must document in the participant(s)' file that the agency attempted to obtain the documentation in the preferred order. The order of priority for documenting homelessness is as follows:
 - Third-party documentation (including HMIS/comparable database)
 - Intake worker observations through outreach and visual assessment
 - Self-certification of the person receiving assistance
- Programs can only turn away individuals and families experiencing homelessness from program entry for the following reasons:
 - 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.
 - All program beds are full.
 - 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).
- 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 adult household members to participate in program services, but cannot make service usage a requirement to deny initial or ongoing services.
- Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as required 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, volunteers, and participants.

³² <https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/>

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

Minimum Standards

- 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 the health and safety of the residents. ESG funded shelter providers shall submit the Minimum Habitability Standards for the facility to the ESG office as delineated in the grantees contract.³³
- 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.
- 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 the next section for specific required and recommended services shelters must provide.
- 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.
- 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.
- Shelters must comply with applicable fire and safety codes.
- Shelter staff must actively participate in the NC 516 Coordinated Entry and Assessment system.
- Shelters shall not charge money for any housing or supportive service provided.
- Programs must work to link their participants to all available housing programs, such as public or tax credit housing, rapid rehousing and permanent supportive housing, available in the community.
- Programs must implement safeguards to meet the shelter and safety needs of special populations and those persons fleeing domestic violence, dating violence, sexual assault, human trafficking and stalking.

HOUSING STABILIZATION/CASE MANAGEMENT: Shelters shall provide access to case management services by trained staff to each individual and/or family in the emergency shelter program and provide reassessment using the standardized assessment tool and lethality tool if applicable, to determine service changes needed to better serve residents.

Minimum Standards

- Shelter staff must provide the participant(s) with a written copy of the program rules, grievance policy and the termination process before he/she begins receiving assistance.
- Shelter staff must provide regular and consistent case management to shelter residents based on the individual's or family's specific needs. Case management includes:
- Assessing, planning, coordinating, implementing, and evaluating the services delivered to the resident(s).

³³ Shelter providers receiving Emergency Solutions Grant funds must submit and maintain documentation provided by the NC ESG Program in accordance with minimum habitability standards: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%93-0>

- Assisting participants to maintain their shelter bed in a safe manner and understand how to get along with fellow residents in a community setting.
- Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking. Providers must follow the domestic violence protocol, and refer a participant directly to victim service providers immediately if they indicate they may be fleeing or attempting to flee domestic violence, dating violence, stalking, and sexual assault or are victims of human trafficking. Participants who self-identify must be assessed using the standardized assessment tool, a lethality tool and accordingly, provided resources and referred to an appropriate housing provider based on the participant's safety concerns, acuity score, and the lethality assessment.
- Helping participants to create a strong support network and participate in the community as they desire.
- Encouraging and facilitating participant's engagement in community volunteer activities, participation in NWCoC governance, workgroups or committees.
- Supporting a path for participant(s) to permanent housing by providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
- If the shelters provide case management as part of its programs, use of a case management tool for ongoing case management, measurement of acuity over time, and reassessment using the standardized assessment tool to determine service changes needed to better serve residents.
- Programs must 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 health and substance use care or other comparable services if available.
- Shelter staff or other programs connected to the shelter through a formal or informal relationship who will assist participant(s) in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and other ongoing assistance with basic needs.

Benchmarks (Recommended services, often from other providers)

- Representative payee services.
- Relationship-building and decision-making and life skills.
- 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 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).

SUPPORTIVE SERVICE COORDINATION: 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 and coordinate appropriate mainstream and supportive services to fit a participant's unique needs.

Minimum Standards

- 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 participants.
- Programs must 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 health and substance use care or other comparable services if available.
- In addition to one-time moving costs and case management, other eligible supportive service costs may 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 use treatment, transportation, and a one-time utility deposit.

TERMINATION: 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). NWCoC recommends programs develop an internal mechanism to hear participant(s) grievances which must comply with the NC 516 Participant Grievance, Termination and Appeals Process.

Minimum Standards

- 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 participant(s) 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.
- Shelters must provide the participant 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 participant(s) in the file.
- Programs may carry a barred list when a participant has presented a terminal risk to staff or other participant(s). If a barred participant 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.

EXITING PARTICIPANTS AND FOLLOW-UP SERVICES: Programs must ensure a continuity of services to all participant(s) exiting their programs. Agencies can provide these services directly or through referrals to other agencies.

Minimum Standards

- Using a case management tool, programs work with participant(s) to develop exit plans for those participant(s) whose forward progress demonstrates potential success (acuity score threshold to be determined by the coordinated entry and assessment system) in market rate or subsidized housing. Programs should work with participant(s) to exit quickly when they meet this threshold score even if they have not reached the maximum number of months, in the program.

- Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources, supports and mainstream services, as desired.
- Programs should attempt to follow up with participant(s) through verbal or written contact at least once within 6 months after the participant(s) exits services. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services.

PARTICIPANT RECORDS AND PROGRAM FILES: Shelters will keep all participant(s) files up-to-date and confidential to ensure effective delivery and tracking of services and adhere to the privacy protection standards established by the NC HMIS Operating Policies and Procedure³⁴ and relevant State and Federal confidentiality laws and regulations that protect participants' records containing personally identifiable information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Minimum Standards

- Participant(s) 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:³⁵
 - Documentation of homeless status (see above for the priority of types of documentation).
 - Determination of ineligibility, if applicable, which shows the reason for this determination.
 - Annual income evaluation.
 - Program participant records.
 - Documentation of using the NC 516 Coordinated Entry and Assessment system.
 - Compliance with shelter and housing standards.
 - Services and assistance provided.
 - Expenditures and match.
 - Conflict of interest/code of conduct policies.
 - Homeless participation requirement.
 - Faith-based activity requirement, if applicable.
 - Other Federal requirements, if applicable.
 - Confidentiality procedures.

All participant information should be entered into NC HMIS or a comparable database 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 information as changes occur.

- Programs must maintain the security and privacy of written participant files and shall not disclose any participant-level information without written permission of the participant as appropriate, except to program staff and other agencies as required by law. A participant must give informed consent to release any participant level 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.

³⁴ See Appendix B, *North Carolina Homeless Management Information Systems Operating Policy and Procedures*.

³⁵ Providers receiving Emergency Solutions Grant funds must maintain documentation provided by the NC ESG Program in accordance with standards: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%93-0>

- 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 electronic copies, microfilm, photocopies, or similar methods.

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

Benchmarks

- Agencies maintain written goals and objectives for their services to meet outcomes required by ESG.
- Programs review case files of participants 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.

Northwest (NC-516) Continuum of Care Program Standards

Joint (Combined) Component Housing Programs

All program grantees using Department of Housing and Urban Development Continuum of Care (CoC) funding and sub-recipients using Emergency Solutions Grant funds must adhere to these performance standards and will be monitored by the Northwest CoC to ensure compliance. The NWCoC recommends that outreach providers funded through other sources, whether public or private, also follow these written standards. These performance standards attempt to provide a high standard of care that places community and participant needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the Northwest region. In furtherance of this goal, NWCoC developed the following Joint Component Housing Program standards to ensure:

- Program accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness;
- Program compliance with the Department of Housing and Urban Development;
- Service consistency within programs; and
- Adequate program staff competence and training, specific to the target population served.

JOINT (TH/PH-RRH) COMBINED COMPONENT HOUSING PROGRAM OVERVIEW

Traditionally, agencies created transitional housing to provide an interim-housing option (18-24 months) for moderately vulnerable individuals and families prior to permanent housing.³⁶ Several common types of transitional housing programs exist, including: HUD CoC-funded transitional housing, Department of Justice funded domestic violence transition housing, VA Grant Per Diem housing (Service Intensive Transitional Housing (SITH)), privately-funded transitional housing programs for survivors of/persons fleeing from domestic violence and/or individuals with substance abuse and alcohol addictions. Recent research has called into question the effectiveness of transitional housing both programmatically and financially, but the NWCoC has combined transitional with Rapid-Re-housing as a housing option. According to the research, service-rich transitional housing costs far more with far fewer exits to permanent housing than best practice programs such as rapid rehousing and permanent supportive housing, which permanently house individuals and families experiencing homelessness rather than providing a temporary housing option.³⁷ Rapid rehousing can accomplish the goals of traditional transitional housing in a much more successful and cost-effective way. In light of this research, HUD has lowered its priority of funding transitional housing through the CoC and ESG programs and CoC projects can now utilize both components, Transitional Housing and Rapid Re-Housing, to effectively and efficiently serve participants in the same project.³⁸

The performance standards in this document provide guidance and insight as to how agencies can use traditional transitional housing or joint component projects to achieve the best possible outcomes. Current transitional housing programs can target their services to special populations shown to respond effectively to this joint model which utilizes transitional and Rapid Rehousing combined. HUD has suggested that transitional housing programs may be appropriate to serve homeless youth, those in recovery, and those fleeing domestic violence situations for example as a bridge to permanent housing by shortening stays. Traditional transitional housing programs could also consider retooling to either rapid rehousing or

³⁶ <https://www.gpo.gov/fdsys/granule/CFR-2012-title24-vol3/CFR-2012-title24-vol3-part576/content-detail.html>

³⁷ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

³⁸ <https://www.hudexchange.info/news/snaps-in-focus-the-new-joint-transitional-housing-and-rapid-re-housing-component/>

permanent supportive housing programs, depending on geography, population, and local needs data (chronically homeless versus families, etc.) to meet the CoCs goals and service gaps.³⁹

Nationally, many traditional transitional housing programs are redirecting their resources toward providing a truly interim housing solution for high-need, high-acuity individuals and families experiencing homelessness. In the NWCoC, emergency shelters continue to turn away high-need individuals and families because of limited bed availability. This is where joint component housing programs can play an essential role by providing triage or interim beds (bridge beds) for individuals and families experiencing chronic homelessness or others with multiple disabling conditions that inhibit them from entering a dormitory shelter. Transitional housing programs can provide a short-term housing solution for individuals and families who cannot access traditional emergency shelter but need a place to stay short term, until rapid rehousing and permanent supportive housing providers can identify a suitable permanent housing placement, a model known as bridge housing.⁴⁰ With intensive services and no negative effects due to shorter stays, traditional transitional housing, with a few minor changes, could provide a powerful interim housing solution rather than a high-cost “housing readiness” approach.

Every housing program within the NWCoC must participate in the coordinated entry and assessment system, including the NWCoC prioritization (by-name) of individuals for housing. The NWCoC utilizes prevention and diversion strategies, a standardized assessment tool, and a lethality assessment (if applicable) to set priorities and housing triage methods, while housing programs use a case management tool for more developed housing placement purposes and for intensive case management over time. NWCoC uses these assessment of vulnerability tools, to prioritize individuals and families experiencing literal homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs.

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

Minimum Standards

- 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 skills areas like trauma care, relevant to assisting participants in the program.
- 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.
- 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.

³⁹ [http://www.endhomelessness.org/page/-/files/Retooling Transitional Housing Checklist.pdf](http://www.endhomelessness.org/page/-/files/Retooling%20Transitional%20Housing%20Checklist.pdf)

⁴⁰ <https://www.hudexchange.info/resources/documents/Deputy-Secretary-of-Veterans-Affairs-Letter-to-GPD-Grantees.pdf>

- 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 job descriptions that address tasks staff must perform and the minimum qualifications for the particular position.
- Case managers provide case management with the designated case management tool on a frequent basis (every 3 months minimum) for all participants.
- Organizations should annually train all program staff on the NC 516 Coordinated Entry and Assessment Policy and Procedures and the Combined Component Written Standards.

PARTICIPANT INTAKE PROCESS AND ELIGIBILITY: Programs will actively participate in the NC 516 Coordinated Entry and Assessment system. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance following the adopted order of priority in placement.

Minimum Standards

- All adult program participants must meet the following program eligibility requirements:
 - 18 years or older
 - Literally homeless and/or fleeing or attempting to flee domestic violence, sexual assault, stalking, or human trafficking (see definitions listed above for Category 1 and 4 of the homelessness definition)⁴¹
- Programs may not require participants to meet additional program eligibility requirements except for the following:
 - Chronically homeless
 - Fleeing or attempting to flee Domestic Violence/Sexual Assault/Human Trafficking or Stalking
 - Residency requirements (abiding by the language of the occupancy agreement)
- All CoC and 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 participant file that the agency attempted to obtain documentation in the preferred order. The order should be as follows:
 - Third-party documentation (including HMIS/comparable database); or
 - Intake worker observations through outreach and visual assessment; or
 - Self-certification of the person receiving assistance.
- Programs can only turn away individuals and families experiencing homelessness from program entry for the following reasons:
 - Household make-up (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.
 - All program beds are full.
 - 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).
- Programs cannot disqualify an individual or family from entry because of employment status or lack of income.

⁴¹ <https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/>

- Programs cannot disqualify an individual or family because of evictions or poor rental history.
- Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff, volunteers, and participants.
- 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 assistance.
- Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS or victim services comparable database 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.

JOINT (COMBINED) COMPONENT HOUSING STANDARDS: The program will provide safe, affordable housing that meets the participants' needs in accordance with the established intake process and guidelines set by the Department of Housing and Urban Development.

Minimum Standards

- When providing or arranging for housing type and duration of assistance of each program type, the program must consider the needs of the individual or family experiencing homelessness.
- Assisted units 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.
- The program provides assistance in accessing and securing suitable permanent housing.
- The rent charged for an assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market in the area and must not be in excess of rents currently being charged by the owner for comparable unassisted units (24 CFR 574.320 (a)(3)). The Fair Market Rent Calculator can be found at: <https://www.huduser.gov/portal/datasets/fmr.html>.
- The program may provide assistance with moving costs, rental application fees, security deposits (up to 2 months), last month's rent, utility deposits, utility payments, 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.
- The program has participants sign occupancy agreements or subleases, regardless of whether the agency owns the housing units or not (24 CFR 578.77(a)). For rental assistance or tenant-based rental assistance grants, program participants must sign a lease in their name for a one-year period. For leasing assistance grants, agencies must master lease a unit and then have a sub-lease with the program participant for a one-year period. All participant leases and sub-leases must be compliant with HUD and N.C.G.S Chapter 42 and automatically renewable upon expiration for a minimum term of one month. Participant sub-leases with grantees must confer all of the legal rights and protections of the lease between the agency and the landlord.
- All housing units assisted with ESG and CoC funds must meet habitability standards for housing. Housing providers must document the year a unit was constructed and document the year in the inspection checklist using approved forms, or the unit will not be considered approved for financial assistance. Additionally, all participants moving into units built before 1978, must have the "Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards" attached to the unit lease.
- The program enters into an agreement with participant(s) for at least one month and up to 24 months (24 CFR 578.79). The program should work with the participant to minimize his/her time in temporary housing and consistently and regularly evaluate and engage him/her for permanent housing placement.

- In accordance with 24 CFR 578.77, programs do not have to charge participant occupancy fees. However, if the program does charge occupancy fees, the program must impose them on every household served by the program. If the program charges occupancy fees, they may not exceed the highest of:
 - 30% of the household's monthly adjusted gross income;
 - 10% of the household's monthly income; or
 - If the household receives payments for welfare assistance from a public agency wherein part of the payment is for housing costs, the portion of the payment designated for housing costs is applied.
 - Programs must outline the occupancy payment policy as part of its program operations manual.
 - Calculation for determining a household's contribution toward rent must not exceed 30% of household's monthly adjusted gross income.⁴² Income eligibility is based on the HUD income limits in effect at the time of income verification and not based on HUD income limits that correspond with the grant year under which the funds were awarded. Income limits can be found here: <https://www.huduser.gov/portal/datasets/il.html> .The CPD Income Calculator can be accessed through this link: <https://www.hudexchange.info/incomecalculator/>. The income calculation must be printed and added to the household's file.⁴³
- Programs providing housing to families may not deny housing to a family on the basis of age and gender of a child under the age of 18 years of age.
- Programs must actively participate in the NC 516 Coordinated Entry and Assessment system.
- Programs must review and ensure that their program policies do not create undue barriers to program entry and program participation.

HOUSING STABILIZATION/CASE MANAGEMENT: The program shall provide access to case management services by trained staff to each individual and/or family in the program.

Minimum Standards

- Joint Component Housing Programs provide regular and consistent case management to participants based on the individual's or family's specific needs. Case management may include but is not limited to:
 - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the participant (s).
 - Assisting participants to maintain their housing placement in a safe manner and understand how to get along with fellow residents and neighbors.
 - Helping participants to create a strong support network and participate in the community, as they desire.
 - Encouraging and facilitating participant's engagement in community volunteer activities, internships and participation in NWCoC governance, workgroups or committees.
 - Creating a path for participant to permanent housing as quickly as possible through providing bridge housing, rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
 - Using the case management tool for ongoing case management and measurement of acuity over time, and reassessment using the standardized assessment tool to determine service changes needed to better serve residents.
 - Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking.

⁴² See, 24 CFR 5.609 <https://www.law.cornell.edu/cfr/text/24/5.609>

⁴³Additional information and training webinar on how to use the CPD Income Calculator can be found here:

<https://www.hudexchange.info/trainings/courses/using-the-income-calculator-to-determine-annual-income-webinar1/>

- Programs provide individualized budgeting and money management services to participants as needed.
- Program staff or other programs connected to the housing program through a formal or informal relationship, will assist participants in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and other sources.
- Program staff will support service coordination and 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.
- 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 participants.
- 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 health and substance use care or other comparable services if available.

Benchmarks (Recommended services, often from other providers)

- Representative payee services.
- Relationship-building and decision-making and life skills.
- 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 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).
- In addition to the services mentioned such as one-time moving costs and case management, other eligible supportive service costs include childcare, food, housing search and counseling, outreach services, transportation, and one-time utility deposit.

SUPPORTIVE SERVICE COORDINATION: 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 and coordinate appropriate mainstream and supportive service to fit participant’s unique needs.

Minimum Standards

- 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 participants.

- 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 health and substance use care 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: 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 578.91). NWCoC recommends programs develop an internal mechanism to hear participant grievances which must comply with the NC 516 Participant Grievance, Termination and Appeals Process.

Minimum Standards

- The program may terminate services when participants violate the terms of their occupancy agreement.
- If the program terminates services for reasons other than the above, it is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the participant continue in the program. This includes 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 the participant(s) with a written copy of the program rules and the termination process before the participant(s) begin receiving assistance and keep a copy signed by the participant(s) in the file.
 - Written notice to the participant(s) containing a clear statement of the reasons for termination.
 - Review of the decision, in which the participant(s) can present written or oral objections before a person other than the person who approved the termination decision.
 - Prompt written notice of the final decision to the participant(s), including, a clear statement that termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family if the issue that caused the termination is mitigated or resolved.
- Programs follow a termination process and have a process for appeals/grievances in accordance with 24 CFR 578.91 in regard to due process. Programs provide this information to participant(s) at the beginning of the program and if/when the termination of services occurs with a signed copy kept in the participant(s) file.
- Termination does not bar the program from providing further assistance at a later date to the same individual or family. Programs should never carry a “barred list” of participants unless said participant(s) has presented a terminal risk to staff, volunteers or other participant(s).
- Programs should not terminate participant(s) from services because of entry into an institution (medical, mental health, substance abuse, jail). Providers can maintain open units for individuals and families who are institutionalized for a maximum of 90 days.

EXITING PARTICIPANTS AND FOLLOW-UP SERVICES: Programs must ensure a continuity of services to all participant(s) exiting their programs. Agencies can provide these services directly or through referrals to other agencies.

Minimum Standards

- Using a case management tool, programs work with participant(s) to develop exit plans for those participant(s) whose forward progress demonstrates potential success (acuity score threshold to be determined by the coordinated entry and assessment system) in market rate or subsidized housing. Programs should work with participant(s) to exit quickly when they meet this threshold score even if they have not reached the maximum number of months, in the program.
- Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources, supports and mainstream services, as desired.
- Programs should attempt to follow up with participant(s) through verbal or written contact at least once within 6 months after the participant(s) exits services. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services.

PARTICIPANT RECORDS AND PROGRAM FILES: Joint Component Housing providers will keep all participant(s) files up-to-date and confidential to ensure effective delivery and tracking of services and adhere to the privacy protection standards established by the NC HMIS Operating Policies and Procedure⁴⁴ and relevant State and Federal confidentiality laws and regulations that protect participants' records containing personally identifiable information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Minimum Standards

- Participant(s) files should, at a minimum, contain all information and forms required by HUD (24 CFR 578.103 for CoC and 24 CFR 576.599 for ESG), service plans, case notes, referral lists, and service activity logs, including services provided directly by the transitional housing program and indirectly by other community service providers. Programs should have:
 - Documentation of homeless status (see above for the priority of types of documentation).
 - Determination of ineligibility, if applicable, which shows the reason for this determination.
 - Annual income evaluation.
 - Program participant records.
 - Documentation of using the NC 516 Coordinated Entry and Assessment system.
 - Compliance with shelter and housing standards.
 - Services and assistance provided.
 - Expenditures and match.
 - Conflict of interest/code of conduct policies.
 - Homeless participant requirement.
 - Faith-based activity requirements, if applicable.
 - Other Federal requirements, if applicable, like VAWA.
 - Confidentiality procedures.

⁴⁴ See Appendix B, *North Carolina Homeless Management Information Systems Operating Policy and Procedures*.

- All participant(s) information should be entered in the NC HMIS or comparable database, 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(s) enters and exits the program, HUD required data elements, and an update of participants' information as changes occur.
- Program must maintain a release of information form for participant(s) 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 participant(s) files and shall not disclose any participant(s)-level information without written permission of the participant(s) as appropriate, except to program staff and other agencies as required by law. Participant(s) must give informed consent to release any participant(s) level identifying data to be utilized for research, teaching, and public interpretation.
- All records pertaining to HUD CoC 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 electronic copies, microfilm, photocopies, or similar methods. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING: Joint Component housing programs of any iteration (TS/DV/SA/SSA, TS/PH-RRH), 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

- Agencies maintain written goals and objectives for their services to meet outcomes required by HUD CoC programs or other funding sources.
- Programs review case files of participant(s) 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.
- Programs that regularly operate below 100% utilization of their beds must review their eligibility criteria and program rules to ensure they are not screening out households who need program beds to transition into permanent housing.
- Program must follow other Federal requirements for CoC programs at 24 CFR 578.99.

Northwest (NC-516) Continuum of Care Program Standards

Homelessness Prevention and Rapid Rehousing

The Northwest (NC-516) Continuum of Care (NWCoC) has developed these program standards to provide specific guidelines for how programs can operate to achieve the goal of ending homelessness. These guidelines create consistency across the NWCoC, protect participants by putting their needs first, and provide a baseline for holding all CoC and ESG programs to a specific standard of care. The NWCoC has used the Rapid Rehousing Performance Benchmarks and Program Standards document published by the National Alliance to End Homeless in partnership with the U.S Department of Veteran Affairs, the U.S Department of Housing and Urban Development, the U.S. Interagency Council on Homelessness, federal technical assistance providers, and nationally recognized high-performing rapid rehousing providers in development of these standards. This document provides details on performance benchmarks that would qualify programs as effective at ending and preventing homelessness.⁴⁵

All program grantees using Department of Housing and Urban Development Continuum of Care (CoC), Emergency Solutions Grant (ESG), and the Veteran Administration's Supportive Services for Veteran Families (SSVF) funding, must adhere to these performance standards. Programs funded through the Continuum of Care and Emergency Solutions Grant will be monitored by the NWCoC to ensure compliance. The NWCoC recommends that homelessness prevention and rapid rehousing programs funded through other sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and participant needs first. Based on proven best practices, this high standard of care is necessary to make episodes of homeless brief, rare and non-re-occurring.

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 578; ESG: 24 CFR 576; SSVF: 38 CFR 62). The program standards note many of the differences in program type in each of the following sections. Additional information can be located at the HUDexchange⁴⁶ and in the document in the footnote.⁴⁷

HOMELESSNESS PREVENTION AND RAPID REHOUSING OVERVIEW

Rapid Rehousing provides an immediate permanent housing solution for vulnerable homeless individuals and families by providing short-to medium term rental assistance and services.⁴⁸ 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 grant program. 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.⁴⁹

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

⁴⁵ <http://www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards>

⁴⁶ <https://www.hudexchange.info/>

⁴⁷ https://www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_C.oC.pdf;
http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/handbooks/cpd/6509.2

⁴⁸ <https://www.gpo.gov/fdsys/granule/CFR-2012-title24-vol3/CFR-2012-title24-vol3-part576/content-detail.html>

⁴⁹ <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000265-Rapid-Re-housing-What-the-Research-Says.pdf>

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 families, survivors of domestic violence, sexual assault, stalking or human trafficking, or persons experiencing chronic or episodic homelessness. Rapid rehousing is an intervention that can adapt to serve individuals, families, youth, and domestic violence survivors 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 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, as defined by HUD or those households who can be diverted from the shelter system with the aid of minimal financial assistance. Homelessness prevention programs should target funding towards households that have similar characteristics to the general homeless population or previous episodes of homelessness.

No matter the focus population, all NWCoC homelessness prevention and rapid rehousing programs must adopt a Housing First philosophy by reducing barriers to eligibility (i.e. no income, sobriety expectations, criminal record, and poor credit or rental history) to effectively house people as quickly as possible. Programs must also participate in the coordinated entry and assessment process, including the prioritization of individuals and families for housing. The NWCoC utilizes prevention and diversion strategies at initial contact to divert households with other housing options or resources and if diversion is not appropriate, an intake assessment and entry through Coordinated Entry and Assessment. The NWCoC uses a standardized assessment tool combined with a lethality assessment (if applicable) for households that are unable to divert, to prioritize individuals and families experiencing literal homelessness based on an acuity score that indicates the type of housing intervention best suited to meet their ongoing needs.

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

Minimum Standards

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, and experience, 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 participants in the program.

- All paid and volunteer staff participate in ongoing internal and/or external training on the standardized assessment screening tool, and a case management tool.
- 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 NC Homeless Management Information System (NC HMIS), all end users must abide by the NC HMIS Operating Policy and Procedures, 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, mediation and/or 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 a designated case management tool on a frequent basis (minimum of monthly) for all participants.
- Organizations should annually train all program staff on the NC 516 Coordinated Entry and Assessment Policy and Procedures and the Prevention and Rapid Rehousing Written Standards.

PARTICIPANT INTAKE PROCESS AND ELIGIBILITY: Programs will actively participate in the NC 516 Coordinated Entry and Assessment system by only taking referrals from the coordinated assessment system for their program. Programs staff will practice prevention and diversion strategies to determine the ability of the program to divert the presenting household from the homeless service system. If a household is not able to divert, program staff should follow the intake procedures and administer the prevention prescreen and/or a standardized assessment, and lethality tool if applicable, on all program applicants to determine their acuity score and if applicable, prevention assistance. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance in accordance with the NC 516 Coordinated Entry and Assessment system policy and prioritization standards for housing placement.

Minimum Standards

- All adult program participants must meet the following eligibility requirements in Rapid Rehousing:
 - 18 years or older
 - Literally homeless, and/or fleeing or attempting to flee domestic violence, dating violence, sexual assault, human trafficking or stalking (Category 1 and 4 of the homeless definition).⁵⁰
- All adult program participants must meet the following eligibility requirements in Prevention:

⁵⁰ <https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/>

- Homelessness prevention programs work with households who meet the ‘at risk’ and at-imminent-risk of homelessness definition and victims of Domestic Violence, sexual assault, stalking, or human trafficking (Category 2, 3 and 4) as defined by HUD.⁵¹
- Adult household members have the ability to participate in developing and carrying out an appropriate housing stability plan and maintain housing after subsidy term ends.
- SSVF programs should follow specific guidelines for eligible participants.
- CoC programs should also assess participant eligibility based on the eligibility criteria established by the NOFA for the year of the award and in accordance with the Coordinated Entry and Assessment policy.
- Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, poor credit history, or service participation.
- 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 participant file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:⁵²
 - Third-party documentation (including HMIS/comparable database); or
 - Intake worker observations through outreach and visual assessment; or
 - 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:
 - Household makeup (provided it does not violate HUD’s Fair Housing and Equal Opportunity requirements): youth-only programs can turn away households comprised of adults
 - Prevention and rapid rehousing subsidy money has been exhausted or the household has utilized the maximum term of assistance and is not experiencing a new episode of homelessness within one year of exiting program.
 - The household requesting assistance already receives rental assistance or for prevention, the unit rent exceeds the rent reasonableness standards for the area.
 - Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff, volunteers, and participants.
 - For ESG funded programs, the household income exceeds 30% of area median income (AMI).⁵³
 - For SSVF programs only, the family or individual has household income over 50% AMI.

⁵¹ Ibid

⁵² Ibid

⁵³ ESG-CV funds may be used to assist households at or below 50% AMI.

HOMELESSNESS PREVENTION STANDARD: Programs will assist at risk participants to stay in their current housing situation, if possible, or assist households at imminent risk of homelessness or victims of Domestic Violence, sexual assault, stalking or human trafficking, as defined by HUD, to remain housed or move into another suitable unit as defined under the specific program type.⁵⁴

Minimum Standards

- Programs should target prevention funds toward community diversion efforts. When using financial assistance to divert households from homelessness, programs should target assistance to the households most likely to experience homelessness if not for prevention 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 participant to participant 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 habitability standards by program requirements and long-term sustainability.
- 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 financial assistance and services depending on funding type with: rental application fees, moving costs, temporary storage fees, security deposits, last month's rent, utility deposits, utility payments, rental arrears, utility arrears, credit repair, and legal services, etc., related to maintaining and obtaining permanent housing. Providers should follow the specifics of the grant program under which their program is funded to understand specific restrictions and eligible costs for each program and the maximum number of months allowed for rental and utility assistance.
- The rent charged for an assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market in the geographic area and must not be in excess of rents currently being charged by the owner for comparable unassisted units (24 CFR 574.320 (a)(3). Providers must document that rent plus utilities for a unit do not exceed Fair Market Rent (FMR). The Fair Market Rent Calculator can be found at: <https://www.huduser.gov/portal/datasets/fmr.html>. Providers receiving Emergency Solutions Grant funds for Prevention, must document and maintain evidence of rent reasonableness in forms provided by the NC ESG Program and in accordance with standards.
- Lease: The program participant will sign a lease directly with a landlord or property owner. Providers may only make payments directly to the landlord or property owner, not the participant. The lease shall comply with the model HUD lease requirements and all addendums.
- All housing units assisted with ESG funds must meet minimum habitability standards for housing. Housing providers must document the year a unit was constructed and document the year in the inspection checklist using approved forms, or the unit will not be considered approved for financial assistance.⁵⁵

⁵⁴ Providers receiving Emergency Solutions Grant funds for Prevention, must maintain documentation provided by the NC ESG Program in accordance with standards: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%93-0>

⁵⁵ Providers receiving Emergency Solutions Grant funds must maintain documentation provided by the NC ESG Program on Minimum Habitability Standards and Lead Based paint: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%93-0>

- All participants moving into units built before 1978, must have the “*Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards*” attached to the unit lease.
- Rental Assistance Agreement: Providers 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 regulations covering the specific 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.
- Household income certification is to be completed at intake as a part of eligibility screening, and as part of the recertification process every three months for all adult members (18 years or older) of the household. Income eligibility is based on the HUD income limits in effect at the time of income verification. Income eligibility is not based on HUD income limits that correspond with the grant year under which the funds were awarded. Income limits can be found here: <https://www.huduser.gov/portal/datasets/il.html>. To calculate a household’s contribution, use the CPD Income Calculator at: <https://www.hudexchange.info/incomecalculator/>. If a provider uses the CPD Income Calculator, the income calculation must be printed and added to the client file. ESG Prevention providers should utilize the Third Party Income Verification or the Income and Asset Certification Worksheet and Client Certification of Income provided by NC DHHS.⁵⁶
- 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.⁵⁷

⁵⁶ Providers receiving Emergency Solutions Grant Prevention funds must maintain household income documentation provided by the NC ESG Program: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%930>

⁵⁷ Providers receiving Emergency Solutions Grant funds for Rapid Re-Housing, must maintain documentation provided by the NC ESG Program in accordance with standards: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%930>

Minimum Standards

- Program staff must explain program rules and expectations prior to admitting the individual or family into the program. Programs must have rules and expectations that ensure fairness and avoid arbitrary decisions that vary from participant to participant or staff to staff.
- Program staff must consider the needs of the household in terms of location, cost, and 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.
- Programs may provide financial assistance and services depending on funding type with: rental application fees, moving costs, temporary storage fees, security deposits, last month's rent, utility deposits, utility payments, rental arrears, utility arrears, credit repair, and legal services, etc., related to maintaining and obtaining permanent housing. Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions and eligible costs for each program and the maximum number of months allowed for rental and utility assistance.
- The rent charged for an assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market in the area and must not be in excess of rents currently being charged by the owner for comparable unassisted units (24 CFR 574.320 (a)(3)). The Fair Market Rent Calculator can be found at: <https://www.huduser.gov/portal/datasets/fmr.html>. Providers receiving Emergency Solutions Grant funds for Rapid Re-Housing, must document and maintain evidence of rent reasonableness in forms provided by the NC ESG Program and in accordance with standards: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%930>
- Assisted units 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.
- 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 must be for one year, renewable for a minimum term of one month and terminable only for cause. The lease shall comply with the model HUD lease requirements and all addendums.
- All housing units assisted with ESG and CoC funds must meet habitability standards for housing. Housing providers must document the year a unit was constructed and document the year in the inspection checklist using approved forms, or the unit will not be considered approved for financial assistance.⁵⁸ Additionally, all participants moving into units built before 1978, must have the "Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards" attached to the unit lease.
- 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, or SSVF regulations. All rent payments made by program participants must be paid directly to the landlord or

⁵⁸ Providers receiving Emergency Solutions Grant funds must maintain documentation provided by the NC ESG Program on Minimum Habitability Standards and Lead Based paint: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%930>

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, 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.
- Household income certification is to be completed at intake as a part of eligibility screening and establishing a housing plan, and as part of the recertification process annually for all adult household members (18 years or older). Income eligibility is based on the HUD income limits in effect at the time of income verification. Income eligibility is not based on HUD income limits that correspond with the grant year under which the funds were awarded. Income limits can be found here: <https://www.huduser.gov/portal/datasets/il.html>. To calculate a household's contribution, use the CPD Income Calculator at: <https://www.hudexchange.info/incomecalculator/>. If a provider uses the CPD Income Calculator, the income calculation must be printed and added to the client file. ESG Rapid Rehousing providers should utilize the Third Party Income Verification or the Income and Asset Certification Worksheet and Client Certification of Income forms provided by NC DHHS.⁵⁹
- When determining the amount and length of financial assistance for a household, 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.⁶⁰ 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.
- For CoC and ESG funds, program participants are eligible for up to 12 months, renewable, for a total of 24 months of assistance. However, agencies should consistently reevaluate a participant's ability to financially sustain before assistance ends and must evaluate participant's eligibility annually. SSVF programs should review regulations for the funding source to determine maximum months they can provide 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 those above listed units when other funding sources cannot be identified.
- HUD CoC grantees will adhere to the responsibilities of grant management outlined by the NWCoC.

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

⁵⁹ Providers receiving Emergency Solutions Grant funds for RRH must maintain household income documentation provided by the NC ESG Program: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%93-0>

⁶⁰ Providers receiving Emergency Solutions Grant funds for Rapid Re-Housing must maintain documentation provided by the NC ESG Program in accordance with standards: <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/nc-emergency-solutions-grant-%E2%80%93-0>

Minimum Standards

- Programs provide individual housing stabilization and/or case management services to program participants at least monthly. These services include:
- 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.
- 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.
 - 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:
 - Participant 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 a 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 and document the housing plan in the participant file and/or the case management tool. Program staff must conduct an annual participant assessment of service needs and income eligibility.
- Encouraging and facilitating participant's engagement in community volunteer activities, internships and participation in NWCoC governance, workgroups or committees.
- The program will evaluate the household for continued eligibility every three months or as changes are reported in household income and housing stability. Agency program rules must stipulate the requirement of participant households to notify the provider if changes of income, stability, or any support circumstances occur that may affect housing stability or the participant's reliance on continued housing assistance. To continue receiving homelessness prevention and rapid rehousing assistance, the household must demonstrate:
 - Lack of resources and support networks. The household must continue to lack sufficient resources and support networks to retain housing without program assistance.
 - Need. The program must determine the amount and type of assistance that the household needs to (re)gain stability in permanent housing.
 - For ESG, at the 12-month annual recertification, the participant's income must be at or below 30% Area Median Income.⁶¹ Providers must calculate and document participant's income and document in the participant file, case management tool, the annual assessment and housing stabilization plan.
- Program staff must develop an individualized plan to assist the program participant to retain permanent housing after program assistance ends. If or when it becomes evident, taking all relevant factors into consideration, the participant will be unable to maintain independent housing without a subsidy, program staff should account for participant's current or projected income/employment ability, other public or private assistance participant is eligible or likely to receive, and the availability of affordable housing and waitlist duration, if applicable, the participant may be qualified to receive so an effective housing plan can be implemented.

SUPPORTIVE SERVICE COORDINATION: 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 and coordinate appropriate mainstream and supportive service to fit participant's unique needs.

Minimum Standards

- 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 participants.
- 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

⁶¹ Current HUD Area Median Income limits are available at <https://www.huduser.gov/portal/datasets/il.html>

programs that subsidize childcare; youth development and child welfare; WIC; Supplemental Nutritional Assistance Program (SNAP); Unemployment Insurance; Social Security benefits; Medicaid/Medicare or health and substance use care or other comparable services if available.

- 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: 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; 24 CFR 578.91). NWCoC recommends programs develop an internal mechanism to hear participant grievances which must comply with the NC 516 Participant Grievance, Termination and Appeals Process.

Minimum Standards

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:
 - If a program participant violates program requirements, the grantee may terminate the assistance in accordance with a formal process established by the NWCoC, 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.
 - 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 including, a clear statement that termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family if the issue that caused the termination is mitigated or resolved.

Continuum of Care Rapid Rehousing

- 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:
 - 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.
 - 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 the participant;

- 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 (SSVF) – Prevention and Rapid Rehousing

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

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

Minimum Standards

- Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources, supports and mainstream 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 participant 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.

PARTICIPANT RECORDS AND PROGRAM FILES: Transitional Housing providers will keep all participant files up-to-date and confidential to ensure effective delivery and tracking of services and adhere to the privacy protection standards established by the NC HMIS Operating Policies and Procedure⁶² and relevant State and Federal confidentiality laws and regulations that protect participants records containing personally identifiable information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Minimum Standards

- Participant 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:
 - Documentation of homeless status (for RRH) and at-risk of homelessness status (for homelessness prevention).
 - Determination of ineligibility, if applicable, which shows the reason for this determination.
 - Initial and annual income evaluation, per program rules.
 - Program participant records.
 - Documentation of using the NC 516 Coordinated Entry and Assessment system.
 - Compliance with shelter and housing standards.
 - Services and assistance provided.
 - Expenditures and match.
 - Conflict of interest/code of conduct policies.
 - Homeless participation requirement.
 - Faith-based activity requirement, if applicable.
 - Other Federal requirements, if applicable.
 - Confidentiality procedures.
- All participant 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 participants enters and exits the program, HUD required data elements, and an update of participant's information as changes occur.
- Programs must maintain a release of information form for participants 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 participant files and shall not disclose any participants-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 participants' 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

⁶² See Appendix B, *North Carolina Homeless Management Information Systems Operating Policy and Procedures*.

participant was served. Agencies may substitute original written files with electronic copies, microfilm, photocopies, or similar methods. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PROJECT PLANNING: 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):
 - 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.
 - Maximize permanent housing success rates. Programs should ensure that at least 80% of households exit to a permanent housing setting.
 - 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 participants 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.

Northwest (NC-516) Continuum of Care Standards

Permanent Supportive Housing

All program grantees using Department of Housing and Urban Development (HUD) Continuum of Care (CoC) and the Department of Veteran's Affairs VA Supportive Housing (VASH) funding must adhere to 24 CFR 578 and performance standards. All CoC funded Permanent Supportive Housing projects will be monitored by the Northwest CoC (NC 516) to ensure HUD compliance and compliance with the NC 516 Witten Standards. The NWCoC recommends that permanent supportive housing funded through other sources, whether public or private, also follow these written standards. These performance standards attempt to provide a high standard of care that places community and participant needs first. Based on proven best practices, this high standard of care is necessary to achieve the goal of ending homelessness in the NWCoC. In furtherance of this goal, the NWCoC developed the following Permanent Supportive Housing program standards to ensure:

- Program accountability to individuals and families experiencing homelessness, specifically populations with complex service needs and/or with the longest histories of homelessness;
- Program compliance with the Department of Housing and Urban Development regulations;
- Service consistency within NWCoC Permanent Supportive Housing programs; and
- Program staff competency and training, specific to the target population served.

PERMANENT SUPPORTIVE HOUSING

Permanent supportive housing programs provide safe, stable homes through long-term rental assistance, paired with long-term intensive case management services, to highly vulnerable individuals and families with complex issues who are otherwise at risk of serious health and safety consequences from being homeless.⁶³ This model seeks to provide a stable housing option, without term-limits or service requirements, and the necessary supportive services for individuals and families who may not succeed in other permanent housing settings. Permanent supportive housing is designed specifically for persons with disabilities, including severe mental health, physical health, HIV/AIDS, and/or substance abuse disorders, especially targeting individuals and families meeting HUD's definition of chronic homelessness. Types of permanent supportive housing include HUD CoC Permanent Supportive Housing, HUD-VASH, and other housing programs created specifically to house this population through tenant-based rental assistance.

Successful permanent supportive housing programs use the national best practice called Housing First, the model in which programs house all persons immediately without preconditions such as sobriety, income, or behavioral requirements and pair supportive services matched to the needs of the household.⁶⁴ Long-term studies demonstrate that individuals and families experiencing homelessness, even chronic homelessness, can move into a home with supportive case management, follow a standard lease, and successfully remain in housing over a long period of time. Permanent supportive housing programs with preconditions for entry and overly burdensome program rules cause this high-need population to regularly fail in housing or drive programs to target lower-need individuals who do not need permanent supportive housing programs to successfully remain housed.

Permanent supportive housing programs must participate in the NWCoC Coordinated Entry and Assessment process, including the local prioritization of individuals for housing. In the NWCoC, each participating agency

⁶³ <https://www.gpo.gov/fdsys/granule/CFR-2013-title24-vol3/CFR-2013-title24-vol3-part578/content-detail.html>

⁶⁴ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

utilizes the standardized assessment tool and a lethality tool, if applicable, to set priorities and housing triage methods, while permanent housing programs use a case management tool for more developed housing placement purposes and for intensive case management. NWCoC utilizes a vulnerability assessment tool and a lethality assessment (if applicable) to prioritize individuals and families experiencing homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs consistent with the Order of Priority in housing placement. Permanent supportive housing programs are intended to serve individuals and families with a disability, the longest length of time homeless and/or the highest needs.

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

Minimum Standards

- The organization selects employees and/or volunteers with appropriate knowledge and experience for working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- The organization provides adequate 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 skills relevant to assisting participants in the PSH program.
- All paid and volunteer staff participate in ongoing internal and/or external training on the standardized assessment screening tool, and a case management tool.
- For programs using the NC Homeless Management Information System (NC HMIS), all end users must abide by the NC HMIS Operating Policy and Procedures, 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/or 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, 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.
- Organizations should annually train all program staff on the NC 516 Coordinated Entry and Assessment Policy and Procedures and the Permanent Supportive Housing Written Standards.

ORDER OF PRIORITY for CoC-FUNDED DEDICATED OR PRIORITIZED CHRONICALLY HOMELESS BEDS:

Programs receiving CoC-funded permanent supportive housing which have dedicated or prioritized their beds to serve individuals and families experiencing chronic homelessness must follow the order of priority in accordance with the Order of Priority section in Notice CPD-16-11 when selecting participants for housing.⁶⁵ Grantees must exercise due diligence when conducting outreach and assessment to ensure the program serves people in the order of priority as adopted by the NWCoC.

- *First Priority:* Chronically homeless individuals and families as defined in 24 CFR 578.3 with the longest histories of homelessness AND the most severe service needs (as found through the acuity score on the standardized assessment with information from community stakeholders).
 - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - The chronically homeless individual or head of household of a family has severe service needs as assessed through the vulnerability assessment. This person has a history of high utilization of crisis services, including, but not limited to, hospital emergency departments, jail, or psychiatric facilities; or significant health and behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.
- *Second Priority:* Chronically homeless individuals or families with the longest history of homelessness that meet the following:
 - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - The chronically homeless individual or head of household of a family has not been identified to meet the severe service needs described in priority one.
- *Third Priority:* Chronically homeless individuals or families with the most severe service needs.
 - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months but less than others identified in the community needing permanent housing; and
 - The chronically homeless individual or head of household of a family has severe service needs and vulnerability as assessed through the standardized assessment tool. This person has a

⁶⁵ <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

history of high utilization of crisis services, including, but not limited to, hospital emergency departments, jail, or psychiatric facilities; or significant health and behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

- *Fourth Priority:* All other chronically homeless individuals or families.
 - The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the cumulative total of the four separate occasions is less than 12 months; and
 - The program has not identified the chronically homeless individual or head of household of a family, who meets all of the criteria of a chronically homeless person or family, as having severe service needs.

ORDER OF PRIORITY for CoC-FUNDED NON-DEDICATED OR NON-PRIORITIZED CHRONICALLY HOMELESS BEDS
Programs receiving CoC-funded permanent supportive housing that do not dedicate or prioritize their beds for individuals and families experiencing chronic homelessness must first follow the order of priority as mentioned in the section above: Order of Priority for CoC-Funded Dedicated or Prioritized Chronically Homeless Beds. However, if the community does not have any chronically homeless individuals or families or someone meeting the priority listing above cannot be identified within 30 days, programs will prioritize their beds in accordance with the Order of Priority section in Notice CPD-16-11 for non-dedicated or non-prioritized beds when selecting participants for housing.⁶⁶

- *First Priority:* Priority listing under section: Order of Priority for CoC-Funded Dedicated or Prioritized Chronically Homeless Beds.
- *Second Priority:* Homeless individuals and families with a disability with long periods of episodic homelessness and severe service needs.
 - An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
- *Third Priority:* Homeless individuals and families with a disability with severe service needs.
 - An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
- *Fourth Priority:* Homeless individuals and families with a disability coming from places not meant for human habitation, safe havens, or emergency shelters without severe service needs.
 - An individual or family is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or

⁶⁶ <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

- *Fifth Priority:* Homeless individuals and families with a disability coming from transitional housing.
 - An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

PARTICIPANT INTAKE PROCESS AND ELIGIBILITY: Programs will actively participate in their community's Coordinated Entry and Assessment system by only taking referrals from the coordinated entry system for their program. Each PSH program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance. The program will ensure active participant participation and informed consent.

Minimum Standards

- All adult program participants must meet the following program eligibility requirements:
 - Literally homeless or fleeing domestic violence, sexual assault, stalking or human trafficking (see definitions above for Category 1 and Category 4 of the Homeless Definition).⁶⁷ Some programs have stricter participant guidelines and should see their specific program and application information to determine eligibility.
- Programs may require participants to meet only these additional program eligibility requirements if they have targeted specific populations under their grant applications:
 - Chronic homelessness (for CoC-funded PSH that requires chronic homelessness and programs that have committed to prioritize turnover beds to people experiencing chronic homelessness).
 - Homeless veterans (for HUD-VASH programs).
 - Residency requirements (abide by the language of the lease).
- Programs cannot disqualify an individual or family because of lack of income, employment status, prior evictions, poor rental history, criminal history, and credit history or service participation.
- Programs focus on engaging participants by explaining available services and encouraging each adult household member to participate in said services, but programs do not make service usage a requirement or the denial of services a reason for disqualification, termination or eviction.
- PSH Programs can turn away individuals and families experiencing homelessness from program entry for only the following reasons:
 - 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.
 - All program beds are full.
 - Household does not have a qualifying disability and/or is not chronically homeless for dedicated beds.
 - For DV only PSH, household is not fleeing or attempting to flee domestic violence.

⁶⁷ <https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/>

- 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 person with a criminal record that includes violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93).
- Programs shall use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status per the program's eligibility requirements. Grantees must document in the participant file that the agency attempted to obtain the documentation in the preferred order. That order should be as follows:
 - Third-party documentation (including HMIS/comparable database); or
 - Intake worker observations through outreach and visual assessment; or
 - Self-certification of the person receiving services.
- CoC programs should also assess participant eligibility based on eligibility criteria established by the NOFA for the year of the program award.
- Programs must provide evidence of a diagnosis of one or more of the following conditions (for the CoC program, one adult OR child in the family would qualify): substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a traumatic brain injury, or chronic physical illness or disability. The documentation must include:
 - Written verification of the condition from a professional licensed by the state to diagnose and treat the condition; or
 - Written verification from the Social Security Administration; or
 - Copies of a disability check (e.g. Social Security Disability Insurance check or Veteran Disability compensation); or
 - Intake staff (or referral staff) observation confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days (24 CFR 578.37(a)(i); 578.103(a)) after the application for assistance and accompanied with one of the types of evidence above; or
 - Other documentation approved by HUD or the VA.
- 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.

PERMANENT SUPPORTIVE HOUSING STANDARD: Programs will provide safe, affordable permanent housing that meets participants' needs in accordance with the participant intake practices and within the NWCoC established guidelines for permanent supportive housing programs. Programs will pair permanent housing with intensive case management services to participants to ensure long-term housing stability.

Minimum Standards

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA).⁶⁸
- Programs provide assistance to the participant in locating and procuring safe housing.
- Programs consider the needs of the household in terms of location, cost, and number of bedrooms, handicap access, ongoing service needs 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.

⁶⁸ See SAMHSA's Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>

- Assisted units 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.
- The rent charged for an assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market in the area and must not be in excess of rents currently being charged by the owner for comparable unassisted units (24 CFR 574.320 (a)(3). The Fair Market Rent Calculator can be found at: <https://www.huduser.gov/portal/datasets/fmr.html>.
- For rental assistance or tenant-based rental assistance grants, program participants must sign a lease in their name for a one-year period. For leasing assistance grants, agencies must master lease a unit and then have a sub-lease with the program participant for a one-year period. All participant leases and sub-leases must be compliant with HUD and N.C.G.S Chapter 42 and automatically renewable upon expiration for a minimum term of one month. Participant sub-leases with grantees must confer all of the legal rights and protections of the lease between the agency and the landlord.
- All housing units assisted with CoC funds must meet habitability standards for housing. Housing providers must document the year a unit was constructed and document the year in the inspection checklist using approved forms, or the unit will not be considered approved for financial assistance. Additionally, all participants moving into units built before 1978, must have the *"Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards"* attached to the unit lease.
- HUD CoC grantees will adhere to the responsibilities of grant and program management outlined by HUD and the NWCoC.
- Any lease shall comply with the model HUD lease requirements and all addendums.
- For CoC-funded permanent supportive housing programs, HUD does not require programs to impose occupancy charges on participants as a condition of residing in the housing (CFR 578.77). However, if programs have occupancy charges, they must impose them on all participants of the program consistent with HUD guidelines and these charges cannot exceed the highest of:
 - 30% of the household's monthly adjusted gross income;
 - 10% of the household's monthly income; or
 - If the household receives payments for welfare assistance from a public agency wherein part of the payment is for housing costs, the portion of the payment designated for housing costs.
 - Calculation for determining a household's contribution toward rent must not exceed 30% of monthly adjusted gross income.⁶⁹ Income eligibility is based on the HUD income limits in effect at the time of income verification and not based on HUD income limits that correspond with the grant year under which the funds were awarded. Income limits can be found here: <https://www.huduser.gov/portal/datasets/il.html> .The CPD Income Calculator can be accessed through this link: <https://www.hudexchange.info/incomecalculator/>. The income calculation must be printed and added to the household's file.⁷⁰
- For CoC programs, PSH assistance must be provided without a designated length of stay.
- For HUD-VASH permanent supportive housing programs, participants must follow rent payment guidelines of the Housing Choice Voucher (HCV) program.

HOUSING STABILIZATION/CASE MANAGEMENT SERVICES: Programs shall provide access to intensive case management services by trained staff to each individual and/or family in the program. Programs should note acceptance or refusal of all services offered in case notes.

⁶⁹ See, 24 CFR 5.609 <https://www.law.cornell.edu/cfr/text/24/5.609>

⁷⁰Additional information and training webinar on how to use the CPD Income Calculator can be found here: <https://www.hudexchange.info/trainings/courses/using-the-income-calculator-to-determine-annual-income-webinar1/>

Minimum Standards

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.⁷¹
- Program staff or other programs connected to the permanent housing program through formal relationship will provide regular and consistent case management to participants based on the individuals' or families' specific needs. This case management should optimally happen at the participants' home whenever possible, or at a minimum, in a convenient place for the participant. Case management includes:
 - Assessing, planning, coordinating, implementing, and evaluating the services delivered to participants.
 - Assisting participants to maintain their permanent housing placement in a safe manner and understand how to get along with fellow residents or neighbors.
 - Helping participants to create strong support networks and participate in the community, as they desire.
 - Encouraging and facilitating participant's engagement in community volunteer activities, internships and participation in NWCoC governance, workgroups or committees.
 - Using a case management tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve participants.
- Program staff or other programs connected to the permanent housing program through formal relationship will provide basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
- Program staff or other programs connected to the permanent housing program through formal relationship will assist participants in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and other sources.
- Program staff or other programs connected to the permanent housing program through formal relationship will provide individualized budgeting and money management services to participants as needed.
- 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 participants.
- 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 health and substance use care or other comparable services if available.
- Program staff or other program connected to the permanent housing program through formal relationship will provide ongoing assistance with food, clothing, and transportation.
- Programs must assess service needs and income at least annually, and adjustments to rent and household composition must be based on income calculations per HUD regulations. However, best practices show

⁷¹ See SAMHSA's Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>

that participants are more successful in PSH and ideally successful in acquiring independent permanent housing, if case management is ongoing (at least monthly) and goals and needs are accessed at least every 90 days.

Benchmarks (Recommended services, often from other providers)

- Representative payee services.
- Relationship-building and decision-making and life skills.
- 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 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).
- For CoC PSH, in addition to the services mentioned such as one-time moving costs and case management, other eligible supportive service costs include childcare, food, housing search and counseling, outreach services, transportation, and one-time utility deposit.

SUPPORTIVE SERVICE COORDINATION: 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 and coordinate appropriate mainstream and supportive service to fit participant's unique needs.

Minimum Standards

- 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 participants.
- 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 health and substance use care or other comparable services if available.
- For CoC PSH, 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.

TRANSFERS: At times it may be necessary for participants to transfer from Scattered Site PSH to Single Site PSH or vice versa. Programs should be considerate of participant choice and service needs when, identifying participants that may need to transfer and follow the NC 516 Program Participant Transfer Policy and Procedures for PSH transfers with for an appropriate placement.

- Reasons for needing to transfer from a scattered site to single site may include:
 - Declining health, inability to maintain boundaries with neighbors or other residents which results in conflict or results in their home being taken over, participant choice, or safety considerations.
- Reasons for needing to transfer from single site to scattered site may include:
 - Participant no longer needing intensive onsite supportive services, disagreement with community rules, participant choice, household composition, or safety considerations.

Minimum Standards

- All transfers are staffed through CE and unit availability and participant's waiting for placement is considered in relation to the urgency/timing of the pending transfer request. Cases are staffed, and the group offers other solutions and ultimately decides on whether and to where the participant should be transferred and what stipulations (if any) are put into place before the transfer can occur.
- Providers will adhere to the philosophy of Housing First, with the understanding that some participants may need to try a different setting or level of support to ensure success. After two placements in PSH, providers will work with participant to identify alternatives to PSH options (assisted living, e.g.). A participant may have to return to homelessness/Coordinated Entry, to be reassessed and re prioritized if they remain homeless following PSH exit.

TERMINATION: 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 578.91). NWCoC recommends programs develop an internal mechanism to hear participant grievances which must comply with the NC 516 Participant Grievance, Termination and Appeals Process.

Minimum Standards

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Housing and Urban Development.
- While violation of a participant's lease or sublease may be cause for termination, programs should develop a termination of services policy giving participants multiple housing chances or work to move participants to a higher-level permanent supportive housing intervention, when possible (i.e. programs will move a participant two times before terminating him/her from services). Programs should only terminate services when participants pose a safety risk to staff or other residents of their community. Programs' goal should be to avoid eviction by working with the landlord and participant to form an agreement allowing participants to move prior to a legal eviction, when possible.
- 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:
 - 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.
 - 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 a copy signed by the participant in the file;
 - 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; and
- Prompt written notice of the final decision to the program participant, including, a clear statement that termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family if the issue that caused the termination is mitigated or resolved.
- Programs should not immediately terminate participants who enter an institution (medical, mental health, or crisis). HUD CoC PSH grants allow grantees to maintain open units for institutionalized individuals and families for up to 90 days.

EXITING PARTICIPANTS AND FOLLOW-UP SERVICES: Programs must ensure a continuity of services to all participants exiting their programs, including those individuals and families terminated from the program. Agencies can provide these services directly or through referrals to other agencies.

Minimum Standards

- Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community support and mainstream resources, as desired.
- Program staff work with the Northwestern Regional Housing Authority and utilize the “Move On” strategy to effectively and successfully exit participants who no longer require supportive case management but still may require a housing subsidy to maintain housing.
- Programs should check in with PSH participants to identify those households whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program and without supportive services.
- Programs develop a plan, in conjunction with the participating household, for effective, timely exit of individuals and families whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program.
- Programs should attempt to follow up with participants through verbal or written contact at least once in 6 months after the participant 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.
- For HUD CoC PSH grants, programs may provide services to formerly homeless individuals and families for up to six months after their exit from the program.

PARTICIPANT RECORDS AND PROGRAM FILES: Permanent Supportive Housing providers will keep all participant files up-to-date and confidential to ensure effective delivery and tracking of services and adhere to the privacy protection standards established by the NC HMIS Operating Policies and Procedure⁷² and relevant State and Federal confidentiality laws and regulations that protect participant records containing personally identifiable information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Minimum Standards

- Participant and program files should, at a minimum, contain all information and forms required by HUD (24 CFR 578.103), and the VA, service plans, case notes, referral lists, and service activity logs, including

⁷² See Appendix B, *North Carolina Homeless Management Information Systems Operating Policy and Procedures*.

services provided directly by the permanent supportive housing program and indirectly by other community service providers. Programs should have:

- Documentation of homeless status, chronic homelessness status (where applicable), and disabling condition.
 - Determination of ineligibility, if applicable, which shows the reason for this determination.
 - Initial and annual income evaluation, per program rules.
 - Program participant records.
 - Documentation of using the NC 516 Coordinated Entry and Assessment system.
 - Compliance with shelter and housing standards.
 - Services and assistance provided.
 - Expenditures and match.
 - Conflict of interest/code of conduct policies.
 - Homeless participation requirement.
 - Faith-based activity policy, if applicable.
 - Other Federal requirements, if applicable.
 - Confidentiality procedures.
- All participant 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 participant enters and exits the program, HUD required data elements, and an update of participant's information as changes occur.
 - Programs must maintain a release of information form for participants 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 and the duration of the release.
 - Programs must maintain the security and privacy of written participant files and shall not disclose any participant -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 participant identifying data to be utilized for research, teaching, and public interpretation.
 - All records pertaining to CoC 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 electronic copies, microfilm, photocopies, or similar methods. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PROJECT PLANNING: Permanent supportive housing 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

- Agencies maintain written goals and objectives for services to meet outcomes required by HUD CoC and VA programs or other funding sources.
- Programs review case files of participants to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on program evaluation.
- Programs conduct, at a minimum, an annual evaluation of its goals, objectives, and activities, making adjustments as needed to meet the needs of the community.
- Programs regularly review project performance data in NC HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.
- Programs regularly review compliance with NC HMIS Operating Policies and Procedures.

NC 516 Written Standards Addendum: Addressing Emerging Issues Related to COVID-19 in the Northwest Continuum of Care

Background:

In December 2019, a new coronavirus known as SARS-CoV-2 was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of a virulent coronavirus disease, COVID-19, that has now spread across the globe to the United States. In March 2020, in response to increased spread of COVID-19, the World Health Organization declared the coronavirus outbreak a pandemic and the President of the United States declared the outbreak of COVID-19 a national emergency. During this time, the majority of states, including North Carolina, declared states of emergency that included a Stay at Home Order, to mitigate the spread of the pathogen. As a consequence, many homeless housing and service providers are facing challenges to ensure appropriate shelter, housing and supportive services are available for program participants who need to be separated from others because they are exhibiting symptoms or are at high risk of contracting the virus. As a result, providers in the Northwest Continuum of Care (NC 516) are updating training to permit staff to safely work with program participants, adapting operations to ensure social distancing to prevent spreading the virus, securing necessary supplies and implementing safeguards to prevent the spread of the virus, and maintaining necessary staffing levels during the outbreak to provide essential services.

Additionally, many program participants, providers and community members are suffering economic consequences from the mass shutdown of businesses and lack of availability and access to traditional mainstream benefits during the crisis. The additional strains on an already burdened homeless services system, the potential for long-term economic impacts across the region, and additional funding opportunities provided to address these issues, require Continuums of Care to provide flexibility to providers in meeting the requirements of the NC 516 Written Standards, to address emerging issues related to COVID-19.

Purpose:

As a result of the pandemic and collateral economic effects which will increase demand for housing assistance, placement, and supportive services to quickly and appropriately address the needs of affected persons in the Northwest CoC, certain requirements in the NC 516 Written Standards shall be temporarily augmented to provide needed flexibility to providers to prevent the spread of COVID-19 and better assist individuals and families, including those experiencing homelessness infected with the virus or who are economically impacted by the virus, to access and receive services and assistance from the system. Provisions within the NC 516 Written Standards that are not specifically modified, remain in full effect throughout the Northwest Continuum of Care.

Objectives:

NC 516's collaborative pandemic response is tailored to address and mitigate the risk of COVID-19 for people experiencing homelessness and those at risk of homelessness. NC 516 shall capitalize on all existing and new resources and regulatory waivers made available to address the crisis (ESG-CV, FEMA, HUD and other state, local or federal funding), to quickly adapt the homeless service system to meet the needs of the community. The Northwest CoC pandemic response and augmentation of the Written Standards is intended to:

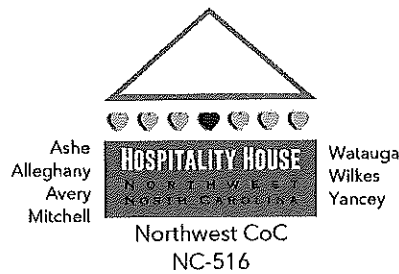
- Expand resources to meet the increased needs of people experiencing homelessness during the public health crisis and programmatically respond to significant new needs for services anticipated due to economic and health crises;
- Focus on public health and safety issues as the foremost emphasis of the Northwest's collaborative response;

- Provide support and guidance for existing Northwest partners as they continue to serve a high volume of households experiencing homelessness in emergency shelters and permanent housing programs every day;
- Enable providers and the Northwest CoC to adequately address racial and health disparities that are compounded by the social and economic effects of COVID-19 for racial and ethnic minorities by engaging organizations that serve minority and marginalized populations;
- Focus on housing and facilitating exits to safe permanent housing as needed and in anticipation of a significant slowdown in housing activities due to safety concerns;
- Coordinate the system's response using the robust infrastructure of the Northwest CoC to support swift assessment, housing stabilization and re-housing; and
- Engage new partners willing to collaborate and contribute to the efforts of the Northwest Continuum of Care.

The addendum to the NC 516 Written Standards includes but is not limited to:

- Properly filed regulatory waivers to Community Planning and Development by any Northwest provider to adapt programs and resources to better engage and serve the community;
- Any adaptation, prioritization or assessment changes made to the NC 516 Coordinated Entry and Assessment system;
- Suspension of applicable income eligibility requirements for program, consistent with HUD guidance and funding streams;
- Case management frequency mandates as required for specific CoC funded projects or Emergency Solutions Grant funded activities;
- Suspension of Fair Market Rent requirements as applied to specific activities funded through Emergency Solutions Grant, the CARES Act or other state or federal funding;
- Any requirements for in-person meetings relating to Continuum of Care governance, assessment, and case management-consistent with HUD and CDC guidance;
- Any adaption or revision of the standardized assessment tools to appropriately prioritize vulnerable high risk persons that are designed to respond to the effects of COVID-19;

Wherever applicable, this addendum supersedes the currently adopted NC 516 Written Standards for the duration of the COVID-19 crisis, which is the timeframe during which this addendum is intended to be in effect, or until such time the Steering Committee of the Northwest Continuum of Care revokes this addendum.



Written Standard Review and Revisions

The goal of these standards is to synthesize the key elements of the U.S. Department of Housing and Urban Development (HUD) regulations for projects funded under the HUD's Continuum of Care (CoC) and Emergency Solutions Grant (ESG) programs. These written standards also incorporate the policy priorities of the Northwest CoC, as adopted by the CoC's Governing Board, the NC 516 Steering Committee and in consultation with stakeholders and recipients of the CoC and ESG program funds within the geographic area. All CoC and ESG Program funded projects must comply in full with the applicable standards described in this manual, as well as all HUD regulations and Notice of Funding Opportunity (NOFO) requirements established for the CoC Program.

HUD program regulations may be found at:

<https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf>

The Code of Federal Regulations for CoC may be found at:

<https://www.govinfo.gov/app/details/CFR-2013-title24-vol3/CFR-2013-title24-vol3-sec578-7>

The Code of Federal Regulations for ESG may be found at:

<https://www.govinfo.gov/app/details/CFR-2012-title24-vol3/CFR-2012-title24-vol3-part576>

CoC and ESG funded projects may also be subject to additional criteria as set forth in the annual competitive application processes administered by the Northwest CoC in conjunction with the HUD annual CoC program competition (NOFO) and the North Carolina ESG Office.

APPROVED BY THE NORTHWEST COC STEERING COMMITTEE:

Version 1: January 22, 2018

Version 2: September 2018

Version 3: September 2019

Version 4: October 2020

Version 5: June 2022

Appendix A: Glossary of Terms

Acuity: When using the standardized assessment tool(s), acuity means the presence of a presenting issue based on the assessment score. Acuity on the prescreening tool is expressed as a number with the higher score representing more complex, co-occurring issues likely to impact overall stability in permanent housing. When using the case management tool, acuity refers to the severity of the presenting issue and the ongoing goals to addressing these issues.

Affordable Housing: Housing for which the occupant(s) is paying no more than 30 percent of his or her total income for housing costs, including utilities. Households that pay more than 30 percent of their income for housing are considered 'cost burdened' and may have difficulty affording other basic needs like food, medical and clothing. Those households that pay in excess of 50 percent of their income are considered 'severely cost burdened.'

Area Median Income (AMI): The median divides the income distribution into two equal parts: one-half falling below the median and one-half falling above the median for a designated area. HUD uses the median income for families in metropolitan and non-metropolitan areas to calculate income limits for eligibility in a variety of housing programs. HUD estimates the median family income for an area in the current year and adjusts that amount for different family sizes so that the family income may be expressed as a percentage of the area median income.

At Risk of Homelessness: For individuals and families who do not meet the definition of 'homeless' under any other category established in HUD's Homeless Definition final rule, the McKinney-Vento Act was amended to also allow homeless prevention assistance to be provided to persons who are 'at imminent risk of homelessness' defined as an individual or family who will imminently lose their housing [as evidenced by a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days, having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days, or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause]; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing.

Chronically Homeless: (1) an individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) had been homeless and living as described in (i) continuously for at least 12 months or on at least 4 occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in (1) or (2) of this definition, including a family whose composition had fluctuated while the head of household has been homeless. (24 CFR 578.3)

Comparable Database: HUD-funded providers of housing and services (recipients of ESG and /or CoC funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, "a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data." The recipient or subrecipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD's HMIS requirements. (24 CFR 578.57)

Continuum of Care (CoC): The entity authorized to carry out homeless planning for the community (NC-516 is the Northwest regions designation). Under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, the CoC must include representatives from nonprofit homeless assistance providers, victim service providers, faith-based organizations, government, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve Veterans, the homeless and formerly homeless individuals. Responsibilities include but are not limited to operating an HMIS system, coordination, policy, initiatives and Continuum of Care planning.

Coordinated Entry and Assessment: A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool" (24 CFR 578.3). CoCs have ultimate responsibility to implement coordinated entry and assessment in their geographic area.

Developmental Disability: As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of "developmental disability" in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3)

Disabling Condition: According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)

Diversion: Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs help reduce the number of people becoming homeless and the demand for shelter beds.

Family: A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) a group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)

Grant and Per Diem: Since 1994, the VA's Homeless Providers Grant and Per Diem Program has offered annually (as funding permits) by the Department of Veterans Affairs Health Care for Homeless Veterans (HCHV) Programs to fund community agencies providing services to homeless Veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, services targeted towards specialized populations including homeless women Veterans, etc.) are eligible for these funds. The program has two levels of funding: the Grant Component and the Per Diem Component. Operational costs, including salaries, may be funded by the Per Diem Component.

HEARTH Act: The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed on May 20, 2009. The HEARTH Act amends and re-authorizes the McKinney Vento Homeless Assistance Act with substantial changes, including: a consolidation of HUD's competitive grant programs, the creation of a Rural Housing Stability Assistance Program, a change in HUD's definition of homeless and chronic homelessness (revised in January 2016), a simplified match requirement for funds, and increase in prevention resources, and added emphasis on performance for recipients and communities who receive funding.

Homeless:

Category 1: an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals); or (iii) an individual who exits an institution where he/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;

Category 2: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or

Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support

networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing. (24 CFR 578.3)

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

Homelessness Prevention: Housing stabilization services and/or relocation assistance and short-and/or medium-term rental assistance as necessary to prevent the individual or family from moving to an emergency shelter, a place not meant for human habitation, or another place described in paragraph (1) of the HUD homeless definition.

Housing First: A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.⁷³

Housing Inventory Count (HIC): A complete listing of a community's HUD and non-HUD funded beds dedicated to homeless families and individuals.

Joint (Combined) Component Housing: Refers to housing projects that are designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living within 24 months. Combined Component housing is for participants who have signed a lease or occupancy agreement with the primary purpose of transitioning into permanent housing within 24 months utilizing any combination of transitional housing and rapid-rehousing financial assistance that fits the participant's individual needs and goals.

Permanent Supportive Housing (PSH): Describes a program designed to provide housing (project based and tenant based) coupled with voluntary supportive services that are appropriate to the level of need and preferences of residents on a long-term basis to formerly homeless people. Subsidies and services may be long or short term duration. PSH is usually appropriate and/or mandated by HUD for persons with severe service needs and a disability.

Point-in-Time: An unduplicated one night estimate of both sheltered and unsheltered homeless persons in a defined geographic area. The one-night count, conducted according to HUD standards by the CoC's nationwide, occurs during the last week of January each year.

Rapid Rehousing (RRH): A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. Like Housing First, rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing are housing

⁷³<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

Service-Intensive Transitional Housing (SITH): VA transitional housing that is not being used as Bridge Housing. Whereas Bridge Housing emphasizes short lengths of stay in transitional housing and provides rapid connections to permanent housing, SITH provides up to 24 months of transitional housing in which Veterans are still actively working with the assistance of appropriate services and supports to achieve permanent housing.

Supportive Services for Veteran Families (SSVF): The Veteran Administration offers community-based grants through the Supportive Services for Veteran Families (SSVF) Program, which provides supportive services to very low-income Veteran families in or transitioning to permanent housing. Funds are granted to private non-profit organizations and consumer cooperatives who assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability. Grantees provide eligible Veteran families with outreach, case management, and assistance in obtaining VA and other benefits to support housing stability.

Veteran: The Veteran Health Administration classifies a homeless Veteran by the following:

- (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence;
- (2) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (3) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- (4) An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where the individual temporarily resided;
- (5) An individual or family who:
 - (a) Will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, state, or local government programs for low-income individuals or by charitable organizations, as evidenced by:
 1. A court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;
 2. The individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or
 3. Credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause if the Veteran (b) has no subsequent residence identified and/or (c) lacks the resources or support networks needed to obtain other permanent housing.

(6) Notwithstanding any other provision of this paragraph, VA shall consider to be homeless any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

APPENDIX B:

North Carolina Homeless Management Information Systems Operating Policy and Procedures

2022 NC HMIS Operating Policies and Procedures

rev. 2022.06.09



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Revision History:

Revision Date	
November, 2016	First Release of Policy Rewrite
August, 2019	Second Release, Edits for Compliance with the 2017 HUD Data Standards Revisions and Coordinated Assessment Requirements. Replaced all references to Bowman Systems with Mediware Information Systems. Incorporated recommendations based on comments delivered from end users and administrators within the implementation.
June, 2022	Revisions to comply with the 2022 HUD Data Standards. Replaced Mediware references with WellSky. Updated HUD annual activities to reflect changes that took place over the COVID-19 Pandemic. NC HMIS Governance Committee approved on June 9, 2022.

2022 North Carolina Statewide Homeless Management Information System (NC HMIS) Operating Policies and Procedures

The purpose of an HMIS project is to:

- Record and store client-level information about the numbers, characteristics and needs of persons who use prevention, coordinated entry, housing for persons experiencing homelessness and supportive services.
- Produce an unduplicated count of persons experiencing homelessness for each Continuum of Care.
- Understand the extent and nature of homelessness locally, regionally and nationally.
- Understand patterns of service usage and measure the effectiveness of projects and systems of care.

These are the minimum standards of operation for the NC HMIS Project. CoCs may elect to implement more rigorous standards as agreed upon by their local CoC. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating agencies in North Carolina. (Contributing HMIS Organizations – CHOs).**

Key Terms and Acronyms:

Term	Acronym (if used)	Brief Definition
42 CFR Part 2	Part 2	42 CFR Part 2 is the federal regulation governing the confidentiality of drug and alcohol use treatment and prevention records. The regulations are applicable to certain federally assisted substance use treatment programs. This law limits use and disclosure of substance use patient records and identifying information.
By-Name List	BNL	A By-Name List is a list of persons experiencing homelessness within a specific CoC. By-Name Lists can be comprehensive, meaning they include all homeless persons, or focused, meaning they contain persons with certain subpopulation, (ex. chronic or veteran), or prioritization characteristics. By-Name Lists are frequently used within collaborative multi-partner meetings known as case conferencing sessions to link appropriate homeless persons with housing opportunities that best meet their needs.
Continuum of Care	CoC	A federally recognized planning body charged with guiding the local response to homelessness.
Contributing HMIS Organizations	CHO	An organization that participates on the HMIS.
Coordinated Entry System	CE	A functioning coordinated entry system is now required for all CoCs receiving HUD funding, per the HUD CoC Program Interim Rule. Each CoC must develop a plan/system based on their local providers and available resources. The objective of Coordinated Entry is to ensure that access to homeless resources is optimized and based on a standardized assessment of need.
Coverage Rate		Coverage rate refers to the percentage of the homeless population in a geographic area that is captured in the HMIS, divided by the total number of homeless persons in that geographic area. Coverage rates are used to project a total homeless count if there are homeless service agencies that do not participate in NC HMIS. (These may include persons served in Domestic Violence Providers or other non-participating Shelters or Outreach Projects.)
Data Use Agreement/Administrative Qualified Services	Data Use Agreement /Admin	The agreement signed by each CHO, the local HMIS Lead Agency and MCAH that defines core privacy practices between participants on the NC HMIS.

Organization Business Associates Agreement	QSOBAA	
The Emergency Solutions Grant Program	ESG	<p>The Emergency Solutions Grant Program funds homeless services in five program areas:</p> <ul style="list-style-type: none"> • street outreach • emergency shelter • homelessness prevention • rapid re-housing assistance • HMIS <p>ESG Funds are typically allocated to a state agency from HUD or to local government for use within their jurisdictions.</p>
Family and Youth Services Bureau	FYSB	A division of the US Department of Health and Human Services, the Family and Youth Services Bureau provides federal resources to address homelessness among youth.
The Health Insurance Portability and Accountability Act of 1996	HIPAA	The Health Insurance Portability and Accountability Act of 1996, particularly the Privacy Rule under Title II, regulates the use and disclosure of Protected Health Information (PHI) held by covered entities and business associates. HIPAA is the base operational privacy rule on which the NC HMIS privacy rule is structured. HIPAA was amended by the HITECH Act – or Health Information Technology for Economic and Clinical Health Act in 2008.
Homeless Definition		<p>See Homeless Definition Crosswalk.</p> <p>The HEARTH Act defines 4 categories of homelessness. Not all projects can serve all categories, and some may utilize a different definition when delivering services. NC HMIS has adopted the HUD definition for counting persons experiencing homelessness.</p> <ul style="list-style-type: none"> • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statutes • Category 4: Fleeing/Attempting to Flee DV
Homeless Management Information System	HMIS	A data system that meets HUD’s HMIS requirements and is used to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as for other public streams of funding related to homelessness.
Housing Inventory Count	HIC	The HIC is where all residential projects (both HMIS participating and non-participating) specify the number of beds and units available to homeless persons within a CoC. The numbers are recorded in the agency’s HMIS provider pages, (for NC HMIS participating projects), or in “shell” provider pages for non-HMIS participating agencies.
Housing Opportunities for Persons with AIDS	HOPWA	HOPWA provides housing assistance and related supportive services for persons with HIV/AIDS, and family members who are homeless or at risk of homelessness. This project has different project reporting requirements than the other HUD funded projects in this document.
Length of Stay	LOS	The number of days between the beginning of services and the end of services, or in the case of permanent housing, the number of days between the housing move in date and the exit from housing. Length of stay is calculated using project start and exit dates, shelter stay dates, or for permanent housing, the housing move-in date and project exit. NC HMIS offers calculations for discrete stays as well as the total stays across multiple sheltering events.
Local HMIS Lead Agency		<p>The Local HMIS Lead Agency is the agency that fills the following roles for a CoC, (if applicable)</p> <ul style="list-style-type: none"> • Holds the CoC’s HMIS Grant, or is funded by other dollars (such as ESG) to support CoC wide HMIS activities. • Employs the Local System Administrator for the CoC.

		<ul style="list-style-type: none"> Is responsible for overseeing the completion of all required federal and state reporting tasks within the CoC, which involve data from the HMIS.
Local System Administrator/System Administrator I	LSA	The Local System Administrator is responsible for overseeing the operation of the MSHMIS project in either a local CoC or a Local Planning Body/CoC. The Local System Administrator/System Administrator I maintains relationships with the agencies in the local community and supports the specific HMIS needs of the agencies and leadership teams they are responsible for.
Longitudinal System Analysis	LSA	The Longitudinal Systems Analysis (LSA) report is produced from a CoC's Homelessness Management Information System (HMIS) and submitted annually to HUD via the HUD HDX 2.0. It provides HUD and Continuums of Care (CoCs) with critical information about how people experiencing homelessness use their system of care.
MCAH Memorandum of Understanding	MOU	The MOU enables MCAH to serve as the HMIS Lead Agency and administer the statewide HMIS implementation on behalf of the North Carolina CoCs.
Michigan Coalition Against Homelessness	MCAH	The Michigan Coalition Against Homelessness is a nonprofit membership organization that is an advocate for individuals and families who are homeless or at-risk of becoming homeless, and the agencies that serve them. MCAH serves as the HMIS statewide lead for the NC HMIS project.
North Carolina HMIS Governance Committee	GC	The NC Governance Committee is composed of representatives from all 12 North Carolina CoCs and provides direct oversight of the Statewide HMIS project.
North Carolina Statewide Homeless Management Information System	NC HMIS	The North Carolina Statewide Homeless Management Information System is the regional HMIS for nine of North Carolina's 12 Continua of Care.
Participation Agreement		The agreement between NC HMIS participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.
Point in Time Count	PIT	An annual count, usually in the last week of January that is required for all CoCs. In odd numbered years, the PIT Count must include an "unsheltered" or street count.
Projects for Assistance in Transition from Homelessness	PATH	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides services to persons experiencing homelessness with mental health conditions, primarily through street outreach, to link them to permanent supportive housing. This project has different reporting requirements than HUD funded projects and uses HMIS to collect this information.
Project Types		<p>HUD defines 13 Project Types in HMIS:</p> <ul style="list-style-type: none"> CE: Coordinated Entry - A project that administers the continuum's centralized or coordinated process to coordinate assessment and referral of individuals and families seeking housing or services, including use of a comprehensive and standardized assessment tool. Day Shelter – A facility/center for persons experiencing homelessness that does not provide overnight accommodations. ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months. HP: Homeless Prevention- A project that helps those who are at imminent risk of losing housing, to retain their housing. Other: A project that offers services, but does not provide lodging, and cannot otherwise be categorized as another project type. PH: Permanent Supportive Housing- Permanent Supportive Housing includes both services and housing. Permanent Supportive Housing requires a disability for entry and often serves persons who are chronically homeless. PH: Housing Only - Permanent housing may be supported by a voucher but does not have services attached to the housing.

		<ul style="list-style-type: none"> • PH: Housing with Services (no disability required) – Permanent Housing that provides both housing and supportive services but does not require a disability to be served by the project. • PH: RRH Rapid Rehousing- A project that rapidly rehouses those that are identified as literally homeless. • SH: Safe Haven – A project that offers supportive housing that serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services. It also provides 24-hour residence for eligible persons for an unspecified period, has an overnight capacity of 25 or fewer people and provides low demand services and referrals for residents. • SO: Street Outreach Project- A project that serves homeless persons that are living on the street or other places not meant for habitation. • SSO: Services Only Project- A project that serves persons only, with no residential component. These projects often provide case management and other forms of support and meet with clients in an office, at the client’s home, or in a shelter. • TH: Transitional Housing- Transitional environments with a planned length of stay of not more than 2 years that provide supportive services
Protected Health Information	PHI	Protected Health Information is any information in a record that can be used to identify an individual, and that was created, used, or disclosed in the course of providing a health care service, such as a diagnosis or treatment.
Protected Personal Information	PPI	Protected Personal Information is a category of sensitive information that is associated with an individual. It should be accessed only on a strict need-to-know basis and handled and stored with care. Before any portion of the HMIS client record, outside of the Client Profile, can be shared, a Sharing QSOBAA and a client signed release of information must be in place.
Provider Page		A Provider Page or Provider in ServicePoint is a defined location in the database where information is stored and organized. Provider Pages are structured in levels and can represent the whole implementation, CoCs, agencies, projects, or subprojects.
Release of Information	ROI	A Release of Information comes in two forms, a paper ROI and an electronic ROI. A signed (paper) ROI giving informed client consent for sharing is also required to share data between agencies. An electronic ROI must be completed to share a client’s data on the HMIS.
Runaway and Homeless Youth	RHY	Overseen by FYSB, the Runaway and Homeless Youth programs support street outreach, emergency shelter, transitional living and maternity group homes for youth experiencing homelessness
Sharing		In an HMIS context, sharing refers to the exchange of client data between agencies. External data sharing requires a Sharing QSOBAA between two or more agencies, and a client signed Release of Information authorizing the sharing of that client’s information. Data entry (internal sharing) does not require a client signed ROI as there is implied consent for the agency to keep records when a client provides information.
Sharing Qualified Services Organization Business Associates Agreement	Sharing QSOBAA	The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.
SSI/SSDI Outreach, Access and Recovery	SOAR	Using the national “best practice” curriculum, the SOAR project reduces barriers and supports the application for Social Security Benefits for the disabled homeless population.
System Performance Measures	SPMs	The System Performance Measures are a series of seven standardized measures which help communities gauge their progress in preventing and ending homelessness and provide a more complete picture of how well a community is achieving this goal. SPMs look at items such as length of time spent homeless, exits to permanent housing destinations and returns to homelessness.

User Agreement & Code of Ethics		The document each HMIS user signs that defines the HMIS standards of conduct.
Visibility		Refers to whether a provider page can view client data that has been entered into another provider page. HMIS visibility is configured separately in each provider page. Visibility can be configured by individual provider pages or by Visibility Groups.
Visibility Group		A Visibility Group is a defined group of Provider Pages where data is shared to. Internal Visibility Groups control internal sharing within an organization. Internal Visibility is governed by an agency's internal privacy rule. External Visibility Groups control sharing with other agencies and are defined by a Sharing QSOBAA.
Youth (Homeless Youth)		Homeless Youth are youth who lack a fixed, regular or adequate nighttime residence. Depending on the program and funding source, the age and definition of youth homelessness varies. Some youth programs serve persons up to 18 years of age, while other definitions consider youth up to the age of 21 or 24. Additionally, the US Department of Education considers youth that are sharing housing due to loss of housing or economic hardship to be homeless for purposes of their programs.

I. POLICIES AND PROCEDURES SUMMARY:

A. Policy Disclaimers and Updates

Operating policies and procedures defined in this document represent the minimum standards of participation on the NC HMIS project and represent general "best practice" operational procedures. Local HMIS Lead Agencies in coordination with their CoCs may add additional standards to this base document, which define the local HMIS policies within their CoC.

Operational standards in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. PATH, HOPWA and VA providers have operating rules specific to HHS and VA.

The NC HMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance or as part of an annual review. Draft updates will be reviewed at the NC HMIS monthly System Administrator Call-In and included in the meeting minutes' distribution email. Before being finalized, the NC HMIS Policies and Procedures will be formally approved by the North Carolina HMIS Governance Committee. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in any previously published Policies and Procedures document or agreements. Any changes from the previous year will be highlighted. A current copy of the NC HMIS Policies and Procedures may also be found on the NC HMIS website www.hmislearningcenter.org

II. AGREEMENTS, CERTIFICATIONS, LICENSES AND DISCLAIMERS:

CoCs, agencies and users are required to uphold specific rules and responsibilities as participants in the NC HMIS project.

A. Required Agency Agreements, Certifications and Policies¹

¹ Templates and examples of all documents listed in section A are available for download at www.hmislearningcenter.org

Participating CHOs or other partners on the NC HMIS project must have the following contracts, agreements, policies and procedures available for review:

1. All CoCs participating in NC HMIS must sign the **MCAH Memorandum of Understanding** that designates the HMIS Vendor and identifies the Michigan Coalition Against Homelessness as the Lead Agency for administration of the statewide database. (Within national HMIS circles, this document is often called a Joint Governance Charter.) Each CoC will identify a local Lead Agency that coordinates with the NC HMIS and is responsible for specific tasks. The MCAH Memorandum of Understanding supports the ability for multiple CoCs to participate on a single HMIS information system.
2. All agencies must have the following fully executed documents on file and be in compliance with the policies and directives contained therein:
 - a. A **Data Use Agreement/Administrative QSOBAA** governing administrative access to the system.
 - b. A **Participation Agreement** governing the basic operating principles of the system and rules of membership.
 - c. **Sharing QSOBAAs** (if applicable) governing the nature of the sharing and the re-release of data.
 - d. A board certified **Confidentiality Policy** governing the privacy and security standards for the Agency.
 - e. A board certified **Grievance Policy** outlining a structured process for resolving complaints or grievances against, or within, the organization.

B. HMIS User Requirements:

All agencies must have the following documents on file for all active users licensed in the NC HMIS project.

1. A fully executed **User Agreement and Code of Ethics** document governing the individual's participation in the system.
2. All agencies must keep training certificates for active users on file.
 - a. All users must take full privacy training when they are first licensed and take the privacy update suite of trainings at least annually. Successful completion of the certification questionnaire is required for both the full privacy training and the privacy update. Documentation of completion of these trainings must be available for review.
 - b. All users must complete workflow training, related workflow updates and have documentation of the training completion for all programs with which they work. If local CoCs or Agency Administrators have additional training requirements or offerings, they should have a method for documenting successful completion and have that documentation available at their local agencies for review as needed.
 - c. All users must be trained in the HUD Data Standards Universal Data Elements and any Program Specific Elements that apply to the programs they work with. This includes training on the processes for collecting client identifying information, the homeless definition and the chronic homeless definition.

III. PRIVACY:

A. Privacy Statement

NC HMIS is committed to making the project safe for participating agencies and the clients whose information is recorded on the system.

Toward that end:

- Sharing is a planned activity guided by sharing agreements between agencies (Sharing QSOBAAs). Agencies may elect to keep private some or all of the client record including all identifying data.
- All organizations will screen for safety issues related to the use of automation.
- The NC HMIS is compliant with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to ensure that the broadest range of organizations may participate in the project. Access to Personal Protected Information will be restricted to persons with a business need to know, as defined by the laws governing the implementation, (ex. HIPAA, 42 CFR Part 2), these Policies and Procedures and the privacy policies implemented by the CoC and local agencies.
- NC HMIS has systematized the risk assessment related to clients through the standard NC HMIS release. The standardized release offers options for the use of a client's Social Security number. It also provides guidance on using unnamed records and how the Privacy Notice is explained to clients.
- NC HMIS has adopted a Privacy Notice that was developed in close collaboration with organizations that manage information that may put a client at risk.
- Privacy Training is a requirement for all agencies and users on NC HMIS.
- Privacy training is an opportunity for all participating organizations to revisit and improve their overall privacy practices. Many agencies choose to have all their staff complete the NC HMIS training curricula – not just those with user access to the system.
- All users issued access to the system must sign a User Agreement & Code of Ethics form, and agencies must sign a NC HMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines their sharing and prevents release of information to unauthorized third parties (the Sharing QSOBAA).
- Policies have been developed that protect not only a client's privacy, but also an agency's privacy. Privacy practice principles around the use and publication of agency or CoC specific data have been developed and are included in both the Participation Agreement and this HMIS Policies and Procedures document.
- The NC HMIS System allows projects with multiple components/locations that serve the same client to operate on a single case plan. This reduces the amount of staff and client time spent in documentation of activities and ensuring that care is coordinated and messages to clients are reinforced and consistent.
- NC HMIS has incorporated continuous quality improvement training designed to help agency administrators use the information collected in the HMIS to stabilize and improve project processes, measure outcomes, report to funders, and be more competitive in funding requests.

B. Privacy and Security Plan:

All records entered into and downloaded from the HMIS are required to be kept in a confidential and secure manner.

Oversight:

1. All Agency Administrators with support of agency leadership must²:
 - a. Ensure that all staff using the system complete annual privacy update training. Training must be provided by NC HMIS Certified Trainers and based on the NC HMIS Privacy/Security Training curricula.
 - b. Conduct a quarterly review of their provider page visibility, ensuring that it properly reflects any signed Sharing QSOBAAs.
 - c. Modify their adapted Release of Information, and script used to explain privacy to all clients, for any privacy changes made. These documents should also be audited quarterly to ensure they are compliant with current sharing agreements.
 - d. Ensure user accounts are removed from the HMIS when a staff member leaves the organization, or when changes to a staff member's job responsibilities eliminate their need to access the system.
 - e. Report any security or privacy incidents immediately to the CoC's HMIS Local System Administrator. The Local System Administrator must investigate the incident within one business day, by running applicable audit reports, and by contacting MCAH staff for assistance with the investigation. If the System Administrator determines that a breach has occurred, and/or the staff involved violated privacy or security guidelines, the client record(s) in question must be immediately locked down and the Local System Administrator will submit a written report to the NC HMIS Project Director and CoC Chair within two business days. A preliminary Corrective Action Plan will be developed and implemented within five business days. Components of the plan must include at minimum supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action.
2. Criminal background checks must be completed on all Local System Administrators by the Local Lead Agency. All agencies should be aware of the risks associated with any person given access to the system and limit access as necessary. System access levels will be used to support this activity.
3. The Local HMIS Lead Agency will conduct routine audits of participating agencies to ensure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. The Local HMIS Lead Agency will document the inspection and any recommendations made, as well as schedule follow-up activities to identify any changes made to document compliance with the Operating Policies and Procedures.

Privacy:

4. Any agency that is subject to the Violence Against Women Act restrictions on entering data into an HMIS are not permitted to participate in the NC HMIS project. These providers will maintain a comparable database to respond to grant contracts and reporting requirements.
5. All agencies must have the **HUD Public Notice** posted and visible to clients in locations where information is collected.
6. All Agencies must have a **Privacy Notice**. They may adopt the NC HMIS sample notice or integrate NC HMIS language into their existing notice. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:
 - a. The purpose for collection of client information.

² In lieu of revised Technical Standards, in 2015 the requirement for a privacy officer was removed. However, the function of data security has been assigned to the Agency Administrator. Reflecting Participation Agreement language, the quarterly review of Provider Visibility has been expressly added to this document.

- b. A brief description of policies and procedures governing privacy including protections for vulnerable populations.
 - c. Data collection, use and purpose limitations. The uses of data must include de-identified data.
 - d. The client right to copy/inspect/correct their record. Agencies may establish reasonable norms for the time and cost related to producing any copy from the record. The agency may say “no” to a request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.³
 - e. The client complaint procedure.
 - f. Notice to the consumer that the Privacy Notice may be updated over time and applies to all client information held by the Agency.
7. All Notices must be posted on the Agency’s website.
8. All Agencies are required to have a **Privacy Policy**. Agencies may elect to use the Sample Privacy Policy provided by the NC HMIS project. All Privacy Policies must include:
- a. Procedures defined in the Agency’s Privacy Notice.
 - b. Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protections include at minimum:
 - i. Closing of the profile search screen so that only the serving agency may see the record.
 - ii. The right to refuse sharing if the agency has established an external sharing plan.
 - iii. The right to be entered as an unnamed record, where identifying information is not recorded in the system and the record is located through a randomly generated number (Note: This interface does allow for unduplication by looking at key demographic identifiers in the system.)
 - iv. The right to have a record marked as inactive.
 - v. The right to remove their client record from the system.
 - c. Security of hard copy files: Agencies may create a paper record by printing the assessment screens located within NC HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).
 - d. Client Information storage and disposal: Users may not store information from the system on personal portable storage devices. The Agency will retain the client record for a period of seven years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
 - e. Remote Access and Usage: The Agency must establish a policy that governs use of the system when access is approved from remote locations. The policy must address:
 - i. The strict control of the use of portable storage devices with client identifying information.
 - ii. The environments where use is approved. These environments cannot be open to public access and all paper and/or electronic records that include client identified information must be secured in locked spaces or be password controlled.
 - iii. All browsers used to connect to the system must be secure. If accessing through a wireless network, that network must be encrypted and secured. **No user is allowed to access the database from a public or non-secured private network such as an airport, hotel, library or internet café.**
 - iv. Access via a cellular network using 5G LTE or similar access is permitted if the connection is protected and encrypted. This permits users to access NC HMIS from cell phones, tablet devices or personal hotspots. If broadcasting a hotspot signal, the device must have a passcode or other security measures to restrict general access.

³ Language was added to clarify the HIPAA rule.

- v. All computers accessing the system are owned by the agency.
9. Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.
 - a. Client files must be locked in a drawer/file cabinet.
 - b. Offices that contain client files must be locked when not occupied.
 - c. Client files must not be left visible to unauthorized individuals.
 10. The agency must provide a **Privacy Script** to all staff charged with explaining privacy rights to clients in order to standardize the privacy presentation. The script must:
 - a. Be developed with agency leadership to reflect the agency's sharing agreements and the level of risk associated with the type of data the agency collects and shares.
 - b. The script should be appropriate to the general education/literacy level of the agency's clients.
 - c. A copy of the script should be available to clients as they complete the intake interview.
 - d. All agency staff responsible for client interaction must be trained in use of the Privacy Script.
 11. Agencies that plan to share information through the system must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
 - a. The Sharing QSOBAA prescribes the release of information shared under the terms of the agreement.
 - b. The Sharing QSOBAA specifies what is shared with whom.
 - c. Agencies may share different portions of a client record with different partners, and may sign multiple Sharing QSOBAAs to define a layered sharing practice.
 - d. The signatories on the Sharing QSOBAA must be representatives who have been authorized to sign such an agreement by the senior agency's leadership and/or the Agency Board of Directors.
 - e. All members of a Sharing QSOBAA must be informed that by sharing, they are creating a common electronic record that can impact data reflected in their reports. Members of the sharing group must agree to communicate and negotiate data conflicts.
 - f. No agency may be added to the agreement without the approval of all other participating agencies.
 - i. Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.
 - ii. Agency approval of additions or changes to a Sharing QSOBAA must be approved by a staff member with authorization to make such decisions on behalf of the agency.
 - g. When a new member is added to the Sharing QSOBAA, the related Visibility Group must be end-dated and a new Visibility Group must be begun. **A new member may not be added to an existing External Visibility Group.**
 12. Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency plans to share.
 - a. The agency must have adopted the appropriate NC HMIS Basic Release of Information that is applicable to their sharing practice in order to share basic demographic and transactional information.⁴
 - b. If the agency integrates the NC HMIS Release into their existing releases, the release must include the following components:
 - i. A brief description of NC HMIS including a summary of the HUD Public Notice.
 - ii. A specific description of the Client Profile Search Screen and an opportunity for the client to request that the screen be closed.

⁴ Beyond light touch projects that do not collect or share protected data elements, all projects are encouraged to engage their CoC to discuss and implement the 2016 Reciprocal Release of Confidential Information. This release includes a privacy discussion and can be completed one time to include all sharing partners for the specified time limit and purpose.

- iii. A listing of the Agency's sharing partners (if any) and a description of what is shared. These sections must reflect items negotiated in the agency's Sharing QSOBAA.
 - iv. A defined term of the Agreement⁵.
 - v. Interagency sharing must be accompanied by a negotiated and executed Sharing QSOBAA.
 - vi. For agencies subject to 42 CFR Part 2, both internal and external sharing will be done in accordance with the law.
- c. A HIPAA compliant **Authorization to Release Confidential Information** is also required if the planned sharing includes any of the following:
- i. Case notes/progress notes
 - ii. Information or referral for health, mental health, HIV/AIDS, substance use disorders, or domestic violence.
 - iii. To reduce paper usage, the basic HMIS Release may be adapted to include the language necessary for a HIPAA compliant release if sharing practice is likely to include the items listed above in ii.⁶

13. An **electronic ROI** is required to enable sharing of any client's information between any provider pages on the system.

- a. Agencies should establish **Internal Visibility** or sharing only between their agency's provider pages, by creating visibility group(s) that include all the agency's provider pages where sharing is planned and allowed by law.
 - i. Internal Visibility does not require a signed Client ROI unless otherwise specified by law. (However, an electronic release must still be entered into the system to permit Internal Visibility.)
 - ii. Unless otherwise specified by law, when new provider pages are added to the Agency tree, they may be included in the existing internal visibility group. The information available to that provider page will include all information covered by the visibility group from the beginning date of the Group – sharing will be retroactive.
- b. Agencies may elect to share information with other agencies, a practice known as **External Sharing**, by negotiating a Sharing QSOBAA (see 8 above).
 - i. A signed and dated Client ROI must be stored in the Client Record (paper or scanned onto the system) for all electronic ROIs that release data between different agencies.
 - ii. Retroactive Sharing, or sharing historic information between two or more agencies without client consent is not permitted in HMIS. To prevent retroactive sharing, a new visibility group must be constructed whenever a new sharing partner is added to the agency's existing sharing plan/Sharing QSOBAA.
- c. MCAH's procedure for pulling a client's housing history across the entire database to verify a client's eligibility for specific housing options requires that:
 - i. Consent for obtaining the client's housing history is written into the Outreach Sharing Plan section of the agency's ROI, and that the client has agreed to permit this activity by initialing this section.
 - ii. An electronic copy of the signed ROI including the client authorization to release the housing history has been attached to the client record in HMIS.

⁵ The change reflects changes in the HIPAA rule that allow for Releases the cover a term – rather than a specific date. The date in the electronic ROI will reflect the specific date defined by the term. The term should not be arbitrary but reflect the anticipated term of the agencies planned coordinating activities.

⁶ Recognizes existing practice by participating CoCs.

- d. Client information entered in HMIS may be used to create **By-Name Lists** and in **Prioritization Meetings** provided that:
 - i. The client provides written consent to participate in a By-Name List and/or Prioritization process. Consent for participating in this process is built into the current version of the MCAH's ROI, under the Outreach Sharing Plan.
 - ii. Information that a client authorizes to be discussed within the Prioritization/By-Name List process may only be discussed directly at those meetings, and not re-released back to agencies, unless a separate release/Sharing QSOBAA exists releasing that information.
- 14. The Agency must have a procedure to provide privacy notices to clients that are visually or hearing impaired or do not speak English as a primary language. For example:
 - a. Provisions for Braille or audio
 - b. Available in multiple languages
 - c. Available in large print
- 15. **Agencies are required to maintain a culture that supports privacy.**
 - a. Staff must not discuss client information in the presence of others without a need to know.
 - b. Staff must eliminate unique client identifiers before releasing data to the public.
 - c. The Agency must configure workspaces for intake that supports the privacy of client interaction and data entry.
 - d. User accounts and passwords must not be shared between users, or visible for others to see.
 - e. Project staff must be educated to not save reports with client identifying data on portable media. Agencies must be able to provide evidence of users receiving training on this procedure through written training procedures or meeting minutes.
 - f. Staff must be trained regarding use of email communication, texting, file sharing and other electronic means of transferring data related to client services.
 - i. By-name housing prioritization lists may not be printed with client identifying information without written client consent.

Data Security:

- 1. All licensed HMIS Users must be assigned **Access Levels** that are consistent with their job responsibilities and their business "need to know".
- 2. All computers must have **network threat protection software with automatic updates.**
 - a. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure that:
 - i. The threat protection software is up-to-date.
 - ii. That various system updates are automatic, unless a specific, documented reason exists to maintain an older version of the software.
 - iii. Operating System updates are run regularly.
- 3. All computers must be protected by a firewall.
 - a. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure that:
 - i. For single computers, the software and versions are current.
 - ii. For networked computers, the firewall firmware is current.
- 4. Physical access to computers that connect to the HMIS must be controlled.
 - a. All workstations must be in secured locations (locked offices).
 - b. Workstations must be logged off when not manned.
 - c. All workstations must be password protected.
 - d. **All HMIS Users are prohibited from using a computer that is available to the public.**

5. A **Plan for Remote Access** must exist if staff will be using the NC HMIS outside of the office such as working from home. Concerns addressed in this plan should include the privacy surrounding off-site access.
 - a. The computer and environment of entry must meet all the standards defined above.
 - b. Downloads from the computer may not include client identifying information.
 - c. Staff must use an agency-owned computer.

Remember that your information security is never better than the trustworthiness of the staff you license to use the system. The data at risk is your own, that of your sharing partners and clients. If an accidental or purposeful breach occurs, you are required to notify MCAH. A system audit of which users have touched a client record can be completed by a System Administrator.

IV. DATA BACKUP AND DISASTER RECOVERY PLAN:

The HMIS is a critically important tool in responding to catastrophic events. The NC HMIS data is housed in a secure server bank in Shreveport, Louisiana with nightly off-site backup. In case of a significant system failure at the main data center, NC HMIS can be brought back online within approximately four hours.⁷

A. Backup Details for NC HMIS

See "WellSky's Securing Client Data" for a detailed description of data security and WellSky's Disaster Response Plan

1. The NC HMIS Project maintains the highest-level disaster recovery service by contracting with WellSky for Premium Disaster Recovery that includes:
 - a. Off site, out-of-state backup on a different Internet provider, and a separate electrical grid.
 - b. Regular backups of the application server and regular alignment with the current version of the live NC HMIS site.
 - c. Near-instantaneous backups of the NC HMIS database (information is backed up within 5 minutes of entry.)
 - d. Additional nightly off-site replication for protection in case of a primary data center failure.
 - e. Priority level response that ensures downtime will not exceed 4 hours.

B. NC HMIS Project Disaster Recovery Plan:

In the event of a major system failure:

1. The NC HMIS Project Director or designee will notify all participating CoCs and Local System Administrators should a disaster occur at WellSky which affects the functionality and availability of ServicePoint. When appropriate, MCAH will notify Local System Administrators/CoC Leadership of the planned recovery activities and related time lines.
2. Local/assigned System Administrators are responsible for notifying their local agencies and users.
 - a. If a failure occurs after normal business hours, NC HMIS staff will report the system failure to WellSky using their emergency contact line. An email will also be sent to Local System Administrators no later than one hour following identification of the failure.

⁷ MCAH will update the disaster plan from time to time based on best practice recommendations, lessons learned from actual disasters, and other conditions that may change on the ground.

3. The NC HMIS Project Director or designated staff will notify WellSky if additional database services are required.
4. The MSHMIS Project will always have one staff member on-call 24/7/365 so agencies and users can report system outages. Contact information for this person is supplied by MCAH.

c. Local HMIS Lead Agencies:

Local HMIS Lead Agencies within CoCs have an obligation to secure and backup key information necessary for the administration and functioning of the NC HMIS Project within their own CoC.

1. NC HMIS Lead Agencies are required to back-up their internal data system nightly.
2. Data back-ups must include a solution for maintaining at least one copy of key internal data off-site for participating agency internal data systems. This location must be secure with controlled access.
3. Local HMIS Lead Agencies must have a disaster recovery plan documented which outlines the policies and procedures for the CoC in case of a major system disaster.
 - a. **Agency Emergency Protocols must include:**
 - i. Emergency contact information including the names/organizations and numbers of local responders and key internal organization staff, designated representatives of the CoCs, the local HMIS Lead Agency, and the NC HMIS Project Director.
 - ii. Delegation of key responsibilities. The plan should outline which persons will be responsible for notification and the timeline of notification.
4. In the event of a local disaster:
 - a. NC HMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.
5. NC HMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

V. LOCAL SYSTEM ADMINISTRATOR:

The position of the Local System Administrator/System Administrator I is key to the success of the CoC. This person is responsible for overseeing the operation of the NC HMIS project in either a local CoC or a Local Planning Body/CoC. This position will be referred to in this section as a Local System Administrator. The following describes the typical list of responsibilities for a Local System Administrator within a CoC.

A. Training Requirements for a Local System Administrator:

1. All trainings required for standard users on the system.
2. Provider Page Training and Workflow Training for all workflows used in their CoC.
3. Reports Training (Local System Administrators are tasked with supporting data quality as well as monitoring outcomes and other performance issues).
4. System Administrator Training – This training usually takes place several weeks after a new Local System Administrator has been in their position.
5. Continuous Quality Improvement Training
6. All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.
7. HUD Initiative Training (AHAR, PIT, APR, etc.)

B. Meetings Local System Administrators Are Required to Participate In:

1. Regular CoC Meetings and/or workgroups as determined by the CoC.
2. The CoC Reports Committee or meetings where data use and release is discussed.
3. The Monthly System Administrator Call-In (2nd Tuesday of every Month at 10 am).
4. Regular Agency Administrator/User Meetings within the CoC

C. Local System Administrator Responsibilities:

1. Help Desk and Local Technical Support

- a. The Local System Administrator provides front-line technical support/technical assistance for users and agencies within the CoC they support. This support includes resetting passwords and troubleshooting/problem solving for users and agencies within their CoC. Where applicable, the Local System Administrator may train Agency Administrators to do fundamental system support activities, minimizing the burden for support on the Local System Administrator.
- b. The Local System Administrator builds relationships within the agencies they serve, working to understand the business practices of these agencies, and assisting them with mapping these business practices onto the system. The HMIS lead staff will be available, on request, to provide advanced technical assistance if requested by the Local System Administrator/Local CoC.

2. User and Provider Page Setup

- a. Local System Administrators will set up new users in NC HMIS, or delegate the task to their Agency Administrators. If delegating this task, they will train Agency Administrators on proper setup of user accounts.
- b. Local System Administrators will supervise license allocation for users and agencies within the CoC they serve. When necessary or requested, the Local System Administrator will purchase additional licenses directly for the CoC.
- c. The Local System Administrator will work in partnership with agencies and Agency Administrators in the CoC they serve to ensure that agency provider pages are set up correctly per the HUD Data Standards.
- d. The Local System Administrator will work directly with Agency Administrators and agencies, through a collaborative process to ensure proper visibility is established for the provider pages in the CoC they serve. The agency, at all times will be directly involved in the visibility process and will sign off on any visibility changes made.

3. Communication

- a. The Local System Administrator will host regular User/Agency Administrator meetings for system users in the CoC(s) they serve. These meetings will cover important news on system changes, items of local interest within the CoC, and issues identified by the CoC's Local System Administrator.
- b. The Local System Administrator will share any key news items of local impact, interest, or relevance to the users and Agency Administrators in the CoC they serve.

4. Training

- a. The Local System Administrator will inform Agency Administrators and local users of required and recommended system trainings that are available through the NCHMIS training website.
 - b. The Local System Administrator will provide localized training to CoC users and agencies for issues or items of importance related to the local community. These may include local PIT/HIC training, guidance on local data cleanup, or specific guidance on proper workflow and system usage that are identified through an audit process.
 - c. The Local System Administrator will provide training for local users on initiatives identified and agreed upon between the Local System Administrator and the local CoC.
5. **HUD Projects and Activities (Including LSA, PIT/HIC, HMIS APR, SPMs, HUD NOFA):**
- a. The Local System Administrator will work directly with CoC leadership to complete CoC wide HUD reporting activities such as the AHAR, PIT/HIC, System Performance Measures and the CoC HUD NOFA submission. The Local System Administrator will also assist the CoC with work surrounding state and local funding initiatives which require data from the HMIS.
 - b. The Local System Administrator will assist with completing the HMIS Annual Performance Report (APR) for the CoC they serve, if the CoC has a HUD-funded CoC HMIS grant.
 - c. The Local System Administrator will provide support/technical assistance for agencies completing the CoC APR within their CoC. This includes providing technical assistance with problem solving data quality issues, reporting issues, etc.
6. **Local CoC Reporting**
- a. The Local System Administrator is responsible for providing reports to the CoC. These include, but are not limited to:
 - i. CoC wide demographics, performance outcomes, and data quality reports that are used for informational and evaluation purposes.
 - ii. Final reports on submissions made to HUD for various HUD mandated activities such as the LSA, PIT/HIC, SPMs and the HMIS APR.
 - iii. General requests for data of interest to the local CoC.
 - iv. Any additional reporting requirements initiated by HUD that are required of the local CoC.
 - b. The Local System Administrator will train local Agency Administrators and users on how to run reports at the agency level to monitor data quality and outcomes on a regular basis.
 - c. The Local System Administrator will be responsible for generating reports on activities and expenditures to the local CoC where they serve, as directed by the CoC.
7. **CoC/Agency/Project Auditing and Monitoring**
- a. The Local System Administrator will work with the local CoC to establish local HMIS policies and procedures using this Policies and Procedures document as a frame. The Local System Administrator will work with local CoC leadership and Agency Leadership/Administrators to update this document as needed.
 - b. The Local System Administrator, collaborating with the Agency Administrators in the CoC which they serve, will audit agencies and projects to ensure compliance. Audit activities may include, but are not limited to:

- i. Ensuring the agency has all required contracts, agreements and policies in place for participation on the HMIS.
- ii. Verifying system users have completed all required training for system participation.
- iii. Ensuring provider pages are correctly setup per HUD Standards Guidance.
- iv. Ensuring agencies are following appropriate data entry protocol per the funding sources from which they receive funding.
- v. Monitoring implementation of privacy, to ensure client rights are being protected.
- vi. Regularly monitoring data quality, completeness and outcomes to ensure projects are maintaining a high level of compliance with HUD and CoC requirements.

(Note: Completion of these tasks are the responsibility of both the Local HMIS Lead (the Local System Administrator) and the agencies which participate on the system in the local CoC. The Local System Administrator can create a policy under which local agencies are responsible for monitoring themselves, and instruct them on application of that policy. The Local System Administrator can then assist agencies with implementing the policy locally to ensure compliance. The HMIS Lead has released a series of tools to help local HMIS Leads with the process of developing compliance tools.)

VI. AGENCY ADMINISTRATOR:

All agencies participating on the system must identify a staff member within the organization to serve as an Agency Administrator.

d. The Agency Administrator Role/Requirements:

1. Serves as the lead point of contact in the agency for all HMIS related activities and communication.
2. Is the first point of contact for providing technical assistance for agency users. If the Agency Administrator cannot resolve the issue it will be elevated to the Local System Administrator.
3. Oversees data quality activities for projects within the agency, (this includes running regular data quality reports and working with staff on data corrections.)
 - a. Is responsible for following the data quality plan defined by the local CoC.
4. Monitors agency compliance with HMIS requirements such as:
 - a. Keeps all agency related HMIS agreements and paperwork on file
 - b. Manages agency user licenses and accounts if delegated the task by the CoC's Local System Administrator.
 - c. Ensures privacy practices are properly implemented at the agency and project levels.
 - d. Regularly reviews that agency staff are properly trained in their use of the HMIS.
 - e. Audits agency provider pages regularly, in partnership with the Local System Administrator, to ensure that setup is correct and compliant.
5. Works with agency staff and leadership to complete any funder required reports and/or submissions.
 - a. Works with the Local System Administrator to check agency data for CoC reporting activities. These include but are not limited to the Point in Time Count/Housing Inventory Count, the Longitudinal System Analysis and System Performance Measures.
6. Training Requirements - Agency Administrators must complete and maintain documentation of the following:
 - a. All base trainings required for HMIS users.
 - b. Provider Page training.
 - c. Workflow Training for all workflows used in their agency. This training will be developed by the NC HMIS Lead, the funding agency or an agency authorized to train on behalf of the funding agency or NC HMIS.
 - d. Reports Training (agency users and leadership are tasked with supporting data quality as well as monitoring outcomes and other performance issues).

- e. Other trainings as specified by the CoC.
- 7. Agency Administrator Participation Requirements – Agency Administrators should participate in the following CoC or agency meetings:
 - a. CoC HMIS Agency Administrator meetings and trainings
 - b. Agency specific HMIS user meetings or preside over an HMIS specific topic during routine staff meetings.
 - c. A local Reports Committee that reviews and governs the publication of CoC information.

VII. DATA QUALITY PLAN AND WORKFLOWS:

E. Provider Page Set-Up:

1. Provider Pages are appropriately named per the NC HMIS naming standards **Agency Name – Location (CoC Name) – Project Name – Project Funding Descriptors**.
For example: The Salvation Army – Guilford CoC – Emergency Shelter Project – State ESG. Identification of funding stream is critical to completing required reporting to funding organization.
2. Operating Start Dates are appropriately entered on provider pages and reflect when the project began offering housing and/or services. If the project began operating before October 1, 2012 and the exact start date is not known, the start date may be estimated (set to a date prior to October 1, 2012)
3. Inactive Provider Pages must be properly identified with “XXX Closed” followed by the year of the last project exit >Provider Page Name. For example, XXXClosed2016. For a detailed description of closing inactive provider pages, see the MCAH Procedure for Closing Inactive HMIS Provider Pages.
 - a. All clients in inactive/closed provider pages must be closed. Audit and clean-up of inactive pages includes closing all open services and incomes and exiting all unexited clients.
4. The primary provider contact information must be current and reflect where the services are being delivered.
5. HUD Data Standards must be fully completed on all provider pages:
 - a. Operating start date is correctly set. If a project is still functioning, the end date is null. If the project has stopped operations, the end date reflects the date the project stopped offering services.
 - b. CoC code must be correctly set. If a project stops functioning in the CoC, the appropriate end date must be added to the CoC Code Entry.
 - c. Project type codes must be correctly set.
 - d. Victim services code is correctly set.
 - e. If a project is an Emergency Shelter, the Method for Tracking Emergency Shelter Utilization field must be correctly set. If a project is not an Emergency Shelter, this field should be left null or “-Select-.”
 - f. Geocodes must be set correctly.
 - g. The Continuum Project field must be properly completed.
 - h. If a project is HOPWA, RHY, PATH HUD CoC or SSVF, the Provider Grant Type must be correctly filled out.
 - i. Bed and Unit Inventories must be set for applicable residential projects. Bed and Unit Inventories for all projects should be reviewed at least annually and updated as needed.

- j. Federal Partner Funding Source values must be selected for projects. Federal Partner Funding Sources are to be updated at least annually. If a project is not funded by a Federal Partner Funding Source, the option selected should be "NA."
- k. Assessments with the appropriate Living Situation question must be assigned based on Program Type
 - i. Emergency Shelter, Street Outreach or Safe Haven projects should use the NC HMIS Street and Shelter Intake (or comparable assessment.)
 - ii. All other project types should use the NC HMIS CoC Intake assessment or one that is comparable for their specific workflow and funding sources.

F. Data Quality Plan:

1. Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The "order of priority" for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and (3) certification from the person. Lack of third-party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local coordinated assessment agencies to establish the homeless designation and maintain related documentation.
2. 100% of the clients must be entered into NC HMIS within 15 days of data collection. If the information is not entered on the same day it is collected, the agency must assure that the date associated with the information is the date on which the data was collected by:
 - a. Entering data into the system using the Enter Data As function.
 - b. Entering the project start/exit data including the UDEs on the Entry/Exit Tab of ServicePoint or
 - c. Backdating the information into the system⁸
3. All staff are required to be trained on the definition of Homelessness.
 - a. NC HMIS provides a homeless definition crosswalk and a 3.917 flowchart to support agency level training.
 - b. There must be congruity between the NC HMIS case record responses, based on the applicable homeless definition. Elements to HUD Data Standard Element 3.917a or 3.917b must be properly completed.
4. The agency has a process to ensure the First and Last Names are spelled properly and that the DOB and Social Security numbers are accurate.
 - a. Identification (ID) may be requested at intake to support proper spelling of the client's name, as well as the recording of the DOB.
 - b. If no ID is available, staff should request the spelling of the person's name. **Staff should not assume they know the spelling of the name.**
 - c. If a client identifies with a different name than the one on legal documents (for example, a client is transgender and has not legally changed their name), staff should enter the client's legal name in the First Name and Last Name fields until a legal name change has taken place. This will assist the client with getting access to resources requiring an ID. The name a client presents with should be entered in the Preferred Name/Alias field of the client profile.
 - d. Projects that serve the chronic and higher risk populations are encouraged to use the scan card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.

⁸ Clarification of existing policy.

- e. Data for clients with significant privacy needs may be entered under the “unnamed record” feature of the system. However, while identifiers are not stored using this feature, great care should be taken in creating the unnamed algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint ID number crosswalks (that are required to find the record again) must be maintained off-line in a secure location.
5. Income, non-cash benefits and health insurance information are being updated at least annually and at exit, or at the frequency specified by program requirements.
 - a. For Permanent Housing Projects, the Housing Move-In Date is completed on an update when the client moves into housing.
 - b. Annual Reviews will be completed in the 30 days prior to or after the anniversary of the client’s entry into services.
 - c. For PH projects with long stays, at the annual review, incomes that are over two years old must be updated by closing the existing income and entering a new income record (even if the income has not changed). This assures that the income has been confirmed and will pull properly into reports.
 - d. For all other projects, any income(s) no longer available to the client should be closed on the day before intake (if data is shared from another provider), annual review and exit. If the income is over two years old, please follow the procedure defined above.⁹
 6. Agencies must have an organized exit process that includes:
 - a. Educating clients and staff on the importance of planning and communicating regarding discharge destination and outcomes. This must be evidenced through staff meeting minutes or other training logs and records.
 - b. Discharge Destinations must be properly mapped to the HUD Destination Categories.
 - i. NC HMIS provides a Destination Definition document to support proper completion of exits. All new staff must have training on this document.
 - ii. Projects must have defined processes for collecting this information from as many households as possible.¹⁰
 - c. There is a procedure for communicating exit information to the person responsible for data entry if not entering real time.
 7. Agency Administrators/staff regularly run data quality reports.
 - a. Report frequency should reflect the volume of data entered into the system. Frequency for funded projects will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume projects such as shelters and services only projects must review and correct data at least monthly. Lower volume projects such as Transitional and Permanent Housing must run following all intakes and exits and quarterly to monitor the recording of services and other required data elements including annual updates of income and employment.¹¹
 - b. The project start and exit dates should be recorded upon project start or exit of all participants. Project start dates should record the first day of service or initial contact with a client. Exit dates should record the last day of residence before the participant leaves the shelter/housing project or the last day a service was provided.

⁹ Reflecting the 2015 data quality review of client income, staff are being asked to close any incomes that are more than two years old and to enter a new income with the income review process and to prevent the further accumulation of open old incomes to add closing of the income to the routine discharge processes.

¹⁰ Data indicates that some providers have regressed in completing discharge destination in the last year and accurately completing this field is vitally important to success. Beyond data entry issues, projects must define processes that collect this information from as many households as possible.

¹¹ Additional detail was added for low volume environments that are required to annually update income and employment.

- c. Data quality screening and correction activities must include the following:
 - i. Missing or inaccurate information in Universal Data Element Fields.
 - ii. The Relationship to Household assessment questions are completed.
 - iii. The Living Situation series of questions are completed.
 - iv. The Client Location question is completed.
 - v. The Domestic Violence questions are completed.
 - vi. HUD Verifications are completed on all Income, Non-Cash Benefits, Health Insurance and Disability sub-assessments.
 - vii. The Housing Move-in-Date is completed for all Permanent Housing projects as appropriate.
 - viii. All project specific data elements are completed as required by the various funding sources supporting the project.
 - d. Providers must audit unexited clients in the system by using the length of stay and unexited client data quality reports.
8. CoCs and Agencies are required to review Outcome Performance Reports/System Performance Measures reports defined by HUD and other funding organizations. Measures are based on Project Type. The CoC Lead Agency, in collaboration with the CoC Reports Committee or other designated CQI Committee, establishes local benchmark targets for performance improvement on shared measures.
 9. Agencies are expected to participate in the CoC's Continuous Quality Improvement Plan. See CQI materials designed to support data quality through continuous quality improvement.

C. Workflow Requirements:

1. Provider Page Configuration settings must use the assessments that are appropriate for the funding stream.
2. Users performing data entry must use the latest copies of the workflow guidance documents.
3. If using paper, the intake data collection forms must align correctly with the workflow.
4. 100% of clients must be entered into the system no later than 15 days from the intake date.
5. Agencies must actively monitor project participation and client exits. Clients must be exited within 30 days of last contact, unless project guidelines specify otherwise.
6. All required project information must be collected.
 - a. All HMIS participating agencies are required to enter at minimum the Universal Data Elements.
 - b. Projects that serve clients over time are required to complete additional updates as defined by the funding stream. If the Agency is not reporting to a funding stream, they are encouraged to use the North Carolina Update forms that are consistent with their workflows.

D. Coordinated Entry Requirements:

1. All Coordinated Entry projects/provider pages must use an Entry/Exit workflow to track activity within Coordinated Entry
 - a. Clients should be exited using a standardized process for Coordinated Entry Exits. This process is defined by the CoC.
2. All Coordinated Entry projects/provider pages must collect all Coordinated Entry data elements defined in the HUD HMIS Data Standards.

VII. RESEARCH AND ELECTRONIC DATA EXCHANGES

E. Electronic Data Exchanges:

1. Agencies electing to either import data to or export data from the NC HMIS must assure:
 - a. **Data Import** - The quality of the data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the CoC APR, the ESG CAPER, or other required reports as specified by the funder.
 - b. **Data Export** - Agencies exporting data from NC HMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination system. If the destination system operates under less restrictive rules, the client must be fully informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that approve the exchange.
 - i. Agencies who conduct data exports must have a process to ensure confidential information is secured and protected throughout the entire transmission process.
2. The North Carolina HMIS Governance Committee/MCAH or your local CoC may elect to participate in de-identified research data sets to support research and planning.
 - a. De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.
 - b. Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.
 - c. Projects used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a "trusted party" to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that they meet medical/behavioral health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.
 - d. CoCs will be provided a description of each study being implemented. Agencies or CoCs may opt out of the study through a written notice to MCAH or the study owner.
3. The North Carolina HMIS Governance Committee/MCAH or your local CoC may elect to participate in identified research data sets to support research and planning.
 - a. All identified research must be governed through an Institutional Research Board including requirements for client informed consent.
 - b. CoCs will be provided a description of each study being implemented. Agencies may opt out of the study through a written notice to MCAH or the study owner.

APPENDIX A: DOCUMENT CHECKLIST FOR NC HMIS AGENCIES

All agencies that participate on the NC HMIS project are required to keep either a physical or electronic binder containing each of the following fully executed documents.

Contracts, Agreements, Policies and Procedures

- Fully Executed MCAH Memorandum of Understanding:** (Only the HMIS and/or CoC Lead Agency is required to maintain this document.)
- HMIS Policies and Procedures Document for the CoC:** (Only the HMIS and/or CoC Lead Agency are required to maintain this document. It must have been formally approved by the CoC as evidenced by CoC meeting minutes.)
- Administrative QSOBAA:** Fully signed and executed
- Participation Agreement:** Fully signed and executed
- Sharing QSOBAAs:** (Only necessary if the agency has engaged in external sharing). Document should be fully signed and executed. If any changes have been made to a Sharing QSOBAA written documentation and approval of those changes by all parties must be included also.
- Confidentiality Policy:** (As approved by Agency's Board of Directors)
- Grievance Policy:** (As approved by Agency's Board of Directors)

NC HMIS User Documentation

- User Agreement and Code of Ethics Document:** Fully initialed and signed. A User Agreement and Code of Ethics document must be on file for all users currently licensed on NC HMIS. It is recommended that the User Agreement and Code of Ethics documents for employees no longer at the agency be kept with their separated employee file
- User Training Documentation/Certification:** Documentation of all NC HMIS trainings completed by active users are to be kept in the NC HMIS binder. These trainings must be certified by either MCAH, a certified MCAH trainer, other identified statewide trainers or CoC identified trainers for CoC initiatives. Evidence of training include training completion certificates, successfully passed training quizzes, training logs, etc.

Agency Privacy Documents

- HUD Posted Public Notice:** HUD Public Notices should be posted in locations where clients are seen.
- Agency Privacy Notice:** Agencies can adopt the sample MCAH Notice or customize the notice to address agency needs.
- Agency Privacy Policy:** Agencies can adopt the sample MCAH Policy or customize the policy to address agency needs.
- Current Agency Privacy Script:** Developed and approved by agency leadership. The policy should be based on a current version of the CoC or Agency Release of Information.
- Current Agency Release of Information:** Must specify all sharing partners and the sharing outreach plan, as applicable.