



Northwest 516 Continuum of Care

Serving Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell and Yancey Counties

NC 516 Continuum of Care Policies, Procedures and Written Program Standards

In accordance with Title 24 of the Code of Federal Regulations (24 CFR) Part 576, 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 homeless persons 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 funds and any targeted homeless assistance funding in NC 516. In addition, all projects 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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Northwest (NC-516) Continuum of Care System Standards Coordinated Entry and Assessment

The Northwest (NC-516) Continuum of Care (NWCoC) has developed these system standards to give specific guidelines for how best to operate a regional coordinated entry and assessment system to achieve the goal of ending homelessness.¹ These guidelines create consistency across the NWCoC, protect our mutual clients by putting their needs first, and provide a baseline for holding all CoC coordinated entry and assessment systems 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 Grants program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)7). In consultation with recipients of ESG program funds within the geographic area, CoCs must establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individual and families for housing and services.

- 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 in emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs.
- Policies and procedures for coordination among emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid rehousing programs, and permanent supportive housing programs.
- Definitions for participation in the CoC's Homelessness Management Information System (or comparable database for domestic violence or victims' service programs).

NWCoC developed coordinated entry and assessment system standards to ensure:

- System accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness
- System compliance with the Department of Housing and Urban Development
- Consistency across regional coordinated assessment systems
- Adequate staff competence and training, specific to the target population served

COORDINATED ENTRY

Coordinated Entry and Assessment systems allow CoCs to coordinate program participant intake, assessment, and provision of referrals. The system covers a set geographic area, can be easily accessed by individuals and families experiencing homelessness or at-risk of homelessness seeking housing and services, is well advertised, and includes a comprehensive and standardized assessment tool.²

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 terms "coordinated assessment," "coordinated access," "centralized intake," or "coordinated intake," the substance behind the name remains the same:

¹ 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)

²<https://www.gpo.gov/fdsys/granule/CFR-2013-title24-vol3/CFR-2013-title24-vol3-part578/content-detail.html>

transitioning from a “first come, first served” mentality 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 individuals and families experiencing homelessness or at-risk of homelessness.

Coordinated assessment, when implemented correctly, prioritizes individuals and families who need housing the most across communities. This type of system moves beyond programs to create a collaborative environment across all services and program types in the community that can provide an informed way to target housing and supportive services 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 did not have an organized, transparent system for entry and referral to 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 many communities still operate in this manner, years of research, re-thinking, and commitment to moving away from this linear approach, has shifted communities towards a collaborative systematic approach.³

These changes include:

Historic Practice is Program-Centric

Should we accept this person into our program?

Clients must tell their information to every program that they enter for services

Uneven knowledge about existing programs, eligibility, and purpose in communities

Coordinated Assessment is Client-Centric

What housing and service intervention is the best fit for each individual or family?

Standard forms, assessment, and intake processes across all programs in the community

Accessible information about housing and service options in the CoC, community or region

³<https://endhomelessness.org/resource/coordinated-entry-and-systems-change/>

Building a strong coordinated entry and assessment system enhances the strengths of the community's programs. When communities come together to implement coordinated assessment, each program realizes success in multiple ways:

- *Programs receive eligible clients:* Programs receive appropriate referrals for participants whose needs and eligibility have already been determined.
- *Case managers can do case management:* When every program does their own intake, case managers often share most of this burden. When communities use a common assessment to share this workload, staff can realize real efficiencies in housing placement and case management.
- *Communities understand the resources they need most:* When communities coordinate the front door of their system, they begin to see who is accessing homeless and housing services and what their needs are. With this understanding, communities can begin to right-size their system to insure that programs are there to meet the needs of households accessing the system.
- *Time, red-tape, and barriers are significantly reduced:* When community programs follow the same process and understand one another's roles, workload is reduced for everyone.

NWCoC COORDINATED ASSESSMENT GUIDING PRINCIPLES

Across the NWCoC, the coordinated 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 their systems 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 and known throughout the community. It does not inhibit providers from doing their job of ending homelessness.

GOVERNANCE

General Structure

NWCoC will design and administer coordinated entry and assessment in the seven counties in the Northwest region with standards and governance provided by the NWCoC Steering Committee. The Steering Committee provides ongoing oversight of the full system to meet Department of Housing and Urban Development priorities and mandates. Tools include: the Prevention and Diversion screening tool, the Individual and Family VI-SPDAT Screening Tools, and the Case Management Tool. This document describes these assessments in the definitions section and demonstrates their use throughout the document.

DEFINITIONS

Acuity: When using the VI-SPDAT, 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.

Case Management Tool: A standardized tool for case management to track participant progress in programs in the coordinated assessment process. Housing programs administer this tool at program entry, housing entry, and every six months thereafter until program discharge. Upon discharge from the program, housing case managers administer the tool one final time 12 months later, when possible, to ensure the household continues to make progress.

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).

Coordinated 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;

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).

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.⁴

Prevention and Diversion Screening Tool (aka Emergency Response Screening): A tool 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 screening tool gives 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: Temporary housing for participants who have signed a lease or occupancy agreement with the purpose of transitioning participants into permanent housing within 24 months.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): The Vulnerability Index is a tool for identifying and prioritizing the homeless population for housing according to the fragility of their health. The SPDAT is an evidence-informed approach to assessing an individual's or family's acuity. The VI-SPDAT assessment, across multiple components, prioritizes who to house based on their vulnerability while concurrently identifying the areas in an individual or family's life where support is most needed to promote housing stability. Co-occurring social and medical conditions are often the primary factors that contribute to homelessness. The VI-SPDAT was created through the merger of the Vulnerability Index and the SPDAT Pre-screen assessment.

HOMELESS PRIORITIZATION (CPD-16-11)

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 HUD Notice CPD-16-11 when selecting participants for housing. 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.⁵

⁴<https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/>

⁵ <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

Benchmarks

- *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 VI-SPDAT 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 VI-SPDAT. 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 VI-SPDAT 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 VI-SPDAT. 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.
- *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.⁶

Benchmarks

- *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 VI-SPDAT 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.
- *Third Priority:* Homeless individuals and families with a disability and severe service needs as defined by the VI SPDAT 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.

CLIENT INTAKE PROCESS THROUGH COORDINATED ENTRY and ASSESSMENT

The coordinated entry and assessment system will be *decentralized* (all agencies will employ the common assessment and referral system for intake at multiple access sites across the Northwest region). All 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. Providers will use the Prevention and Diversion screening tool prior to entry into shelter and emergency housing programs. Within two weeks of entrance into shelter or emergency housing, programs will administer the VI-SPDAT Screening Tool to determine the most appropriate housing intervention based on the individual's or family's specific needs and acuity.

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

STEPS:

1. All adult program participants must meet eligibility requirements by appropriate program type.
2. Programs may require participants to meet only additional program eligibility requirements as they relate specifically too federally, state-guided, 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 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 client information should be entered in the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements, and an update of client's information as changes occur.

TOOLS:

Having the standardized tools to operate a coordinated assessment is necessary to successfully implement the system. The following list shows the necessary tools and the specific ones used by Northwest Continuum of Care.

Tool of Concept	Specific solution used by the NWCoC
A common prevention tool at entry prior to entry in the homeless service system	Prevention and Diversion Screening Tool
A common assessment tool at entry to determine the best housing intervention	Individual and Family VI-SPDATs V.2
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 local prioritization meetings and shared prioritization lists
A common tool for case management and housing stabilization	Case Management Tool
A common method to measure results of the process	Quarterly Coordinated Assessment 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 assessment process. Agencies will use the Prevention and Diversion screening tool as the initial triage assessment for coordinated assessment. Whenever possible, Agencies want to work to divert any individual or family from the homeless service system by providing problem-solving, mediation, and diversion financial assistance to presenting households. When diversion is not possible, programs administering the Prevention and Diversion screen 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 Individual or Family VI-SPDAT. Programs should submit their VI-SPDAT scores through the agreed-upon method so that individuals and families can be evaluated, prioritized, and slated for the appropriate housing intervention.

STEPS:

1. All staff and/or volunteers administering the Prevention and Diversion screening tool, the Individual and Family VI-SPDAT Screening Tools, and the Case Management Tool should participate in training prior to direct work with individuals and families presenting for services.
 - a. The Prevention and Diversion Screening Tool can be found at: <https://prezi.com/3swi9bhxszd/prevention-and-diversion-screen-version-2/>
 - b. The VI-SPDAT Screening Tools can be found at: https://prezi.com/ebmxox_3qwqd/vi-spdatt-version-2/
2. Agencies will use the Prevention and Diversion screening tool as the initial triage assessment, diverting households as possible using problem-solving, mediation, and/or financial assistance.
3. Once individuals and families enter the homeless service system, programs should administer the Individual or Family VI-SPDAT to households within two weeks of program enrollment. Once complete, the VI-SPDAT provides programs with the ability to determine, across dimensions, the acuity of an individual or family.
4. The VI-SPDAT, like all evidence-informed common assessment tools, expresses acuity of an individual or family through a numeric score, with a higher number representing more complex, co-occurring disorders likely to impact overall housing stability. The VI-SPDAT score shows the *presence* of these issues and indicates the potential best intervention for housing and services. The assessment tool bases the score on the following:
 - 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. Family Unit (Family VI-SPDAT only): School enrollment and attendance, familial interaction, family makeup, and childcare
5. Scores on the VI-SPDAT populate the local prioritization list, allowing agencies, providers, case managers, and others with housing resources to determine who enters housing next by acuity. Length of time homeless will also be tracked by NWCoC in order to follow the prioritization listing above.

6. Once the local prioritization committee identifies and eligible candidate, a referral will be sent from Coordinated Assessment to the corresponding provider. Providers have 5 business days to verify eligibility and notify Coordinated Assessment of the acceptance or rejection of the referral.

NWCoC determines the VI-SPDAT score range under which individuals and families experiencing homelessness go into various housing interventions based on community needs. However, the score ranges below are recommended by Org Code, Inc. and serve as a good starting point for any community initially implementing coordinated assessment.

**VI-SPDAT Individuals V.2 Intervention
Recommendation**

Permanent Supportive Housing
Rapid Rehousing
Basic Case Management

VI-SPDAT Prescreen Score for Individuals

8-17
4-7
0-3

**VI-SPDAT Families V.2 Intervention
Recommendation**

Permanent Supportive Housing
Rapid Rehousing
Basic Case Management

VI-SPDAT Prescreen Score for Families

9-22
4-8
0-3

ASSIGN WITH CLIENT CHOICE

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

STEPS:

1. In providing or arranging for housing, programs 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 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 including the completed prevention and diversion screen and/or the VI-SPDAT. Providers should take into consideration resources for transportation to get clients from 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.

STEPS:

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.
3. 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.
4. Programs should attempt to follow up with participants through verbal or written contact at least once 6 months after the client exits the program. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services in order to prevent future episodes of homelessness.
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 use the Case Management Tool, a standardized tool for case management, to track household progress in meeting key needs and determine ongoing acuity of the participant household. Programs begin administering the Case Management Tool at program entry, at housing entry, and every 6 months thereafter until program discharge. Programs should use this tool during the 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.

Programs should train all staff members who will administer the Case Management Tool or who will supervise case management staff who administer the tool. An online video training can be found at: https://prezi.com/adwfk2xzig_/case-management-tool-version-2/.

NWCoC determines the Case Management Tool score range under 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.

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 assessment system. When potential participants contact programs, according to their system, they should assess the household at a point of entry into the system or refer the household to the designated coordinated assessment agency in their community. 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.

STEPS:

1. NWCoC must ensure that all providers serving individuals and families experiencing homelessness or at-risk of homelessness have been invited to participate in the coordinated assessment system. For providers unwilling to play a role, NWCoC must consistently outreach and engage these providers to reconsider their role with coordinated assessment.
2. NWCoC should ensure that all counties under their purview play a role in the coordinated assessment system that coordinates with one another on participant referral and service/permanent housing access.
3. 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 coordinated assessment system should reach out to said programs to encourage them to lower barriers to entry. NWCoC sets a limit of the number of referrals that participating programs can deny.
4. NWCoC must create a grievance process for participants and agencies using the system when they have a concern with decisions made by the coordinated assessment system or agencies operating under said system. Grievance procedures will be handled by NWCoC Steering Committee. Documentation about the grievances filed and resolved should be kept by the NWCoC Lead Agency.
5. NWCoC will evaluate the effectiveness of the coordinated assessment systems on a regular basis, using system data. NWCoC should make changes to the Coordinated Assessment system that can make it more effective. Changes include:
 - a. Referral mechanism/process
 - b. Waitlist mechanism/process
 - c. Stop/start using HMIS for coordinated assessment
 - d. Changes to assessment tools

PRIVACY PROTECTIONS

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

Participants in Coordinated Assessment 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.

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 administering the Prevention and Diversion Screening must always follow the domestic violence protocol, which directs agencies to refer clients directly to victim service providers immediately if they indicate they may be fleeing or attempting to flee domestic violence, dating violence, stalking, sexual assault or are victims of trafficking.

Domestic Violence and Victim Service providers participating in NWCoC's coordinated entry and assessment process, must maintain the confidentiality of client information and must not divulging any information that could put their safety at risk, including, but not limited to, personally identifying information. Domestic Violence and Victim Service providers will submit participant data to NWCoC's prioritization list but unique identifiers assigned by the provider will replace any personal identifying information.

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 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.

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).

NWCoC and participating providers should take reasonable steps to ensure the coordinated assessment process can be accessed by persons with Limited English Proficiency (LEP). 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 using this link https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/online-complaint.
- With the North Carolina Department of Administration using this link <https://files.nc.gov/ncdoa/documents/files/HousingDiscriminationComplaint.pdf>



Northwest CoC 516

Serving Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell and Yancey

Written Standards for All Projects and Programs

In accordance with Title 24 of the Code of Federal Regulations (24 CFR) Part 576, 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 homeless persons 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 funds and any targeted homeless assistance funding in NC 516. In addition, all projects that are located in the CoC that provide services or housing assistance, regardless of funding source, are encouraged to adhere to these written standards.

Coordinated Entry

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)¹. 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 national best practice (See, 24 CFR 578.7(a)(8)). ESG subrecipients and Continuum of Care grantees are required to participate in the local Coordinated Entry and Assessment process as designed by NC 516 Continuum of Care and take only referrals from the Coordinated Entry and Assessment system. 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.

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 homeless people and other mainstream benefits in the Northwest Continuum of Care (NC 516). As available, these programs include:

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. 11431](#)et 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. 5701](#)et 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-21](#)et seq.));

¹ <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

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. 11331](#)et 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 [Act](#) ([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. 2801](#)et seq.).

Homeless Management Information System (HMIS) Participation

All providers receiving CoC and ESG Program funding are required to participate in the North Carolina Homeless Management Information System (NC HMIS). Programs must follow NC HMIS Operating Policies and Procedure, input data into NC 516 HMIS platform and remain in good standing with participation requirements. All agencies must have Data Use Agreement/Administrative Qualified Service Organization Business Associate Agreement (QSOBAA), Participation Agreement, Confidentiality Policy, Grievance Policy and Privacy Policy.

Federal law prohibits Domestic Violence and Victim Service Providers from entering participant information into HMIS. Instead, the federal law requires Domestic Violence agencies and Victim Service providers use an HMIS comparable 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 decide to share information, they must sign an agreement that defines their sharing and prevents re-release of information to unauthorized third parties (the Sharing QSOBAA).

Verbal Explanation

Prior to every client's initial assessment, providers must provide a verbal explanation that the client's information will be entered into an electronic database that stores client information and an explanation of the HMIS Client Consent to Release Information form terms.

Data Quality

Users performing data entry must use the latest copies of the workflow guidance documents and 100% of participants must be entered into the system no later than 15 days from the intake date. Agencies must actively monitor project participation and participant exits. All participants must be exited within 30 days of last contact, unless project guidelines specify otherwise. All 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 stream.

Public Notice

All agencies are required to have the HUD Public Notice on HMIS posted and visible to clients in locations where information is collected and at all Coordinated Entry access sites.

Confidentiality of Records

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 client 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 client information may only be released with the client's or the client's guardian's consent. Providers must ensure the protection of and ultimate destruction of paper copies of any client assessment received or performed. A HUD and HIPAA compliant record retention policy and procedure must be developed and enforced by all recipient agencies.

Housing Quality Standards

All dwelling units shall meet minimum habitability standards set by HUD. Shelters facilities are also required to 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-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.²

² 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->



Northwest CoC 516

Serving Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell and Yancey

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, sex, disability, familial status, age, sexual identity 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 CoC will provide training on an annual basis to agencies and the community at large regarding the Equal Access Rule, Fair Housing 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, 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 client'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)), involuntary separation is prohibited in all projects funded by CoC or ESG. 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 CoC or by utilizing the Client Grievance procedures delineated in these standards.

Fair Housing is the right of individuals to obtain equal and free access to housing choices regardless of their race, color, religion, sex, 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 subrecipients in NC 516 must implement all funded programs in a manner that will affirmatively further fair housing, and 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, 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 subrecipient 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 subrecipients 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 subrecipients are also required to take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons.

HUD recipients and subrecipients 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\(d\)](#), subrecipients 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 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 subrecipient 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 subrecipients 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 tenants 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 tenants and no religious activity shall be or implied to be compulsory to receive funded services.

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 subrecipient 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 service 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 §§58.87(b), 578.103(13), 578.406)

Equal Treatment

Organizations that are religious or faith-based are eligible to participate in the CoC and ESG programs. Recipients and subrecipients 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 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

Recipients and subrecipients 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 CoC and ESG program participants.

Religious Identity

A faith-based organization that is a recipient or subrecipient of CoC or ESG program funds may continue to carry out its mission, including the definition, development, practice, and expression of its 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 of the CoC 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. Recipients and subrecipients shall document any objections from program participants and prospective program participants and any efforts to refer such participants to alternative providers.



Northwest CoC 516

Serving Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell and Yancey

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, transitional housing, 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.



Northwest CoC 516

Serving Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell and Yancey

NC 516 Violence Against Women Act (VAWA) Policy

With the 2016 Reauthorization of the Violence Against Women Act (VAWA) of 2013, several key changes 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.

These changes reaffirm 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 housing provider³ 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:
 - a. Detail the priority given to persons who qualify for an emergency transfer under VAWA Reauthorization of 2013 in relation to others requesting a transfer;
 - b. 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;
 - c. 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

³Covered 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.

- from a covered housing provider; and
- d. 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.
 - 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.



Northwest CoC 516

Serving Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell and Yancey

NC 516 Agency Appeals for Continuum of Care and Emergency Solutions Grant Funding Policy

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 is comprised of representatives from key stakeholders, formerly homeless persons and community participants within the Continuum of Care's geographic area, and is charged with facilitating, coordinating and recommending CoC funding annually, all project applications submitted during the request for proposals period for Emergency Solutions Grant (ESG) and the Notice of Funding Availability (NOFA) for Continuum of Care (CoC) funds. Steering Committee members and all its 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 reduced, rejected and/or not included in the NC 516 Regional Application or the CoC Consolidated Application, have the opportunity to appeal the Steering Committee's decision.

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 the following manner:

Submit an appeal in writing within 2 business days 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 for new and existing activities for both federal and state funds. The NC 516 Steering Committee may recommend that some new applications should not be included in the Consolidated Application Priority Listing or ranked lower or that some renewal projects should be partially or fully reallocated. To ensure fairness, 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 may 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.



Northwest CoC 516

Serving Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell and Yancey

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 or Assessment process. 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 client, volunteer or provider staff, e.g.).

If program staff determines a client is not eligible for their program after they have received the referral from coordinated entry, the client should be sent back to their initial intake or assessment point for staff to determine an appropriate referral. If assessment hours are over for the day, the client should be referred to a population-appropriate emergency shelter if needed. Any case that is unable to be resolved to the client's satisfaction will be referred to a supervisor to be addressed at the next scheduled coordinated assessment 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 process.

Client Declines Referral

Coordinated Entry and Assessment staff, through the administration of the assessment tools and the assessment process (which includes client input), will attempt to meet each client'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 client can make per episode of homelessness. If a client exceeds three referrals or unit offers, agency staff will review and case conference at the next coordinated assessment meeting to assess the client needs and barriers and work to resolve the issue(s) with the client to ultimately facilitate a positive outcome.

Provider Grievances

Providers should bring any concerns about Coordinated Entry and Assessment to the CoC Lead, unless the provider believes a client 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 assessment 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.

Client Grievances

The provider staff member or the staff supervisor should address any complaints/grievances by clients submitted in writing or orally in a reasonable amount of time from receiving 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 client must note their

name and contact information so the CoC Lead may contact them directly and offer the opportunity to appear before the coordinated assessment 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 assessment meeting, 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.

Termination of Client Assistance

Per 24 CFR 576.402, each project is required to have a formal termination process established by the provider that recognizes that rights of clients affected, that is readily available, accessible and must have a documented receipt of those rights in the client 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 for termination must include:

- 1) written notice to the program participant containing a clear statement of the reasons for termination; and
- 2) 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
- 3) 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.



Northwest CoC 516

Serving Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell and Yancey

NC 516 Conflict of Interest Standards and Statement

All agencies utilizing federal or state funds administered through the Northwest Continuum of Care (CoC) that provide homeless services and homeless housing assistance within the NC 516 geographic area must keep records to show compliance with the organizational conflicts-of-interest requirements in 24 CFR §576.404(a), 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 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 NC 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 Northwest NC 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 NC 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 NC 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.⁴

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.

⁴ 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 NW 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 CoC 516

Serving Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell and Yancey

Northwest (NC-516) Continuum of Care Program Standards

The Northwest (NC-516) Continuum of Care (NWCoC) has developed these written program standards 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 clients served by putting their needs first and provide a baseline for holding all CoC programs 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 Grants program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)(7)). In consultation with recipients of ESG program funds within the geographic area, CoCs must 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, transitional housing, 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, transitional 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 the assistance will last.
- Definitions for participation in the CoC's Homelessness Management Information System (or comparable database for domestic violence or victims' service programs).

Street Outreach

All program grantees using Department of Housing and Urban Development Continuum of Care and Emergency Solutions Grant funding must adhere to these performance standards and will be monitored by the NWCoC to ensure compliance. The NWCoC recommends that outreach providers funded through other sources, whether public or private, also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the NWCoC. In furtherance of this goal, the NWCoC developed the following Outreach 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
- Adequate program staff competence and training, specific to the target population served

Street Outreach

Outreach activities will provide services to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and provide them with urgent, 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, airport, or camping ground.

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 these services. Street Outreach activities conducted in the Northwest CoC shall:

1. Respect client autonomy, decision making and incorporate cultural and linguistic competencies into a client centered approach;
2. Maintain engagement with clients 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 client request;
6. Complete housing applications and documentation of chronic homeless verification, if applicable;
7. Advocate for our client rights and appropriate treatment in the criminal justice system, institutional settings, and with housing providers;
8. Complete CE assessments in the field or neutral setting as determined by client;
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; and
11. Document camps and locations of unsheltered clients in the community.

Providers receiving Emergency Solutions Grant funds must maintain 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>

Northwest (NC-516) Continuum of Care Program Standards

Emergency Shelter

All program grantees using Department of Housing and Urban Development Continuum of Care and Emergency Solutions Grant funding must adhere to these performance standards and will be monitored by the NWCoC to ensure compliance. The NWCoC recommends that Emergency Shelters funded through other sources, whether public or private, also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the NWCoC. 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 programs
- Adequate program staff competence and training, specific to the target population served

EMERGENCY SHELTER

Emergency shelter is any facility whose primary purpose is to provide temporary housing for individuals or families experiencing homelessness for a period of 90 days or less (1). 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 in urban centers, 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 long periods of time.⁵

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

Emergency shelters serve a wide variety of people experiencing homelessness in our communities and may target their services to a particular type of population. 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 needs of people experiencing homelessness. Emergency shelters can provide short-term housing for individuals and families waiting for placement in a rapid rehousing program or permanent supportive housing program.

In the NWCoC shelters can help reduce the number of unsheltered individuals and families in their communities by reducing barriers in their programs and accepting high-need individuals or families. However, this is where emergency shelters can play a significant role in the NWCoC's efforts to end

⁵ <https://www.gpo.gov/fdsys/granule/CFR-2012-title24-vol3/CFR-2012-title24-vol3-part576/content-detail.html>

homelessness as we know it. Emergency shelters should provide triage and interim beds for high-need and chronically homeless individuals and families while they partner with permanent housing programs to place participants.

Emergency shelters should 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.⁶

Every emergency shelter program should participate in the coordinated entry and assessment system, including the NWCoC's prioritization of individuals for housing. In the NWCoC, each community utilizes the Prevention and Diversion screening tool and the Individual and Family VI-SPDAT Prescreen Tools to set priorities and housing triage methods, while housing programs use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. The Prevention and Diversion screening tool prioritizes shelter beds for people who have no other safe housing option and should be administered to every household who presents needing shelter prior to being admitted into a shelter program. Communities use the VI-SPDAT 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 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 clients 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.
- 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.

⁶ <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 provide case management with the designated Case Management Tool⁷ on a frequent basis (every six months minimum) for all clients.
- Organizations should share and train all program staff on the NWCoC Emergency Shelter Written Standards.

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

Minimum Standards

- All adult program participants must meet the following program eligibility requirements in ESG-funded emergency shelter:
 - 18 years or older
 - Literally homeless, imminently at-risk of homelessness, and/or fleeing or attempting to flee domestic violence (see definitions listed above for Category 1, 2, and 4 of the homeless definition)
- All ESG recipients must use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
 - Third-party documentation (including HMIS)
 - 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 allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for case workers and administrators who need said information.
- Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff volunteers and participants.

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

⁷ CM Tool Training: <https://prezi.com/adwfk2xzig /case-management-tool-version-2/>

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 health and safety of the residents.
- 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 next section for specific required and optional 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 actively participate in their community's coordinated assessment system.
- Shelters shall not charge money for any housing or supportive service provided.
- Programs must work to link their clients to permanent housing programs, such as rapid rehousing and permanent supportive housing, in the community.

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

Minimum Standards (Standard available services)

- Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance.
- Shelter staff 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).
- Assisting clients to maintain their shelter bed in a safe manner and understand how to get along with fellow residents.
- Helping clients to create strong support networks and participate in the community as they desire.
- Creating a path for clients to permanent housing through providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
- If the shelters provide case management as part of its programs, use of the Case Management Tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve residents.
- Shelter staff or other programs connected to the shelter through a formal or informal relationship will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others. Ongoing assistance with basic needs.

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

- Representative payee services.
- Basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).

- Relationship-building and decision-making 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/or dispensing, outpatient therapy and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal matters (warrants, minor infractions).

TERMINATION: 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 client grievances and 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 client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for residents who feel the shelter wrongly terminated assistance.
- Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance and keep a copy signed by the client in the file.
- Programs may carry a barred list when a client has presented a terminal risk to staff or other clients. If a barred client presents him/herself at a later date, programs should review the case to determine if the debarment can be removed to give the program a chance to provide further assistance at a later date.

CLIENT RECORDS AND PROGRAM FILES: Shelters will keep all client 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 Procedure and relevant State and Federal confidentiality laws and regulations that protect client records containing personally identifiable information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Minimum Standards

- Client and program files should, at a minimum, contain all information and forms required by HUD at 24 CFR 576.500 and the state ESG office, service plans, case notes, referral lists, and service activity logs including services provided directly by the shelter program and indirectly by other community service providers. ESG requires:
 - 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 community's coordinated 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 client information should be entered into NC HMIS or DV 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 client enters and exits the program, enter HUD required data elements, and update the client's information as changes occur.

- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation. All programs must have a consent for release of information form for clients to use to indicate consent in sharing information with other parties.
- All records pertaining to ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods.

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

Providers receiving Emergency Solutions Grant funds must maintain 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>

Northwest (NC-516) Continuum of Care Program Standards

Transitional Housing Programs

All program grantees using Department of Housing and Urban Development Continuum of Care funding must adhere to these performance standards and will be monitored by the NWCoC to ensure compliance. The NWCoC recommends that transitional housing programs funded through other sources, whether public or private, also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the NWCoC. In furtherance of this goal, the NWCoC developed the following Transitional 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
- Adequate program staff competence and training, specific to the target population served

TRANSITIONAL HOUSING

Traditionally, agencies have created transitional housing to provide an interim-housing option (18-24 months) for moderately vulnerable individuals and families prior to permanent housing.⁸ Several common types of transitional housing programs exist, including: HUD CoC-funded transitional housing, Emergency Solutions Grant-funded transitional 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 individuals with substance abuse and alcohol addictions. Recent research has called into question the effectiveness of transitional housing both programmatically and financially, but many communities throughout the NWCoC have transitional 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.⁹ Rapid rehousing can accomplish the goals of 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.

The performance standards in this document attempt to provide guidance and insight as to how agencies can use transitional housing to achieve the best possible outcomes. Current transitional housing programs could target their services to special populations shown to respond effectively to this model. HUD has suggested that transitional housing programs may be appropriate to serve homeless youth, those in recovery, and those fleeing domestic violence situations. Traditional transitional housing programs could also consider retooling to either rapid rehousing or permanent supportive housing programs, depending on geography, population, and local needs data (chronically homeless versus families, etc.).¹⁰

Nationally, many 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. This is where

⁸ <https://www.gpo.gov/fdsys/granule/CFR-2012-title24-vol3/CFR-2012-title24-vol3-part576/content-detail.html>

⁹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

¹⁰ [http://www.endhomelessness.org/page/-/files/Retooling Transitional Housing Checklist.pdf](http://www.endhomelessness.org/page/-/files/Retooling%20Transitional%20Housing%20Checklist.pdf)

transitional housing programs can play an essential role by providing triage or interim beds for individuals and families experiencing chronic homelessness or others with multiple disabling conditions that inhibit them from entering 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 until rapid rehousing and permanent supportive housing providers can identify a suitable permanent housing placement, a model known as bridge housing.¹¹ With intensive services and no negative effects due to shorter stays, transitional housing, with a few minor changes, could provide a powerful interim housing solution rather than a high-cost “housing readiness” approach.

Every transitional housing program within the NWCoC should participate in the coordinated entry and assessment system, including the NWCoC prioritization of individuals for housing. In the NWCoC, each community utilizes the Prevention and Diversion screening tool and the Individual and Family VI-SPDAT Prescreen Tools to set priorities and housing triage methods, while housing programs use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. Communities use the VI-SPDAT 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 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 relevant to assisting clients 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.
- 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 position.
- Case managers provide case management with the designated Case Management Tool on a frequent basis (every six months minimum) for all clients.
- Organizations should share and train all program staff on the NWCoC Transitional Housing Written Standards.

¹¹ <https://www.hudexchange.info/resources/documents/Deputy-Secretary-of-Veterans-Affairs-Letter-to-GPD-Grantees.pdf>

CLIENT INTAKE PROCESS: Programs will actively participate in their community's 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.

Minimum Standards

- All adult program participants must meet the following program eligibility requirements:
 - 18 years or older
 - Literally homeless, imminently at risk of homelessness, and/or fleeing or attempting to flee domestic violence (see definitions listed above for Category 1, 2, and 4 of the homelessness definition)
- Programs may not require clients to meet additional program eligibility requirements except for the following:
 - Chronically homeless
 - 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 client file that the agency attempted to obtain documentation in the preferred order. The order should be as follows:
 - Third-party documentation (including HMIS)
 - 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 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.
- Programs cannot disqualify an individual or family because of evictions of 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 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 strictly reserved for case workers and administrators who need said information.

TRANSITIONAL HOUSING STANDARDS: The program will provide safe, affordable housing that meets clients' needs in accordance with the client intake process and guidelines set by the Department of Housing and Urban Development.

Minimum Standards

- When providing or arranging for housing, the program must consider the needs of the individual or family experiencing homelessness.

- The program provides assistance in accessing suitable permanent housing.
- The program may provide assistance with moving costs (24 CFR 578.53(e)(2)).
- 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)).
- The program enters into an agreement with clients for at least one month and up to 24 months (24 CFR 578.79). The program should work with the client 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 clients 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.
- Programs must outline the occupancy payment policy as part of its program manual.
- 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 NWCoC's coordinated assessment process.
- Programs must review and ensure that their program policies do not create undue barriers to program entry and program participation.

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 (Standard available services)

- Transitional housing programs provide regular and consistent case management to clients based on the individual's or family's specific needs. Case management includes:
 - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the client(s).
 - Assisting clients to maintain their transitional housing placement in a safe manner and understand how to get along with fellow residents.
 - Helping clients to create strong support networks and participate in the community, as they desire.
 - Creating a path for clients to permanent housing as quickly as possible through providing 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, determining changes needed to better serve residents.
- Programs provide individualized budgeting and money management services to clients as needed.
- Program staff or other programs connected to the transitional housing program through a formal or informal relationship will assist clients in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and other sources.

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

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

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 client grievances and must comply with the NC 516 Participant Grievance, Termination and Appeals Process.

Minimum Standards

- The program may terminate services when clients 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 client 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 client(s) with a written copy of the program rules and the termination process before the client(s) begins receiving assistance and keep a copy signed by the client in the file.
 - Written notice to the client containing a clear statement of the reasons for termination.
 - Review of the decision, in which the client(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 client.
- 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 clients at the beginning of the program and if/when the termination of services occurs with a signed copy kept in the client 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 clients unless said client has presented a terminal risk to staff, volunteers or other clients.
- Programs should not terminate clients 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.

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

Minimum Standards

- Using the Case Management Tool, programs work with clients to develop exit plans for clients whose forward progress demonstrates potential success (acuity score threshold to be determined by the community's coordinated assessment system) in market rate or subsidized housing. Programs should work with clients to exit 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 client to ensure continued permanent housing stability and connection to community resources, as desired.
- Programs should attempt to follow up with clients through verbal or written contact at least once after the client exits services. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services.

CLIENT RECORDS AND PROGRAM FILES: Transitional Housing providers will keep all client 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 Procedure and relevant State and Federal confidentiality laws and regulations that protect client records containing personally identifiable information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Minimum Standards

- Client 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) and the state ESG office, 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 community's coordinated 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.
 - Confidentiality procedures.
- All client information should be entered in the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements, and an update of clients' information as changes occur.
- Program must maintain a release of information form for clients to use to indicate consent in sharing information with other parties. This cannot be a general release but one that indicates sharing information with specific parties for specific reasons.
- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation.

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

EVALUATION AND PLANNING: Transitional 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 their services to meet outcomes required by the HUD CoC and ESG programs or other funding sources.
- Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.
- Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.
- 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 and for ESG programs at 24 CFR 576.407, as applicable.

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 have the best chance of ending homelessness. These guidelines create consistency across the NWCoC, protect our clients by putting their needs first, and provide a baseline for holding all CoC 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, Abt Associates, other federal technical assistance providers, and nationally recognized high-performing rapid rehousing providers. This document provides details on performance benchmarks that would qualify programs as effective at ending and preventing homelessness.¹²

All program grantees using Department of Housing and Urban Development Continuum of Care, Emergency Solutions Grant, VA SSVF, and HOME TBRA 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 client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the NWCoC.

Some requirements and parameters for homelessness prevention and rapid rehousing assistance vary from program to program. It will be necessary to refer to the regulation for each program along with these program standards (CoC: 24 CFR 587; ESG: 24 CFR 576; SSVF: 38 CFR 62; HOME: 24 CFR 570). The program standards note many of the differences below in each of the following sections. For other helpful documents to check for compliance with requirements, see the footnotes below.¹³

HOMELESSNESS PREVENTION AND RAPID REHOUSING

Rapid rehousing provides an immediate permanent housing solution for vulnerable homeless individuals and families by providing short-term rental assistance and services.¹⁴ 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.¹⁵

In general, rapid rehousing programs have latitude in determining the target population the program will serve and a great degree of flexibility in how programs apply subsidies, in duration and amount, to house and stabilize individuals and families experiencing homelessness. Many rapid rehousing programs focus on ending homelessness among youth and family populations. Others programs focus exclusively on veterans

¹² <http://www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards>

¹³ 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

¹⁴ <https://www.gpo.gov/fdsys/granule/CFR-2012-title24-vol3/CFR-2012-title24-vol3-part576/content-detail.html>

¹⁵ <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000265-Rapid-Re-housing-What-the-Research-Says.pdf>

and veteran families. Still others design their programs to target the needs of families, survivors of domestic violence, or persons experiencing chronic or episodic homelessness. Rapid rehousing is an intervention that can adapt to serve individuals, families and youth with a variety of housing barriers.

Homelessness prevention programs can play an important role in ending homelessness. Like rapid rehousing programs, homelessness prevention programs can focus financial assistance and housing stabilization services on specific populations, including survivors of domestic violence, families with children, and formerly homeless individuals and families. While research clearly shows the effectiveness of rapid rehousing programs on reducing homelessness in communities, homelessness prevention programs demonstrate mixed results. In order to end homelessness, communities understand they must prevent new episodes of homelessness and returns to homelessness for individuals and families in housing crises. However, it can be difficult to determine which households would have become homeless if not for this intervention. Data suggests that only one out of ten households presenting to prevention programs would actually become homeless without financial assistance. In light of this research, homelessness prevention programs should target their limited financial assistance and housing stability resources appropriately and develop methods to determine which households are at greatest risk of becoming homeless. In order to do so, prevention programs are encouraged to focus their spending on households who are at imminent risk of homelessness (within 72 hours) or those households who can be diverted from the shelter system with the aid of financial assistance. Homelessness prevention programs should target their funding towards households that have similar characteristics to the general homeless population in their community.

No matter the focus population, all NWCoC homelessness prevention and rapid rehousing programs should adopt a Housing First philosophy by reducing barriers to eligibility (i.e. no income, sobriety, and rental history) and housing people as quickly as possible. These programs should also participate in the coordinated assessment process, including the local prioritization of individuals for housing. In the NWCoC, each community utilizes the Prevention and Diversion screening tool and the Individual and Family VI-SPDAT Prescreen Tools to set priorities and housing triage methods, while permanent housing programs use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. Communities use the VI-SPDAT 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: 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, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance and best practices.
- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
- Program designates staff whose responsibilities include identification and recruitment of landlords, encouraging them to rent to homeless households served by the program. Staff have the knowledge, skills, and agency resources to: understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports. Grantees should train their case

management staff who have housing identification responsibilities on this specialized skill set to perform the landlord recruitment function effectively.

- For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS End User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling, and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.
- Staff supervising overall program operations have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position. Ideally, homelessness prevention and rapid rehousing programs would have dedicated staff for housing identification and landlord recruitment. However, if programs do not have the capacity to have dedicated staff, case manager job descriptions must include responsibilities for landlord recruitment and negotiation.
- Case managers provide case management with the designated Case Management Tool on a frequent basis (minimum of monthly) for all clients.
- Organizations should share and train all program staff on the NWCoC Homelessness Prevention and Rapid Rehousing Written Standards.

CLIENT INTAKE PROCESS: Programs will actively participate in their community's coordinated assessment system by only taking referrals from the coordinated assessment system for their program. At a minimum, programs will perform the Prevention and Diversion screening tool to determine the ability of the program to divert the presenting household from the homeless service system and/or the VI-SPDAT Prescreen on all program applicants to determine their acuity score. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance.

Minimum Standards

- All adult program participants must meet the following program eligibility requirements:
- Rapid rehousing programs work with households who meet the definition of homelessness in the definitions section of the performance standards (CoC RRH programs may work with participants in Categories 1 and 4. ESG RRH programs may work with participants in Category 1 and literally homeless participants in Category 4). SSVF programs should follow specific guidelines for eligible participants.
- Homelessness prevention programs work with households who meet the at-risk of homelessness definition (Category 2) in the definitions section of the performance standards.
- Adult household members have the ability to participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan.
- CoC programs should also assess participant eligibility based on eligibility criteria established by the NOFA for the year of the award.
- Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.
- Programs explain the available services, encouraging each adult household member to participate in said services, but does not make service usage a requirement or the refusal of services a reason for disqualification or eviction unless service requirements are attached to funding (SSVF grants have a service requirement).

- Programs must use the standard order of priority of documenting evidence to determine homeless status and chronically homeless status per the program's eligibility requirements. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
 - Third-party documentation (including HMIS)
 - Intake worker observations through outreach and visual assessment
 - 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): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
 - Prevention and rapid rehousing subsidy money has been exhausted
 - If the housing has in residence at least one family member with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)
- For SSVF and HOME programs only, the family or individual has household income over 50% of area median income

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

Minimum Standards

- Programs should target prevention funds toward community diversion efforts. When paying financial assistance to divert households from homelessness, programs should target assistance to the households most likely to experience homelessness if not for this assistance.
- Programs explain program rules and expectations prior to admitting the individual or family into the program. Programs will have rules and expectations that ensure fairness and avoid arbitrary decisions that can vary from client to client or staff to staff.
- In evaluating current housing, programs consider the needs of the individual or family living there to decide if the current unit meets Housing Quality Standards and long-term sustainability (ESG and SSVF only).
- When moving the individual or family into a new unit, programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, etc. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness prior to the individual or family signing a lease and the program signing a rental assistance agreement with the landlord.
- Programs may provide assistance with rental application fees (ESG and SSVF only), moving costs (ESG, CoC, and SSVF only), temporary storage fees (ESG and SSVF programs only), security deposits (up to 2 months for ESG, CoC and HOME), last month's rent (ESG, CoC and SSVF only), utility deposits, utility payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair

(ESG and CoC only), and legal services (ESG and CoC only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance.

- Lease: The program participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner.
- Rental Assistance Agreement: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a program participant.
- Programs will determine the amount that households will contribute toward their monthly rent payment. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. Except for the HOME TBRA program, programs can choose not to charge households rent during their participation in the program. All rent payments made by program participants must be paid directly to the landlord or property owner. Programs will review the amount of rental assistance paid for the participating household every 3 months, and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term.
- Programs may provide no more than 3 months of rental and utility assistance to a participating household for homelessness prevention. If the household needs more than 3 months of financial assistance, the agency Executive Director or his/her designated proxy may extend financial assistance month-to-month based on proof of continued need and demonstrated efficacy of stated housing sustainability plan.
- Use with other subsidies: Except for one-time payment of rental arrears on the program participant's portion of the rental payment, rental assistance cannot be provided to a program participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Programs can pay for security and utility payments for program participants to move into these units when other funding sources cannot be identified.

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

Minimum Standards

- Programs explain program rules and expectations prior to admitting the individual or family into the program. Programs have rules and expectations that ensure fairness and avoid arbitrary decisions that vary from client to client or staff to staff.
- Programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, and other pertinent information when moving a household into housing. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness prior to the individual or family signing a lease and the program signing a rental assistance agreement with the landlord.
- Programs may provide assistance with rental application fees (ESG, CoC and SSVF only), moving costs (ESG, SSVF, and CoC only), temporary storage fees (ESG and SSVF programs only), security deposits (up to 2 months for ESG, CoC and HOME), last month's rent (ESG, CoC and SSVF only), utility deposits, utility

payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair (ESG and CoC only), and legal services (ESG and CoC only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance.

- Lease: The program participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner. Initial lease agreements should be for one year, renewable for a minimum term of one month and terminable only for cause. HOME TBRA leases should not have prohibited lease provisions (24 CFR 92.253).
- Rental Assistance Agreement: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a program participant.
- Programs should take a progressive approach when determining the amount that households will contribute toward their monthly rent payment. Programs should remain flexible, taking into account the unique and changing needs of the household. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. Except for the HOME TBRA program, programs can choose not to charge households rent during their participation in the program. All rent payments made by program participants must be paid directly to the landlord or property owner. Programs will review the amount of rental assistance paid for the participating household every 3 months and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term. Programs should have written policies and procedures for determining the amount of rent participants pay towards housing costs. This amount must be reasonable based on household income (this could potentially be 50-60% of their monthly income), including \$0 for households with no income. These policies should also address when and how programs use financial assistance as a bridge to housing subsidy or a permanent supportive housing program.
- When determining the amount and length of financial assistance, programs should base their decision on the needs of the household and its long-term housing stability plan. Programs should have well-defined policies and procedures for determining the amount and length of time for financial assistance to program participants as well as defined and objective standards for when case management and/or financial assistance should continue or end. Programs must review the amount of rental assistance provided every 3 months and continued need determined through consultation between the participant and the case manager. Programs should review regulations for the funding source to determine maximum months they can pay for rental assistance.
- Use with other subsidies: Except for one-time payment of rental arrears on the program participant's portion of the rental payment, rental assistance cannot be provided to a program participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources.
- Programs can pay for security and utility payments for program participants to move into these units when other funding sources cannot be identified.
- 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.

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:
 - Client intake.
 - Preparation of cases for trial.
 - Provision of legal advice.
 - Representation of legal advice.
 - Counseling.
 - Filing fees and other necessary court costs.
 - Mediation between the program participant and the owner or person(s) with whom the participant is living (only ESG and CoC).
 - Credit repair (only ESG and CoC), including:
 - Credit counseling.
 - Accessing a free personal credit report.
 - Resolving personal credit problems.
 - Other services needed to assist with critical skills related to household budgeting and money management.

- Case management includes the following types of contact: home visits, office visits, meeting in a location in the community, or phone calls (at least one visit per month must be in person). Programs should use the Case Management Tool as a guide for their case management services to program participants. Meeting times, place and frequency should be mutually agreed upon by both the participant and case manager.
- CoC and ESG RRH programs must meet with participants at least once per month to assist the participant in long-term housing stability. Program staff must conduct an annual assessment of service needs.
- The program will evaluate the household for continued eligibility every three months or as changes are reported in household income and housing stability. To continue receiving homelessness prevention and rapid rehousing assistance, the household must demonstrate:
- 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 client's income must be at or below 30% Area Median Income.

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.

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 clients.
- Programs coordinate with other mainstream resources for which participants may need assistance: emergency financial assistance; domestic violence shelters; local housing authorities, public housing, and Housing Choice Voucher programs; temporary labor organizations; childcare resources and other public programs that subsidize childcare; youth development and child welfare; WIC; Supplemental Nutritional Assistance Program (SNAP); Unemployment Insurance; Social Security benefits; Medicaid/Medicare or other comparable services if available.
- For CoC RRH, in addition to one-time moving costs and case management, other eligible supportive service costs include: childcare, education and employment services, food, housing search and counseling, legal services, life skills training, mental health and outpatient health services, outreach services, substance abuse treatment, transportation, and a one-time utility deposit.

TERMINATION: 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 client grievances and 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 grantee, recognizing the rights of the individuals affected. The grantee must exercise sound judgment and examine all extenuating circumstances in determining when violations warrant termination so that programs terminate assistance to program participants in only the most severe cases.
 - 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.
- Termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family.

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

- To terminate assistance to a program participant, the agency must follow the provisions described in 24 CFR 578.91 of the HEARTH Continuum of Care Interim Rule as follows:
 - 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 client;
 - Written notice to program participants containing a clear statement of the reasons for termination;
 - A review of the decision, in which the program participant has the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision;
 - Prompt written notice of the final decision to the program participant.

Supportive Services for Veteran Families (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 clients 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 as well as a list of prevention and diversion services available if another housing crisis occurs, as desired.
- Programs should attempt to follow up with participants through verbal or written contact at least once 6 months after the client exits the program. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services in order to prevent future episodes of homelessness.

CLIENT RECORDS AND PROGRAM FILES: Transitional Housing providers will keep all client 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 Procedure and relevant State and Federal confidentiality laws and regulations that protect client records containing personally identifiable information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Minimum Standards

- Client and program files should, at a minimum, contain all information and forms required by HUD (24 CFR 576.500), the state ESG office, and/or the VA; service plans; case notes; referral lists; and service activity logs, including services provided directly by the homelessness prevention or rapid rehousing program and indirectly by other community service providers. Programs should have:
 - 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 community's coordinated 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 client information should be entered in the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements, and an update of client's information as changes occur.
- Programs must maintain a release of information form for clients to use to indicate consent in sharing information with other parties. This cannot be a general release but one that indicates sharing information with specific parties for specific reasons.
- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation.
- All records pertaining to ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND 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 clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.

- Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.

Providers receiving Emergency Solutions Grant funds must maintain 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>

Northwest (NC-516) Continuum of Care Standards

Permanent Supportive Housing

All program grantees using Department of Housing and Urban Development Continuum of Care and the Department of Veteran's Affairs VA Supportive Housing (VASH) funding must adhere to these performance standards. Programs funded through the Continuum of Care will be monitored by the NWCoC to ensure compliance. All CoC funded Permanent Supportive Housing projects will be monitored by the NWCoC 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 client needs first. Based on proven best practices, this high standard of care is necessary to achieve our 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 at greater risk or with the longest histories of homelessness
- Program compliance with the Department of Housing and Urban Development
- Service consistency within programs
- Adequate program staff competence 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.¹⁶ This model seeks to provide a stable housing option and the necessary supportive services for individuals and families who would not succeed in other permanent housing settings. Permanent supportive housing is designed for persons with disabilities, including severe mental health, physical health, HIV/AIDS, and/or substance abuse disorders, especially targeting individuals and families meeting the Department of Housing and Urban Development'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.¹⁷ Long-term studies demonstrate that individuals and families experiencing homelessness, even chronic homelessness, can move into a home with 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 should participate in the coordinated assessment process, including the local prioritization of individuals for housing. In the NWCoC, each community utilizes the Prevention and Diversion screening tool and the Individual and Family VI-SPDAT Prescreen Tools to set

¹⁶ <https://www.gpo.gov/fdsys/granule/CFR-2013-title24-vol3/CFR-2013-title24-vol3-part578/content-detail.html>

¹⁷ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

priorities and housing triage methods, while permanent housing programs use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. Communities use the VI-SPDAT 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. Permanent supportive housing programs are intended to serve the individuals and families with the longest time homeless and 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 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/or families at risk of homelessness.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance, and best practices.
- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
- All paid and volunteer staff participate in ongoing internal and/or external training on the Prevention and Diversion Screening Tool, the individual and family VI-SPDAT screening tool, and the Case Management Tool.
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS End User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling, and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and/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.
- Case managers provide case management with the designated Case Management Tool on a frequent basis (every six months minimum) for all clients.
- Organizations should share and train all program staff on the NWCoC 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.¹⁸ 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.

¹⁸ <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

Benchmarks

- *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 VI-SPDAT 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 VI-SPDAT. 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 as assessed through the VI-SPDAT. 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.
- *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.¹⁹

Benchmarks

- *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 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.

CLIENT INTAKE PROCESS: Programs will actively participate in their community's coordinated assessment system by only taking referrals from the coordinated assessment system for their program. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance. The program will ensure active client participation and informed consent.

Minimum Standards

- All adult program participants must meet the following program eligibility requirements:
 - Literally homeless or fleeing domestic violence (see definitions above for Category 1 and Category 4 of the Homeless Definition). Some programs have stricter participant guidelines and should see their specific program and application information to determine eligibility.

¹⁹ <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

- 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 prior evictions, poor rental history, criminal history, or credit history.
- 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 or eviction.
- Programs cannot disqualify an individual or family from program entry for lack of income or employment status.
- 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.
 - 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 client file that the agency attempted to obtain the documentation in the preferred order. That order should be as follows:
 - Third-party documentation (including HMIS)
 - Intake worker observations through outreach and visual assessment
 - 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 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 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 client intake practices and within CoC 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.²⁰
- 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.
- Programs provide assistance to the participant in locating and procuring housing.
- 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 standard leases that would apply to any other person leasing said unit 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.
- HUD CoC grantees will adhere to the responsibilities of grant management outlined by the NWCoC.
- 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 do require occupancy charges, they must impose them on all participants of the program 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.
- 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 program.

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 thorough case notes.

²⁰ See SAMHSA's Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>

Minimum Standards (Standard Available Services)

- 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.²¹
- Program staff or other programs connected to the permanent housing program through formal relationship will provide regular and consistent case management to clients 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.
 - Using the 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 clients as needed.
- 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 annually.

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

- Representative payee services.
- Relationship-building and decision-making 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/or dispensing, outpatient therapy and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal (warrants, minor infractions) matters.

²¹ See SAMHSA's Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>

- 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.

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 client grievances and 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 clients 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.
- 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 AND FOLLOW-UP SERVICES: Programs must ensure a continuity of services to all clients 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 resources, as desired.
- 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.

- 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 6 months after the client exits the program. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services in order to prevent future episodes of homelessness.
- 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.

CLIENT RECORDS AND PROGRAM FILES: Transitional Housing providers will keep all client 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 Procedure and relevant State and Federal confidentiality laws and regulations that protect client records containing personally identifiable information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Minimum Standards

- Client and program files should, at a minimum, contain all information and forms required by HUD (24 CFR 576.500), and the VA, service plans, case notes, referral lists, and service activity logs, including 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 community's coordinated 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 client information should be entered in the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements, and an update of client's information as changes occur.
- Programs must maintain a release of information form for clients to use to indicate consent in sharing information with other parties. This cannot be a general release but one that indicates sharing information with specific parties for specific reasons.
- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation.
- All records pertaining to 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 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 their services to meet outcomes required by the HUD CoC and VA programs or other funding sources.
- Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.
- Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.

Glossary of Terms

Acuity: When using the VI-SPDAT, 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 allow homeless prevention assistance to be provided to persons who are 'at 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.

Case Management Tool: A standardized tool for case management to track participant progress in programs in the coordinated assessment process. NC 516 uses the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). Housing programs administer this tool at program entry, housing entry, and every six months thereafter until program discharge. Upon discharge from the program, housing case managers administer the tool one final time 12 months later, when possible, to ensure the household continues to make progress.

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 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. For supportive housing, the maximum amount payable under the per diem is \$43.32 per day per Veteran housed. In NC-501, 182 Grant and Per Diem beds for homeless Veterans were counted in October of 2016.

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)

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.²²

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

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.

Prevention and Diversion Screening Tool (aka Emergency Response Screening): A tool 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 screening tool gives 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 (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 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

²²<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

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.

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.

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.
 - (b) 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.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): The Vulnerability Index is a tool for identifying and prioritizing the homeless population for housing according to the fragility of their health. The SPDAT is an evidence-informed approach to assessing an individual's or family's acuity. The VI-SPDAT assessment, across multiple components, prioritizes who to house based on their vulnerability while concurrently identifying the areas in an individual or family's life where support is most needed to promote housing stability. Co-occurring social and medical conditions are often the primary factors that contribute to homelessness. The VI-SPDAT was created through the merger of the Vulnerability Index and the SPDAT Pre-screen assessment.