

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE

POLICY & PROCEDURE

WRITTEN STANDARDS FOR PROVIDING CONTINUUM OF CARE ASSISTANCE

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Under the HEARTH Act of 2009 the Continuum of Care (CoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic coverage area of Okaloosa and Walton Counties in Florida. Both the Emergency Solution Grant Rules and Regulations (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the Continuum of Care (CoC), in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, (1) establish and consistently follow written standards for providing Continuum of Care assistance, (2) establish performance targets appropriate for population and program type, and (3) monitor recipient and sub-recipient performance. All programs that receive ESG or CoC funding are required to abide by these written standards. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. The majority of these standards are based on the ESG and/or the HEARTH Interim Rules. Continuums of Care (CoC) are tasked with responsibilities related to membership, governance, collaboration, data collection and allocation of funding. One of these responsibilities is to coordinate the implementation of a housing and service system that meets the needs of persons experiencing homelessness throughout the community. The system should be implemented as a crisis response system and include 1) outreach, engagement and assessment, 2) shelter, housing and supportive services and 3) homelessness prevention strategies.

In order to create a crisis response to homelessness and enhance the homeless assistance system in Okaloosa and Walton Counties the CoC has created a coordinated system that aligns resources to ensure homelessness is brief, rare, and nonrecurring. This system change requires higher levels of collaboration between programs and system-wide decision making that is data driven and focused on assessment of consumer needs. The CoC is investing in long-term solutions to homelessness. The CoC implemented a Housing First approach to assist people experiencing homelessness without preconditions or service participation requirements. The coordinated system replaces a first-come, first-served approach to admitting people into housing. The Coordinated Entry System is this CoC's process to prioritize those who are chronically homeless and have the most severe service needs for the most effective housing intervention.

These written standards have been developed in conjunction with ESG recipients, the CoC Collaborative Applicant and with service providers to allow for input on standards, performance measures and the process for full implementation of the standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services. The CoC's agenda was to do as follows:

- Review of the standards required by regulation*
- Entry criteria based on the level of support services provided by each component*
- Common or local performance measures in addition to HUD benchmarks already determined*

The CoC and ESG Program interim rules require recipients and CoCs to consult to develop written standards for administering assistance. This is necessary to:

STANDARDS FOR ALL FL-505 FUNDED PROGRAMS

- *Establish community-wide expectations on the operations of projects within the community*
- *Ensure the system that is transparent to users and operators*
- *Establish a minimum set of standards and expectations in terms of the quality expected of projects*

The Continuum of Care program is designed to assist sheltered and unsheltered homeless people by providing the housing and/or services needed to help individuals move into permanent housing, with the goal of long-term housing stability. All programs that receive ESG or CoC funding are required to abide by these written standards. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards. The written standards were established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. These standards are based on the ESG and/or the HEARTH Act. Additional standards will be established by the CoC to assist programs in meeting and exceeding performance outcomes that will help the CoC reach the goal of ending homelessness. The CoC Written Standards were approved by the CoC membership, CoC & ESG funding recipients, and providers. The Written Standards will be reviewed and revised as needed at a minimum of once per year. Revisions that would affect the Coordinated Entry process would be made as soon as possible. Agreement to abide by the Written Standards will be a condition of funding through the CoC. Okaloosa Walton Homeless Continuum of Care (OWHCoC) designated as FL-505, by the U.S. Department of Housing and Urban Development is a membership body of homeless service providers, local government, civic leaders, business owners, and advocates. In order to carry out administrative and fiscal responsibilities assigned to the CoC in the F.S. 420.622, HEARTH Act, and 24 CFR Part 578.1 OWHCoC designated a Lead Agency. Homelessness & Housing Alliance (HHA) is the Lead Agency for the Okaloosa Walton Homeless Continuum of Care.

There are currently four funding sources for which HHA submits applications on behalf of the CoC.

OWHCoC funded programs are:

Emergency Solutions Grant-ESG
Continuum of Care Program Funds-CoC
Temporary Assistance for Needy Families-TANF
Florida Challenge Grant- Challenge
Project

Housing First

Housing First – *Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. Housing First offers housing to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and*

improving their life. HUD encourages its use to the maximum extent practicable and calls out that grant recipients that said they would use a housing first approach in applications must do so in the operating years.

FL-505 promotes a Housing First approach within our homeless assistance system to ensure homelessness is brief, rare, and nonrecurring in Okaloosa and Walton Counties. Housing First was adopted as a part of our CoC's 2014 plan to ending homelessness. Housing First provides services to persons experiencing homelessness by placing clients with high service needs into permanent housing programs quickly and then providing supportive services for clients to stay stably housed, as needed. These services must not exclude clients by creating barriers to entry such as sobriety, mental health treatment, or employment. Programs should offer access to supports to address barriers to housing stability once a client has been housed in permanent housing. Clients shall not be discriminated against for having mental health disabilities, criminal background, or substance abuse issues.

All grant funded housing programs and services must agree to use Housing First. In order for programs to be considered Housing First they must be easily accessible, participate in the Coordinated Entry System, be low -barrier to entry, prioritize clients with the high levels of service need, and focused on moving clients into permanent housing as rapidly as possible. Housing First programs must also demonstrate the ability to offer quality support services to clients to maintain housing stability if needed. Housing first is a client-centered approach and emphasizes client choice in housing and supports therefore housing and services are voluntary and clients should have choices in what services they receive and when to start using those services without being terminated from the program or removed from housing. Clients should also not be terminated for non-compliance or for not participating in services unless it is the only alternative available and services should not be forced on clients.

Okaloosa Walton Homeless Continuum of Care Housing First Statement

Housing First is a core strategy in the Okaloosa Walton Homeless Continuum of Care's plan to end homelessness. All grant funded programs within the Okaloosa Walton Homeless Continuum of Care will utilize a Housing First approach to housing persons experiencing homelessness. CoC funded housing programs such as ESG, CoC PSH and RRH, and Challenge Grant programs will offer housing to people experiencing homelessness without preconditions such as sobriety, mental health treatment, or a minimum income threshold. These programs may only offer service participation but they will not require service participation in exchange for housing assistance. Programs will prioritize those with the most complex service needs without any clinical prerequisites. OWHCoC has a data driven approach to prioritizing highest need cases for housing assistance through vulnerability indices and data on utilization of crisis services. All grant funded housing programs and shelters shall maintain low barriers to program entry and accept clients referred to them through the Coordinated Intake System. The Coordinated Intake System matches people experiencing homelessness to the most appropriate housing and services, and where households experiencing homelessness are prioritized by level of service need and not chronologically. Permanent Supportive Housing programs will accept clients referred from the Centralized Intake System that have been assessed using the Vulnerability Index Service Prioritization Decision Assistant Tool (VI-SPDAT) to measure the severity of service needs. HHA maintains a Supportive Housing Registry that prioritizes persons with a VI score representing PSH is the most appropriate housing intervention for that household according to the HUD Notice CPD-14-012.

HHA as the Coordinated Entry System lead will compile and maintain the Supportive Registry list. The goal is to facilitate the transition from homelessness to supportive housing by allowing applicants and the agencies supporting them to submit only one application, rather than registering with multiple providers.

COORDINATED INTAKE AND REFERRAL SYSTEM

Homelessness & Housing Alliance (HHA) encouraged the CoC to develop a localized coordinated intake, assessment, and referral system in order to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on client needs, and prioritize clients with severe service needs for the most intensive interventions. The Coordinated Entry System (CES) strategically aligns the various types of housing interventions that are available. Homelessness & Housing Alliance expects all providers to participate in the CES. Participation in the Coordinated Entry System will be required for all CoC funded programs. The system consists of an electronic assessment system housed in HMIS and a dedicated Intake Specialist through the CoC Lead Agency. CES uses a common housing assessment and triage tool to ensure that all homeless individuals are referred to the appropriate housing intervention.

Coordinated Entry System will be used as each housing intervention supported by ESG is fully integrated into the system referral process. Prior to full implementation of the coordinated assessment, agencies may continue to accept direct referrals from individuals and other agencies. Services targeted to persons experiencing homelessness are delivered by homeless service providers throughout the area. Agencies participate in the local assessment effort, which ensures homeless persons, including chronically homeless individuals and families, families with children, veterans and their families, and any unaccompanied youth, are referred to available resources. The Coordinated Entry System facilitates meaningful coordination between the homeless response system and the intake processes for mainstream systems. FL-505's Coordinated Entry System should include referrals to public housing authorities, multifamily housing, health and mental health care, the workforce development system, and with other mainstream income and benefits. Many of these agencies participate in the Okaloosa Walton Homeless Continuum of Care (OWHCoC), which governs service provisions and standards.

FL-505 adopted a Centralized Intake System in March of 2015 for persons experiencing homelessness. The CIS is coordinated by the coordinating Entity Homelessness & Housing Alliance. The CoC Stakeholders approved and voted to utilize the Service Prioritization Decision Assistant Tool (SPDAT) to be the common assessment tool used to determine housing and service placement. OrgCode trained CoC Stakeholders on the SPDAT in June of 2015. The SPDAT was implemented in HMIS after training was completed. In order to receive grant funding all agencies/programs must sign the CIS MOU and agree to participate in the CIS and adhere to guidelines within these standards and the CIS Policies and Procedures

The 2015 Action Plan FL-505 approved a strategy to- Implement a coordinated needs assessment using VISPDAT in HMIS for a centralized method of intake. The objectives to fulfill this strategy were to (1) train users in SPDAT (2) use a centralized intake for all CoC funded programs (3) collaborate with 211 on centralized intake implementation and referrals (4) use Written Standards for CoC Assistance to establish centralized intake process.

EXHIBIT FOR CES/ MOU

*In order to determine the appropriate type of intervention for individuals and households experiencing homelessness in Okaloosa and Walton Counties our CoC adopted the Service Prioritization Decision Assistance Tool (SPDAT) as the standardized assessment tool for our Coordinated Intake System. To address the needs of the homeless in Okaloosa and Walton Counties, OWHCoC shall utilize the Vulnerability Index & Service Prioritization Decision Assistance Tool * (VI-SPDAT) provided by HHA to prioritize people who are considered high priority for*

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housing and services. Households receiving assistance are case managed by social services agencies and other homeless providers to ensure long-term stability. Many agencies utilize ESG and other funding sources to pay for case management and other housing stabilizations services.

All other homeless and at-risk of homelessness persons who do not score high enough to receive housing from HHA or other providers in the CoC will be referred to local agencies with programs and services that best meet the needs of the household. Providers shall develop and implement screening tools for programs served that will ensure the most vulnerable clients are served first if one isn't provide by the HHA.

All OWHCoC recipients and ESG sub-recipients, except for victim service providers, are required to participate in the coordinate assessment and referral system. * See Exhibit E

Client Intake Process: FL-505's Coordinated Entry System includes a Centralized Intake System (CIS) and prioritization for all Permanent Supportive Housing (PSH) beds. Using the VI-SPDAT to evaluate the severity of service needs and length of time homeless, allows the CoC to prioritize PSH beds for the most vulnerable chronically homeless persons in the service area. Utilization of the SPDAT also ensures that those clients screened receive the best housing intervention for their specific needs to include Emergency Shelter or Rapid Rehousing. Outreach providers will feed the CES in the course of their field work.

Homelessness & Housing Alliance (HHA) the Collaborative Applicant and HMIS Lead Agency for Okaloosa Walton Homeless Continuum of Care has been designated as the Coordinating Entity and will screen potential program participants following policies and procedures for the Centralized Intake/ Coordinated Entry System.

All persons experiencing homelessness seeking services will be pre-screened via telephone or 211 system and referred using the CES. If determined that the program participant may be eligible for housing assistance a face to face screening appointment will be made with a qualified, trained, Intake Specialist at an approved location that is both easily accessible for the participant and provides privacy and confidentiality for the participant. Informed consent must be obtained and documented prior to the VI-SPDAT being conducted. If participant does not have the necessary documentation or access to documentation, HHA and the Intake Specialist will assist the participant in obtaining identification, vital records, and any other documentation deemed necessary to enroll in programs and will not disqualify a participant for lack of documentation or identification. Transportation will be arranged by the Intake Specialist if participant has transportation barriers. Participant and Intake Specialist will sign all necessary documentation including but not limited to a Release of Information, Confidentiality Agreement, Consent Form, and Acknowledgement of Understanding. If participants cannot read or have other special needs requiring assistance in reading, understanding, or signing the forms required for the VI-SPDAT the Case Manager will provide assistance.

- a. Participant will be screened using the VI-SPDAT or Family SPDAT by a qualified, trained, Intake Specialist
 - o All Intake Specialists or screeners using the VI-SPDAT must be trained to use the tool
- b. Once the VI-SPDAT has been completed and entered into HMIS the participant will be issued a Vulnerability Index Scale
- c. The participant will be added to the Supportive Housing Registry once the Vulnerability Index scale determines appropriate housing intervention for the participant
- d. Participant will be notified of which housing intervention is appropriate according to the VI-SPDAT and they will be informed of the placement process for the specific housing intervention
- e. The Intake Specialist will make a referral to the appropriate housing provider

If the participant is not eligible for PSH a referral will be made to other housing interventions.

*An approved location is a location that has been deemed appropriate by the CoC and HMIS Lead to administer the VI-SPDAT and or other comprehensive assessments. An approved location will be handicapped accessible and is compliant with the American with Disabilities Act. The dedicated location will be easily assessable, private and safe for the intake specialist and for the client.

Phase 1 of the Centralized Intake System will be implemented with the CoC funded Permanent Supportive Housing program. -Implementation Complete

Phase 2 of the Centralized Intake System will be implemented with the CoC, Challenge, and ESG funded Rapid Rehousing program. –Implementation Complete

Phase 3 of the Centralized Intake System will be implemented with the ESG funded emergency shelter facilities. – Implementation Complete

Phase 4 of the Centralized Intake System will be implemented with all other programs interested in utilizing the system and may include SSVF, Prevention, and public housing authorities.

If it is desired and the CIS is prepared to handle incorporating other programs in earlier phases this schedule may be amended by the Housing Committee.

HOMELESS MANAGEMENT INFORMATION SYSTEM

OWHCoC recipients and sub-recipients, except for victim service providers, must utilize the Homeless Management Information System (HMIS) database designated by the continuum of care. This database is designated to record and store client-level data, including the characteristic and service needs of homeless and at-risk of homelessness households. Utilization of the HMIS database will help provide a consistent and accurate snapshot of populations served through various programs.

All homeless programs are encouraged to participate in HMIS. Programs providing Domestic violence or Legal Services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements. Agencies utilizing the HMIS database are expected to comply with HUD data quality standards and the HMIS Policy and Procedure Manual. Information shall be entered into the database in a timely manner, and shall be updated to provide exit information, income data, and shall have limited number of fields with “Don’t Know”, “Refused” or “Missing”.

Note: Rapid re-housing client employment data may be entered annually at recertification, however non-cash and other cash income sources should be updated as received.

MINIMUM STANDARDS FOR FL-505 FUNDED PROGRAM DATA ARE:

- *Providers, except for victim service providers shall actively utilize the Homeless Management Information System (HMIS), to enter data on people served and assistance provided under ESG, CoC, TANF, and Challenge.*
- *Victim service providers shall actively utilize a comparable data system that meets HUD’s standards (24 CFR 576.107).*
- *Every three years, the Okaloosa Walton Homeless CoC will engage in a process to monitor the HMIS lead and how it manages the HMIS system. The HMIS lead is responsible for CoC, ESG, Challenge, TANF, PATH and OWHCoC HMIS activities. Continuity is a critical factor in an effective HMIS system; therefore preference is to not put the HMIS contract out for procurement unless unresolved findings occur with the existing provider.*
- *The HMIS provider will recommend to the CoC an HMIS software solution for the CoC.*

The HMIS lead is responsible for:

- *Maintaining and updating the HMIS data system*

- *Follow statutory responsibilities set forth in Florida Statute 420.623 and represent the CoC and its interest to the Florida Coalition for the Homeless*
- *Follow guidelines and processes implemented and approved by the CoC in the FL-505 Governance Charter pertaining to the HMIS Lead Agency*
- *Providing training and support to all HMIS users*
- *Generating regular reports based on HMIS data including counts of homeless persons and performance reports on CoC, TANF, Challenge and ESG funded providers.*
- *Providing reports to HUD as required including the Annual Homelessness Assessment Report (AHAR).*
- *The CoC has also designated the HMIS lead to assist in implementing the system of coordinated access to be used in the CoC.*

Note: More information about the HMIS Lead Agency and its responsibilities can be found in the PromiseSE Policy and Procedure Manual and FL-505 Governance Charter.

PERSONNEL REQUIREMENTS

OWHCoC recipients and ESG, TANF, and Challenge sub-recipients shall make certain that programs targeted to homeless and at-risk of homelessness populations are adequately staffed by qualified personnel to ensure quality service delivery, effective program management, and the safety of program participants. This includes ensuring personnel that have access to HMIS database and provide client services have completed a background check.

At a minimum, agencies shall ensure the following standards are in place for programs funded through CoC and ESG grants;

- Agencies shall select, for its service personnel, only those employees and/or volunteers with appropriate knowledge, and/or experience, for working with individuals and families experiencing homelessness.*
- Agencies will conducted background checks on all employees.*
- Agencies shall have a written plan for, and provide training to, all paid and volunteer staff in both the policies and procedures employed by the program, and in specific skill areas as determined by the program.*
- All paid and volunteer service personnel shall participate in ongoing internal and/or external training, which will further enhance their knowledge and ability to work with individuals and families experiencing homelessness.*
- For programs that use HMIS, all users must abide by the standard operating procedures found in the HMIS Policies and Procedures manual provided by the HMIS Lead Agency. Additionally, user must adhere to privacy and confidentiality terms set forth in the User Agreement.*
- Agency personnel with the responsibility for supervision of the casework counseling, and/or case management components have, at a minimum, a Bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness, poverty, disabilities, or other similar challenges.*
- All personnel shall have a written job description that at a minimum addresses the major tasks to be performed and the qualifications required for the position.*

h. The program shall ensure all paid and volunteer service personnel are familiar with HUD's Fair Housing and Equal Opportunity requirements under 24 CFR 5.105(a); and the new "Equal Access Rule (77 FR 5662).

i. Supervisors shall ensure quality/coordinated services.

j. A staff person must be designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.

COORDINATION WITH MAINSTREAM AND TARGETED HOMELESS PROVIDERS

HHA and the OWHCoC requires providers receiving funds through ESG and CoC programs to maximize the use of available Federal, State and local mainstream resources to ensure the long-term stability of program participants. Programs receiving funds must coordinate with other targeted homeless services and mainstream resources within the CoC including housing, social services, employment, education, and youth programs for which participants may be eligible. Providers shall actively seek to engage in partnerships with programs and services that are targeted to address homelessness and poverty within their communities.

ELIGIBLE APPLICANTS FOR FUNDING

Programs receiving CoC, ESG, TANF, or Challenge Grant funding must be active participants of the OWHCoC and meet eligibility requirements set by the Grant Committee. A Memorandum of Understanding and or a subcontract agreement will be entered into between HHA as the Lead Agency and all agencies awarded funding through the Lead Agency.

Eligible applicant requirements are:

- *Dues paying member of the CoC*
- *Attend at least 50% of the CoC meetings*
- *Participate in the Point in Time Count*
- *Serve on at least one CoC committee or workgroup*
- *Have 501(c)3 Status*
- *Have at least 2 years of experience providing services to homeless populations*
- *Demonstrated Geographic Diversity: Serve both Okaloosa and Walton when applicable*
- *Agree to use HMIS, follow HMIS policy, and maintain a 90% HMIS score*
- *Agree to follow these CoC Written Standards and policies contained in this document and participate on the Housing Committee or other group designated to amend and update these Standards.*
- *Agree to participate in the Coordinated Entry System by a signed MOU with HHA.*

Other requirements may be imposed by the Grant Committee for certain funding sources.

Note- Applicants must agree to pay any HMIS and administrative fees associated with the funding and HMIS set-up and licenses. HMIS fees are currently 3% of grant award for programs that require HMIS use.

EDUCATIONAL ASSURANCES

The CoC expects providers to collaborate with local education authorities to assist in the identification of individuals and families who become or are currently homeless. Those identified should be informed of the eligibility for services under subtitle B of the title VII of the Act. This includes demonstrating that providers establish policies to ensure all

children are enrolled in early childhood programs or in school and connected to appropriate services in the community. Providers shall collaborate with local school districts and early childhood education providers to identify homeless households with children to ensure they understand their eligibility for educational services.

HHA has entered into a MOA with the Early Learning Coalition and coverage area school districts. HHA will make referrals to the Early Learning Coalition for households receiving case management from a homeless service provider as it is outlined in the MOA.

PREVENTING INVOLUNTARY FAMILY SEPARATION

Maintaining family unity is important when homeless households with children under the age of 18 enter homeless shelters or housing. The CoC requires providers to ensure homeless households with children under the age of 18 are not denied admission and are not separated (578.93(e)).

Households cannot be disqualified for services of shelter or housing due to marital status, or family composition, including same-sex relationships. 24 CFR 578.93(c)

HEALTH CARE

The CoC expects providers to include enrollment and outreach activities to ensure households have access to healthcare options, including Medicaid. HHA has MOAs with area service providers to enroll participants in health care programs to include 90Works and Health Start. The CoC providers identify the needs of their participants and make necessary referrals based on their needs assessment for health-related programs/ services.

TIMELINESS OF EXPENDITURES

Once activities begin for HUD CoC Application funds, the CoC recipient must draw down funds at least once per quarter and make every effort to ensure all grant funds are expended by grant close-out. For OWHCoC recipients, the Operating Start Date (OSD) indicates when the term of the grant begins, that is, when the project begins to serve homeless persons, and sets the beginning of the 12-month program year for spending and reporting. For non-construction projects, the OSD is determined as the first day of the month in which the recipient begins incurring eligible operating, supportive service, leasing or rental assistance. New projects with acquisition/rehabilitation/construction costs, the OSD is the earlier of the first day of the month following purchase of the property or completion of construction activities (the date the recipient receives the Certificate of Occupancy) or the date the NOFA established as the deadline to begin operating the project. For renewal projects, the OSD and the grant term begin the day after the end of the previous grant term.

ESG, TANF, and Challenge are cost-reimbursement grants. Sub-recipients of these funds will be expected to submit a monthly invoice to HHA to be processed by the 5th of the following month. These funding sources operate on a Fiscal Year of July 1 to June 30th OR from the contract execution date to June 30th.

PERFORMANCE STANDARDS

*HHA and the OWHCoC expects providers to design programs which will address the needs of the homeless and at-risk of homelessness populations, with the end result of reducing and ending homelessness. HHA will evaluate performance of each provider based on outcomes achieved. Outcomes are outlined and updated in the Performance Standards adopted by the OWHCoC Monitoring Committee. These outcome measures will be used to evaluate program success annually. HHA and OWHCoC will use this and other performance metrics to guide funding decisions for OWHCoC-funded programs. * See Attachment C*

OCCUPANCY STANDARDS

All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards: For more detail refer to ESG regulations of 576.403 (b) Minimum Standards

- *Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents*
- *Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable*
- *Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings*
- *Each room must have a natural or mechanical means of ventilation*
- *Must provide access to sanitary facilities that are in operating condition, private and clean*
- *Water supply must be free of contamination*
- *Heating/Cooling equipment must be in working condition*
- *Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances*
- *Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner*
- *Building must be maintained in a sanitary condition*
- *Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designated for hearing-impaired participants. There must be a second means of exiting the building in case of a fire or other emergency*
- *For programs housing children that allow smoking, the smoking area must be a designated outside area away from children*

RECORD KEEPING REQUIREMENTS FOR ALL PROGRAMS

Recordkeeping Requirements include:

All records containing personally identifying information must be kept secure and confidential. Records must be retained for seven years as prescribed by HUD.

Minimum standards shall ensure sufficient written records are established and maintained to enable the State and HUD to determine whether ESG/CoC requirements are being met and comply with §576.500 and 578.103, including the following:

CoC records shall include the following documentation related to establishing and operating the Continuum of Care:

- *Evidence that the Board selected meets the requirements of 578.5(b);*
- *Evidence that the CoC has been established and operated as set forth in subpart B of 24 CFR part 578 including published agendas and meeting minutes, an approved Governance Charter that is reviewed and updated annually, a written process for selecting a board that is reviewed and updated at least every five years, evidence required for designating a single HMIS for the CoC, and monitoring reports of recipients and sub-recipients.*

- Evidence that the CoC has prepared the HUD application for funds in accordance with 578.9

The CoC will utilize these records to evaluate the applicant's program performance.

Program participant records shall include written:

- Determination and verification/certification that the program participant met the criteria for being Homeless or At Risk of Homelessness and that an effort was made to obtain written third-party verification, when possible and applicable. Documentation of homelessness (following HUD's guidelines)
- For CoC funded projects, acceptable evidence of homeless status as set forth in 576.500(b).
- Determination and verification/certification that the program participant was eligible or ineligible for the particular services and/or financial assistance
- Determination and verification/certification that the program participant lacked sufficient resources and support networks to provide the assistance
- Determination and verification/certification that the program participant met income requirements and that an effort was made to obtain written third-party verification, when possible and applicable. This includes annual documentation of income for each program participant who receives housing assistance where rent or an occupancy charge is paid by the program participant.
- Determination and verification/certification that the only households served through permanent supportive housing meet HUD's requirements of having a family member be a person with disabilities.
- Identification of the specific services and financial assistance amounts that were provided to the program participant when applicable.
 - verification that the services were terminated in compliance with 576.402 and/or 578.91.
- A copy of the CoC-approved centralized or coordinated assessment of the program participant
- Copies of written leases and rental agreements, documentation of payments made, including dates of occupancy, and compliance with fair market rent, rent reasonableness and utility allowance requirements
- Determination and verification that the housing unit met HUD's habitability and lead-based paint standards
 - Copy of individualized housing stability plan
 - Notes verifying case management services were provided at least monthly, unless exempt from this requirement
- Notes verifying program participant's eligibility was re-evaluated at least every 3 months for homelessness prevention services or at least annually for rapid rehousing services
- Notes verifying program participant was assisted to obtain necessary mainstream and other resources. Referrals will be documented and evaluated.

Program policies and procedures shall indicate:

- Services are coordinated with Continuum(s) of Care, other homeless assistance/prevention programs and mainstream service and assistance programs
- Programs must have written confidentiality/privacy notice a copy of which should be made available to participants.
- Programs must have a termination policy that is approved by the CoC and the policy must include that every program participant receiving assistance must be given a copy of the policy with the appeal process outlined. Upon entry, participants must sign that they have received a copy of the termination policies.
- Programs must have a grievance policy that includes distribution of policy to all participants that applied for assistance with the process for filing a complaint/grievance clearly stated. Upon entry, participants will sign that they have received the grievance procedures.

Compliance with HUD's ESG (24 CFR 576 and 578) requirements for:

- Shelter and housing standards
- Conflict of interest
- Homeless participation on the Board of Directors
- Faith-based activity
- Nondiscrimination, equal opportunity and affirmative outreach
- Uniform administrative rules (24 CFR part 84)
- Environmental review
- Lobbying and disclosure (24 CFR part 87)
- Displacement, relocation and acquisition
- Procurement (24 CFR 84.40-84.48) o Program participant records are kept secure and confidential o Participation in HMIS or comparable database

Financial records shall include:

Supporting documentation for all costs charged to ESG, TANF, Challenge, or CoC grant

- Documentation that funds were spent on allowable costs
- Documentation of the receipt and use of program income
- Documentation of compliance with expenditure limits and deadlines
- Retain copies of all procurement contracts as applicable
- Documentation of amount, source, and use of resources for each match contribution
- A record of services and assistance provided to each participant

All funded programs are subject to a CoC File Audit a minimum of once a year using the approved monitoring tool.

- Includes all required standards
- A minimum of 5 files will be chosen by HMIS and randomly reviewed
- If the recipient scores 80% or less on the review, they will receive technical assistance from the CoC and put on a corrective action plan

CONFLICTS OF INTEREST

Minimum standards for conflicts of interest are:

Organizational conflicts of interest:

ESG and CoC assistance will not be contingent on the individual's or family's acceptance or occupancy of emergency shelter or housing owned by the provider or a provider's subsidiary or parent.

No provider, with respect to individuals or families occupying housing owned by the provider or a provider's subsidiary or parent, will carry out the initial evaluation under 24 CFR 576.401 or administer homelessness prevention assistance under 24 CFR 576.103

Individual conflicts of interest:

When procuring goods and services, the provider will comply with codes of conduct and conflict of interest

requirements under 24 CFR 84.42 (private non-profit) or 24 CFR 85.36 (government).

All transactions/activities:

No CoC board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

Conflicts prohibited

No person involved with the ESG or OWHCoC programs or who is in a position to participate in a decision-making process or gain inside information regarding the program's activities, shall obtain a financial interest or benefit from an assisted activity; have a financial interest in any related contract, subcontract, or assisted activity; or have a financial interest in the activity's proceeds (either himself or herself or those with whom he or she has family or business ties) during his or her tenure or for one year following tenure. This includes property owners and landlords. If a property owner serves on a Board of Directors, no OWHCoC or ESG funding can be utilized to provide housing assistance of any kind to any unit owned by a Board member. 24 CFR 576.404(b)(1)

Persons covered

These conflict of interest provisions apply to any employee, agent, consultant, officer or elected or appointed official of the provider's agency.

Exceptions

A provider may request an exception to these provisions from HUD, only if he or she meets the threshold requirements identified in 24 CFR 576.404 and/or 578.95(d)(2)

FL-505 PREVENTION

Purpose: Homeless Prevention or Diversion is a short- to medium- term intervention designed to

- *Ensure households at the most imminent risk of homelessness avoid entering the homeless assistance system*
- *Stabilize households in danger of becoming homeless*
- *Improve the housing stability of at risk households, to avoid future housing crises.*

Program Name	At Risk:	Income Eligibility	Additional requirement
ESG	21 days from losing housing	<30% AMI	
SSVF	Very low-income Veteran residing in permanent housing	<50% AMI	When used with HUD VASH <30%
TANF	Received Eviction Notice/ Disconnect Notice	<200% of federal poverty level	At risk housing must accompany a financial crisis

CHALLENGE	21 days from losing housing, eviction notice	<50% of AMI	
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Documentation: The household must provide the required documents at intake or prior to funding, documentation required includes:

- a. At-risk documentation*
- b. Copy of occupancy agreement displaying participant as legal occupant*
- c. Late notice, eviction notice, notice of foreclosure, disconnect notice, court order of eviction*
- d. Identification*
- e. Income documentation such as pay stubs, bank statements*
- f. Documentation of minor child in household if applicable*

Eligibility Screening: Prevention programs shall maintain full documentation of all households applying for assistance. If a household is determined ineligible, the reason must be documented following the eligibility screening and documentation kept on file for the determined seven years.

All Okaloosa and Walton County prevention providers will operate from a view-point of screening people in rather than out. Providers will be committed to acting in the best interest of the client.

At risk clients that cannot be assisted with these funding sources due to regulatory guidelines will be referred to other community service providers and assisted in finding appropriate assistance if needed.

Referrals should be documented with the reason and notice of all denials.

TEMPORARY FINANCIAL ASSISTANCE FOR NEEDY FAMILIES- TANF PREVENTION

HOMELESS PREVENTION GRANT OVERVIEW

In 2013, the Florida Legislature created the Homelessness Prevention Grant program to provide emergency financial assistance to families facing the loss of their current housing due to a financial or other crisis. The Department of Children and Families (Department), Office on Homelessness (Office) is authorized to provide homelessness prevention grants annually to the lead agencies designated for the local homeless assistance Continuums of Care (CoC) in the state. The intent of the program is to assist families to prevent them from becoming homeless, and to enable them to remain stably housed following the assistance provided.

ELIGIBLE APPLICANTS

The eligible applicants shall be limited to the lead agencies of the homeless assistance CoC planning areas in accordance with section 420.624, Florida Statutes. In order to qualify for a grant, a lead agency must develop and implement a local homeless assistance CoC plan for its designated planning area. The homeless prevention program to be assisted under this grant solicitation must be included in the CoC plan. See certification required in Appendix V. The lead agency may sub-grant the administration of the homeless prevention program to another agency, as consistent with the local CoC plan. The lead agency retains overall grant administration and financial accountability. The lead agency may share the grant administrative costs with the sub-grant agency.

PARTICIPANT ELIGIBILITY To be eligible for assistance under this grant, families must reside in Florida; have at least one household member who is a United States citizen or a lawful permanent resident; have a minor child living in the household full-time; and have a household income less than two-hundred percent (200%) of the federal poverty level as annually published by the U.S. Department of Health and Human Services. A minor child means a child under the

age of eighteen (18); or if age eighteen (18), but not yet nineteen (19), is attending high school, a General Education Development (GED) program, a trade school, or other career training program on a full-time basis. A minor child cannot be married or divorced. The adult who applies for the grant assistance must be either the parent, or the relative caregiver of the minor child residing in the household. The household income means both earned and unearned income received in the month in which the family applies for assistance. Earned income is income received from employment or self-employment, including wages, salary, tips, commissions and bonuses. Unearned income is income received for which there is no performance of work, or provision of services as an employee or self-employed person. The income of all members of the household shall be reported in determining eligibility of the family for assistance. The family's housing emergency shall be the result of a financial or other crisis, as documented by the lead agency, or its sub-recipient.

The Grantee must provide emergency financial assistance to households with a minor child facing the loss of their current home due to a financial or other crisis who reside in Okaloosa or Walton Counties.

- 1) **Objective:** To assist the eligible household, to prevent the household from becoming homeless, and to maintain stable housing following the assistance from the grant.
- 2) **Tasks:** Each recipient of funding from the Homelessness Prevention Grant shall complete a written case plan and conduct mandatory case management for each family approved for financial assistance. The case plan shall set forth all of the costs that will be covered under the grant, as well as the total dollar amount of assistance to be provided. The case plan shall spell out the family's goals for housing stability along with a proposed timeframe to achieve these goals. See the following task list:
 - a) Develop a written case plan and conduct mandatory case management for each household applying for financial assistance. The households case plan shall set forth all of the costs that will be covered by the grant, as well as the total dollar amount of assistance to be provided to the family. The case plan shall spell out the household's goal for housing stability, the anticipated date the case plan will be completed, the recipient's schedule for monitoring the households housing stability following the cessation of grant assistance, whether the household was able to avoid becoming homeless, and whether the household remained in permanent housing.
 - b) Develop, maintain, and retain a case file on each household applying for assistance. The case file shall contain all information required to determine the eligibility of the household, along with the determination of eligibility. The file shall include documentation of the household income. In addition, if eligible, the file shall include copies of all payments made, the case plan, follow up monitoring of the household, and the housing outcome achieved.
 - c) Capture and enter information on the families assisted into the local Homeless Management Information System (HMIS) of the CoC planning area. Such data entry shall meet the standards in place for the information system and include each member of the household.
 - d) Submit a report to the Office on Homelessness detailing the number of families who remained stably housed at least twelve months after the date of assistance. In addition, the Grantee will identify method used to contact clients to obtain housing status.
 - e) Grantee shall develop and utilize an application for all persons seeking assistance. At a minimum, the application must identify all household members, the amount of assistance sought, and the date of the request for assistance.

Case Management: The Grantee shall provide case managers for the delivery of case management service to assist families through care coordination as outlined in the family case plan.

Case Plan: The Grantee shall develop a case plan for each family assisted, setting forth what costs will be covered

and the maximum level of assistance to be offered. The plan shall address the family's goal for housing stability. Each plan shall include:

1. The type of assistance to be delivered to the family;
2. The anticipated date the case plan will be completed;
3. The Grantee's schedule for monitoring the family's housing stability following the cessation of grant assistance

Emergency Financial Assistance: The Grantee shall provide emergency financial assistance to families at risk of homelessness. The amount of financial assistance necessary to prevent homelessness shall be supported by a late notice or intent to evict from the landlord or a late notice from the mortgage company, or a past due bill or intent to disconnect notice from the utility company, documenting services to the applicants address, in a household member's name, and an amount owed. The notice must include the name and address of the landlord, mortgage or utility company where the payment should be mailed.

Case File: The Grantee shall develop, maintain, and retain a case file on each family applying for assistance. Documentation in the case file shall include, but is not limited to, the following:

1. Eligibility information
2. The Case Plan
3. Documentation of the household income and size
4. Documentation of the emergency financial assistance provided to the family
5. Documentation of the monitoring of the family

3) Eligible Activities: The Homelessness Prevention Grant may be used to pay the following costs in assisting eligible families to avoid homelessness:

- a) Past due rent or mortgage payments, not to exceed four (4) months of rent or mortgage payment.
- b) Past due utility bills, not to exceed four (4) months in arrears for electric, gas, water and sewer only.
- c) Staff and operating costs for the provision of the mandatory case management services to be provided to the eligible family.

Eligibility:

- Households must reside in Florida;
- have at least one household member who is a United States citizen or a lawful permanent resident;
- have at least one minor child, who is not married or divorced, living in the household full-time;
- Be a parent or caregiver of the child residing in the household;
- Poverty level as annually published by the U.S. Department of Health and Human Services.
- Must have a documented financial crisis

Definitions:

A minor child means a child under the age of eighteen (18); or if age eighteen (18), but not yet nineteen (19), is attending high school, a General Education Development (GED) program, a trade school, or other career training program on a full-time basis. A minor child cannot be married or divorced.

The adult who applies for the grant assistance must be either the parent, or the relative caregiver of the minor child residing in the household.

The household income means both earned and unearned income received in the month in which the family applies for assistance. Earned income is income received from employment or self-employment, including wages, salary, tips, commissions and bonuses. Unearned income is income received for which there is no performance of work, or provision of services as an employee or self-employed person. The income of all members of the household shall be reported in determining eligibility of the family for assistance.

The family's housing emergency shall be the result of a financial or other crisis, as documented by the lead agency, or its sub-recipient.

4) Performance Measures: The lead agency must track, monitor and report on each family assisted for a period of at least twelve (12) months after the last date of assistance was provided to the family. The lead agency shall report whether the family was able to avoid homelessness, as well as whether the family remains in permanent housing at the end of monitoring and reporting period. The statutory goal (subsection 414.161(5), Florida Statutes) for the grant program is to enable at least eighty-five percent (85%) of the families assisted to remain in their permanent housing and avoid becoming homeless during the year following the date of the last grant assistance provided.

Receipt of TANF funds requires that Florida make services available to all on a nondiscriminatory basis. The recipient must establish procedures that will ensure that services funded by the Homelessness Prevention Grant program are available to persons of any race, color, religion, sex, age, familial status or national origin.

Payment for eligible housing costs is limited to third-party payments directly to the landlord, property owner, Mortgage Company or utility company. The supporting documentation must be submitted along with copies of invoices in order for payment to be processed

Process:

Referrals

HHA will take applications via the Okaloosa Walton Coordinated Intake System, along with referrals from 211 and HMIS.

Applicant Communication:

Applicant households will be informed of the status of their request for services within 2 business days of application completion and submission. Regular contact will be maintained with the participant during the application and assistance process through weekly phone calls and/or emails as well as face-to-face interaction. Participants with disconnection notices and eviction notices that require immediate action in order to avoid homelessness will be prioritized and informed immediately upon application completion of status and voucher process. Clients will be informed upon initial application completion that the financial assistance process may take up to 10 business days to be complete. Case Managers will contact landlords and utility companies to commit payment to avoid eviction and disconnection if eligible and necessary. Case Manager will explain payment process to payment recipient and explain the process takes up to 10 business days. If landlord or utility company denies payment voucher or refuses to sign Landlord Agreement no payment will be processed. Client will be notified within 2 business days of voucher denial and referred to Rapid Rehousing Program.

Voucher Process:

1. *Client will be informed of payment process upon application completion.*

2. Case Manager completes voucher for utility company, Mortgage Company, landlord upon completion of application and collection of all supporting documentation. Case Manager does not process payment until voucher has been accepted and Landlord Agreement signed.
3. Upon voucher approval Case Manager will submit complete client file with financial request to Director for approval.
4. Upon approval financial request and supporting documentation will be processed for payment.
5. Participant will be informed by phone immediately and in writing if services are denied or landlord will not accept payment. This is outlined in client agreement form included in the application.

Case Management:

Services to be provided by Case Manager:

- eligibility screen and assessment,
- case planning,
- intensive case management
- follow up.

Eligible expenses will include assistance with past-due rent or mortgage payments in order to avoid eviction or foreclosure, and assistance with past-due utility payments for applicants that can provide disconnection notices as documentation. Rental assistance includes the payment of rent to help a participant remain in permanent housing. (Note: Where a rental fee is inclusive of utilities, the amount will be considered “rental assistance” and will be subject to the applicable conditions). Rental assistance payments can be provided for amounts that are currently due or are in arrears, and for the payment of penalties or fees incurred by the participant and required to be paid under an existing lease or court order.

Payments will only be made to households residing in Okaloosa and Walton Counties and only after the landlord verifies eviction process will end once payment is received. Arrangements with landlords and other creditors will be initiated to forestall eviction and disconnection of utility service if possible. A copy of the lease or utility bills will be kept in the case file. The funding will be allocated in the manner most appropriate to their situation in order to prevent homelessness.

All applicants awarded Homeless Prevention Grant funds will create a specific service plan for each recipient, detailing the expectations of both parties. The service plan will be agreed upon and signed by both parties. The household’s written case plan will clearly specify the costs that will be covered by the grant, and include the total dollar amount of assistance to be provided, along with the goal for housing stability, and the anticipated date of completion. The client will be notified in writing of the monitoring schedule for follow up and a copy of the schedule will be retained in the case file. During follow up monitoring it will be documented whether the household maintained stability and avoided homelessness, or if the prevention assistance did not successfully stabilize the household and why. Case Managers will complete and maintain all pertinent documentation. All forms will be entered into the HMIS system including but not limited to intake, monetary disbursement, exit form, and follow up assessments. The payment is made to the creditor and not the applicant. The client will be referred to other resources they are eligible for in order to stabilize the family.

Prioritization/Preference:

Preference and priority will be determined by a scoring checklist and each item on the checklist will be 3 worth points. All families must meet at least 21 points and score 3 points on all the required items in order to be eligible; extra points will be given for items not required but included to increase the score in order to scale vulnerability. Families with the greatest points will be considered the most vulnerable and those applications will be expedited in order to avoid homelessness. Also the creditor must agree Also the creditor must agree to accept payment and forego eviction or disconnection of service. Eligibility requirements worth 3 points each are minor child in household full –time (client requesting assistance is parent/guardian), Okaloosa/Walton resident, arrears, financial crisis caused housing emergency, U.S. Citizen, household total income is less than 200% of FPL, rent reasonableness, housing loss will result in 21 days, household includes a special needs child or dependent adult, history of homelessness, household has income, agree to financial literacy session and/or budget workshop.

During the screening process, potential recipients will be required to provide documentation of their financial and housing situations. Acceptable documentation includes cancellation notices, eviction notices, and it also must be documented that the households housing emergency is the result of a financial crisis. Eligibility documentation required for the case files includes: eligibility screening, prevention staff certification of eligibility, income declaration, copies of lease/mortgage statement, landlord w-9, landlord affidavit of non-eviction, eviction notice, utility bills in client name, photo ID, social security cards for all members of household, bank account statements, Proof of ALL income earned and unearned of all members of the household. HHA will also include case notes, release of information authorization, housing stability, financial literacy/budget, check request and other supporting financial documentation, signed service agreement, HMIS exit form, HMIS follow up form, record review form, and vulnerability checklist. Clients must consent to have their information entered into HMIS.

If at any time the case manager or director decide the applicant is not eligible for services they will be referred for other services they may be eligible for and given written notice of their denial within 21 days of their application. The denial notice will include the agency's policy for filing a grievance as well as the procedure for filing an appeal. In the event an appeal may be filed the client will have 7 business days of receiving the final denial letter. The Director will have 7 business days to schedule a meeting with the client and review all documentation that supported the denial decision. Upon the Director's review a determination will be made to either support the appeal and overturn the original denial or the denial will stand supported by written notice to the client that denotes why the denial stands and the option to contact the Board of Director's and the Office of Homelessness for further inquiry, if they feel justice still has not been served.

Recipient will maintain as much contact as necessary during the first three months of the process. A case plan will be developed within the first two weeks of enrollment. Once household is stabilized the case manager will follow up quarterly with phone or in-home visits for the next nine months. After the 12 of the follow up schedule for the 3, 6, and 12 month appointment.

PATH WRITTEN STANDARDS

PROJECT FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

The **Project for Assistance in Transition from Homeless (PATH) Program** is an outreach-based case management program servicing the mentally ill homeless in Okaloosa and Walton Counties. **PATH** serves individuals 18 years old and over who have a primary diagnosis of serious and persistent mental illness or have a mental illness co-occurring with a substance abuse disorder and who are homeless or are at imminent risk of becoming homeless. Evidenced-based, culturally competent and strengths-based outreach techniques are used to engage individuals who are

homeless with a mental illness. PATH aims to re-integrate consumers with financial, medical, psychiatric and housing services.

The PATH program supports the delivery of outreach and services to individuals with serious mental illnesses and those with co-occurring substance use disorders who are experiencing homelessness or at imminent risk of homelessness.

Homelessness & Housing Alliance entered into a subcontract with Chautauqua Healthcare Services to provide PATH services in our CoC. PATH funds are contracted to Chautauqua Healthcare Services (CHS) by Big Bend Community Based Care, Inc. through the Department of Children and Families. CHS will provide the administration, management, and support to Homelessness & Housing Alliance.

Highlights

- **PATH** provides outreach anywhere in Okaloosa and Walton Counties.
- Transportation to appointments can be provided when needed (subject to availability)
- **PATH** has close working relationships with various key community agencies.
- Links homeless consumers with the services they need, including medical treatment, psychiatric treatment, housing, legal assistance, and financial assistance.

Details

- Referrals are accepted from any source; consumers can refer themselves
- An evaluation to determine eligibility is required; the evaluation can be done at the Homelessness & Housing Alliance Office or wherever the potential consumer is located
- If the consumer is eligible for the **PATH Program**, they are assigned a case worker
- The case worker develops a comprehensive needs assessments and plans
- Bi-lingual staff is available
- Program hours:
 - Mondays to Thursdays 9:00 a.m. – 5:00 p.m.
 - Fridays 9:00 a.m. to 5:00 p.m.
- Medicaid is accepted; fees negotiable for consumers without Medicaid

SAMHSA expects PATH providers to enter client data into the HMIS designated by their local CoC for both coordination of client care and PATH reporting. In addition, SAMHSA expects PATH providers to participate in their local CoC to engage in program planning and implementation activities, discussions regarding effective client service coordination, and discussions to solve issues and challenges related to PATH data collection in HMIS.

SAMHSA has two primary goals for PATH programs in connection with PATH providers entering client data into their local HMIS:

1. Clients can access permanent or temporary housing more effectively and efficiently through HMIS; many CoCs prioritize individuals for housing using their HMIS, with priority housing placement made for the most vulnerable persons (Coordinated Entry System).
2. Clients can access a variety of supportive services that address their particular needs; such services are most often provided by partner agencies in the CoC and referrals can be made quickly and easily through the HMIS, often not requiring a separate client intake and/or application for service. This eliminates

duplication of effort both for providers and clients.

The underlying philosophy of SAMHSA's expectation for PATH client data collection in HMIS is to achieve better outcomes for clients who are experiencing homelessness and serious mental illness. Through more efficient and effective client care coordination, SAMHSA and other federal partners expect that clients will achieve better outcomes in obtaining housing and services that address their needs. In addition, SAMHSA anticipates that PATH participation in HMIS will result in more accurate data collection at the local, state, and federal levels, resulting in less duplication of client records, more timely data collection for effective program monitoring and management, more reasonable justifications for program improvement, and better use of resources.

The following items should be taken into consideration related to the HMIS transition:

- *A sufficient number of data elements need to be entered into HMIS to facilitate PATH client referral to housing and services, depending upon the local HMIS's requirements for referrals and interagency data sharing. SAMHSA expects PATH providers to enter data into the local HMIS for client care coordination to the degree possible based on the CoC's HMIS set-up and configurations for interagency data sharing. Difficulties that arise based on the HMIS set-up should be discussed with the state's SAMHSA Government Project Officer to determine potential alternative solutions for HMIS participation.*
- *Data elements required for the PATH program (as noted in the [2014 HMIS Data Standards](#)) need to be entered into HMIS to correctly generate the PATH Annual Report.*
- *SAMHSA expects client data entry into HMIS in a timely manner in order to achieve the most positive outcomes for clients. Each HMIS will have its own policies and procedures regarding timeliness of data entry for end users.*
- *Ideally, each PATH staff member will be an active and qualified HMIS user, have system licenses, and attend all required HMIS trainings. This facilitates real-time data entry in the field and allows agencies to achieve seamless client care coordination. There should also be at least one staff member in a PATH provider agency who coordinates with HMIS staff on PATH program system set-up in accordance with HUD- and SAMHSA-issued guidance ([PATH Program HMIS Manual](#)) and is an active member of any HMIS committees in the CoC.*
- *The PATH HMIS learning communities are designed to assist states/territories in achieving these goals and for participants to share successes and challenges related to this transition. Periodic webinars are also offered to present information related to overcoming common challenges associated with PATH programs' use of HMIS. SAMHSA expects that SPCs fully participate in all PATH HMIS learning community meetings and webinars. For more information about the learning communities, SPCs may contact their [PATH HMIS Learning Community Manager](#).*
- *SAMHSA continues to expect full PATH participation in HMIS by the end of each state/territory's fiscal year 2016. **Full participation is considered to mean entering all PATH client data directly into the HMIS designated by the local CoC, both for client care coordination and generating the PATH Annual Report.***
- *SAMHSA also expects PATH programs to be actively involved in the development of their CoC's coordinated entry system. PATH's involvement is crucial to a comprehensive coordinated entry system and ensures that persons experiencing chronic homelessness who are PATH clients are prioritized for housing and connected to the most appropriate services available in the community. To learn more about the coordinated entry*

process, please review HUD's [*coordinated entry policy brief*](#).

- In the event that a PATH provider or an SPC has difficulty or challenges meeting these expectations, SAMHSA expects the SPC to contact their SAMHSA Government Project Officer to arrange for appropriate technical assistance so their state/territory's providers can successfully meet SAMHSA's expectations. Thank you for your commitment to achieving these goals to support improved services and care coordination for those that the PATH program seeks to serve

Definitions

General Terms

Outreach: The process of identifying and engaging with individuals who are potentially PATH eligible.

Contact: An interaction between a PATH-funded worker or workers and an individual who is potentially PATH eligible or enrolled in PATH. Contacts may range from a brief conversation between the PATH funded worker and the client about the client's well-being or needs, to a referral to service. A contact must always include the presence of the client-the facilitation of a referral between a PATH-funded worker and another case manager or service provider without the involvement the client would not be considered a contact. A contact may occur in a street outreach setting or in a service setting such as an emergency shelter or drop-in center.

Project Start Date: Is the date of first contact between a PATH-funded worker and the client.

Engagement: the point at which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. Engagement is a one-time event, may occur on or after the project entry-date, and must occur prior to PATH enrollment and project exit. **Clients cannot be enrolled in PATH without being engaged.** Although some interactions may result in a positive outcome (such as assisting a client to access a shelter bed), without a deliberate client assessment or the beginning of a case plan, those interactions are not to be considered an engagement. The assessment does have to be clinical in nature, and neither HUD nor SAMHSA have established minimum criteria for what the assessment must include, other than the client deliberately engaging with the worker(s) to resolve the housing crisis.

Enrollment: The point at which the PATH-funded worker can determine if a person is eligible for the PATH program. Only persons eligible for PATH can receive a PATH-funded service or referral. Additionally, the PATH-eligible individual and a PATH provider have mutually and formally agreed to engage in services and the provider has initiated an individual client file or record for that individual.

Date of engagement: Per the 2014 HMIS Data Standards Manual, date of engagement is defined as the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. For PATH projects, the date of engagement must occur on or before the date of enrollment

PATH eligible: Per the authorizing legislation, 1 PATH eligible means that an individual has a serious mental illness, or serious mental illness and substance use disorder, and is experiencing homelessness or is at imminent risk of becoming homeless.

Services: A specific PATH-funded assessment, benefit, or form of assistance provided to a PATH-enrolled individual. PATH-funded services may include screening, clinical assessment, community-based mental health services, substance abuse treatment, and housing assistance. Services are only reported for PATH-enrolled individual.

PATH enrolled: A PATH-eligible individual and a PATH provider have mutually and formally agreed to engage in

services and the provider has initiated an individual file or record for that individual.

Staff training: Professional development programs and materials that emphasize best practices and effective service delivery for workers who address the needs of people experiencing homelessness.

Services

Reengagement: The process of engaging with PATH-enrolled individuals who are disconnected from PATH services in order to reconnect the clients based on the previously developed case management or goal plan. Reengagement must occur after enrollment and prior to project exit.

Screening: An in-person process during which a preliminary evaluation is made to determine a person's needs and how they can be addressed through the PATH program.

Clinical assessment: A clinical determination of psychosocial needs and concerns.

Habilitation/rehabilitation: Services that help a PATH client learn or improve the skills needed to function in a variety of activities of daily living.

Community mental health: A range of mental health and/or co-occurring services and activities provided in non-institutional settings to facilitate an individual's recovery. Note: This category does not include case management, alcohol or drug treatment, habilitation, or rehabilitation, as they have definitions elsewhere in this document.

Substance use treatment: Preventive, diagnostic, and other services and supports provided for people who have a psychological and/or physical dependence on one or more substances.

Case management: A collaboration between a service recipient and provider in which advocacy, communication, and resource management are used to design and implement a wellness plan specific to a PATH-enrolled individual's recovery needs.

Residential supportive services: Services that help PATH-enrolled individuals practice the skills necessary to maintain residence in the least restrictive community-based setting possible.

Housing minor renovation: Services, resources, or small repairs that ensure a housing unit is physically accessible and/or that health or safety hazards have been mitigated or eliminated

Housing moving assistance: Monies and other resources provided on behalf of a PATH-enrolled individual to help establish that individual's household. Note: This excludes security deposits and one-time rental payments, which have specific definitions.

Housing eligibility determination: Determining whether an individual meets financial and other requirements to enter into public or subsidized housing.

Security deposits: Funds provided on behalf of a PATH-enrolled individual to pay up to two months' rent or other security deposits in order to secure housing.

One-time rent for eviction prevention: One-time payment on behalf of PATH-enrolled individuals who are at risk of eviction without financial assistance.

Referrals

Referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service. Referrals are only reported for PATH-funded referrals provided to a PATH-enrolled individual.

Attained referral: A PATH-enrolled client begins receiving services as the result of PATH assistance.

Community mental health referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that stabilizes, supports, or treats people for mental health disorders or co-occurring mental health and substance use disorders.

Substance use treatment referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers preventive, diagnostic, and other services and supports for individuals who have psychological and/or physical problems with use of one or more substances.

Primary health/dental care referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers physical and/or dental health care services.

Job training referral:* Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that helps prepare an individual to gain and maintain the skills necessary for paid or volunteer work.

Employment assistance referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers assistance designed to lead to compensated work.

Educational services referral:* Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers academic instruction and training

Income assistance referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers benefits that provide financial support.

Medical insurance referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers coverage that provides payment for wellness or other services needed as a result of sickness, injury, or disability.

Housing services referral:* Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers assistance with attaining and sustaining living accommodations.

Temporary housing referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers shelter in a time-limited setting.

Permanent housing referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers residence in a stable setting where length of stay is determined by the individual or family without time limitations, as long as they meet the basic requirements of tenancy.

The PATH Program includes two components:

- **The Street Outreach component of PATH is used by PATH projects that provide outreach and engagement to those living in places not meant for human habitation. These PATH activities are designed to meet the immediate needs of unsheltered homeless persons by connecting them with emergency shelter, housing, and/or critical health services. Examples of persons who are living in places not meant for human**

habitation are those who sleep on the streets, under bridges, in camps, camp grounds, abandoned buildings, structure meant for animals, vehicles, and public places.

- *The Supportive Services component is used by PATH projects to provide outreach and engagement to those living in places meant for human habitation. This includes both persons who are residing in shelter, and those doubled up in housing or at-risk of homelessness.*

To verify PATH eligibility, gather demographic data, and assess needs

- **Contact information**
- **Demographic information**
- **Housing information**
- **Mental health/SA information**
- **Medical information**
- **Employment information**
- **Income information**
- **Assessed resource & service needs**

Eligible Services

PATH funds are used to provide outreach services to contact and engage people not currently connected to mainstream services. Eligible services through PATH are as follows:

- *Outreach*
- *Screening and diagnostic treatment*
- *Habilitation and rehabilitation*
- *Recovery Support Services such as Peer Support/Recovery Coaching*
- *Community mental health*
- *Alcohol and drug treatment*
- *Assisting individuals to connect with Community Mental Health services and alcohol or other drug treatment services*
- *Staff training (including training of individuals who work in shelters, mental health clinics, and substance abuse programs and other sites where homeless individuals require service)*
- *Case management services, including: Preparing a plan for the provision of community mental health and other supportive services to the eligible homeless individual involved and reviewing such plan not less than once every 3 months;*
- *Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing services;*
 - *Providing assistance to the eligible homeless individual in obtaining income support services,*

including housing assistance, food stamps, and supplemental security income benefits;

- *Referring the eligible homeless individual for such other services as may be appropriate; and*
- *Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services*
- *Supportive and supervisory services in residential settings*
- *Referral for primary health services, job training, educational services, and relevant housing services*
- *Housing services as specified in Section 522(b)(10) of the Public Health Service Act, including: Minor renovation/expansion/repair of housing,*
- *Planning of housing,*
- *Technical assistance in applying for housing assistance,*
- *Improvement in the coordination of housing services,*
- *Security deposits,*
- *Costs associated with matching eligible individuals who are homeless with appropriate housing situations, and*
- *One-time rental payments to prevent eviction*

For a detailed description of service definitions, please refer to the PATH Annual Report Provider Guide, which can be found on the Grantee tab, on the PATH website (<http://pathprogram.samhsa.gov>).

As the PATH program continues to move toward performance-based measures and outcomes, the following categories are minimum responsibilities for PATH Providers:

Data

Homeless Management Information Systems (HMIS) and PATH

The PATH program is a critical part of a community's system of care for individuals who experience homelessness or are at risk of homelessness, often providing people who are unsheltered a first step into a larger system of services and supports. Participation in Homeless Management Information Systems (HMIS) provides a platform for coordinating care and improving access to mainstream programs and housing resources. Given that one of the goals of the PATH program is linking clients to resources in the community, effective PATH provider participation in the community's HMIS will allow for more effective and streamlined referrals and easier tracking of clients' current needs. The guidance provided in this below aligns with requirements around using HMIS as stated by the Substance Abuse and Mental Health Services Administration (SAMHSA) and refers to the data elements required for PATH to enter in an HMIS as established in the 2017 HMIS Data Standards Version 1.2. This document is not intended to replace the HMIS Data Dictionary or the HMIS Data Manual, but to complement them and relate PATH Program-specific requirements. This document is not a replacement for any specific program guidance, requirements, regulations, notices, and training materials on the PATH Program. This manual only addresses the use of HMIS for the PATH Program.

PATH providers conducting street outreach may encounter challenges related to HMIS data collection due to factors such as the infrequency of contacts or the length of time it takes to collect accurate information from a client, among others. The data collection process is designed to support PATH projects as they connect to individuals and families that are experiencing homelessness, and as relationships are built between the street outreach worker and the client. A number of key terms specific

to the PATH Program are defined below:

Project Start Date: Is the date of first contact between the PATH-funded worker and the client.

Contact: An interaction between a PATH-funded worker(s) and an individual who is potentially PATH eligible or enrolled in PATH.

Contacts may range from a brief conversation between the PATH-funded worker and the client about the client's well-being or needs, to a referral to service. A contact must always include the presence of the client—the facilitation of a referral between a PATH-funded worker and another case manager or service provider without the involvement of the client would not be considered a contact. A contact may occur in a street outreach setting or in a service setting such as an emergency shelter or drop-in center.

Engagement: The point at which an interactive client relationship results in a deliberate client assessment or the beginning of a case plan. Engagement is a one-time event, may occur on or after the project start date, and must occur prior to PATH enrollment and project exit. Clients cannot be enrolled in PATH without being engaged. Although some interactions with a client may result in a positive outcome such as assisting a client to access a shelter bed, without a deliberate client assessment or the beginning of a case plan, those interactions are not considered to be an engagement. The assessment does not have to be of a clinical nature, and neither HUD nor SAMHSA have established minimum criteria for what the assessment must include, other than the client deliberately engaging with the worker(s) to resolve the housing crisis.

Enrollment: The point at which the PATH-funded worker can determine if a person is eligible for the PATH Program. Only persons eligible for PATH can receive a PATH-funded service or referral. Additionally, the PATH-eligible individual and a PATH provider have mutually and formally agreed to engage in services and the provider has initiated an individual file or record for that individual. HMIS Data Element P3 (formerly 4.20- PATH Status) provides additional information regarding PATH enrollment.

Project Exit: SAMHSA has not established a policy regarding the specific amount of time that must pass from the date of last contact in order for the client to be considered exited from the PATH project.

Project Exit: No Contact with Client

HHA's standard length of time that must pass without a client contact before the client is exited from the PATH project is 90 days. Reengagement may happen within this timeframe, but cannot occur after project exit has occurred. In this case the Exit date will be dated as the date of last contact.

- **Reengagement:** The process of reestablishing interaction with PATH-enrolled individuals who are disconnected from PATH services in order to reconnect the client to services based on the previously developed case management or goal plan. Reengagement must occur after enrollment and prior to project exit.
- **Referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service. Referrals are only reported for PATH-funded referrals provided to a PATH-enrolled individual. Referrals are not services, if the PATH provider does not actually deliver the PATH-funded service it should be entered as a referral not a service.
- **Services:** A specific PATH-funded assessment, benefit, or form of assistance provided to a PATH-enrolled individual. PATH-funded services may include screening, clinical assessment, community-based mental health services, substance use treatment, and housing assistance.

Services are only reported for PATH-funded services provided to a PATH-enrolled individual. If the PATH provider does not actually deliver the PATH-funded service it should be entered in HMIS as a referral, not a service.

Among the statutory requirements for state participation in the PATH program is the provision of annual reports. Section 528(a) of the Public Health Service Act specifies that the Secretary may not make payments to states under the program unless each state agrees that it will provide, on an annual basis, a report containing information to be necessary for:

“Securing a record and a description of the purposes for which amounts received under Section 521 were expended during the preceding fiscal year and of the recipients of such amounts; and

Determining whether such amounts were expended in accordance with the provisions of this part.”

To comply with federal requirements, provider organizations that receive funds under the program must report data relating to the implementation of the program. Each of the PATH-funded provider organizations, hereafter referred to as PATH providers, must report annual data using the PATH Data Exchange (PDX) online system. Additional terms related to the PATH Program workflow, referrals, and services may be found in the PATH Annual Report Manual.

HMIS Project Setup

It is important to be sure that communities understand the difference between a program and a project because they have distinct meanings in this context. A program is the source of funding that the organization is

All information reported should be based on persons served through both PATH federal and PATH matching funds. It is essential that PATH providers include accurate information on the number of persons receiving services. By utilizing HMIS data for reporting, it is expected that the annual reporting information will be an unduplicated count of persons for each element. A person may be counted in more than one element.

Number of persons contacted by PATH-funded staff this reporting period: This is the total count of individuals, regardless of PATH eligibility or enrollment, who were contacted by PATH-funded staff during this reporting period

Number of persons contacted this reporting period in a PATH Street Outreach project: Record all persons contacted this reporting period who are in a PATH Street Outreach project and did not have a PATH-enrolled status at the start of the reporting period. Persons should be counted regardless of PATH eligibility, enrollment, relocation, or decision to decline PATH services.

Number of persons contacted this reporting period in a PATH Services Only project: Record all persons contacted this reporting period who are in a PATH Services Only project and did not have a PATH-enrolled status at the start of the reporting period. Persons should be counted regardless of PATH eligibility, enrollment, relocation, or decision to decline PATH services

Instances of contact, from first contact until the date of enrollment, for all active clients who became enrolled this reporting period: Record the total instances of contact that occurred from first contact until the date of enrollment for all active clients who became enrolled in PATH this reporting period. Note: All instances of contact with each PATH-enrolled individual should be counted and then summed for all

individuals who became enrolled in PATH this reporting period.

Number of persons contacted this reporting period who could not be enrolled because of ineligibility for PATH: Of the total number of persons contacted (recorded in #11), record the number of persons who were not enrolled in PATH because of ineligibility for PATH (i.e., individual does not have a serious mental illness and/or is not experiencing homelessness or at risk of homelessness).

Number contacted who became enrolled in PATH: Of the total number of persons contacted this reporting period (recorded in #11), record the number of persons who became enrolled in PATH

Providers

Establish program priorities for use of PATH funds by providers that, at a minimum, must include: Targeting persons who are experiencing homelessness as a priority population and maximize serving the most vulnerable adults who are literally and chronically homeless

Conducting street outreach and case management as priority services.

Consumer Involvement

The PATH program highly values the active participation of peers and consumers. The lived experience of peers and consumers is vital in crafting effective programs that truly engage and meet the needs of PATH-eligible persons. It is important to engage peers and consumers as colleagues and partners to ensure their voices and experiences shape PATH services and priorities and benefit current clients. There are a number of avenues for successful peer and consumer participation.

Peers can be crucial in the outreach process, especially in gaining the trust of persons experiencing homelessness and who have serious mental illness. Consumers who participate in agency boards, local mental health boards, workgroups, or committees can provide insight to help organizations and local communities create service models that are genuinely client-centered. To the extent possible, State PATH Providers should promote involvement of peers and consumers in all aspects of program planning, program evaluation, and service delivery by:

Encouraging employment of consumers by providers and state and local offices;

Identifying whether consumers serve on local mental health boards, panels, workgroups, and committees, and assisting with recruitment of consumers for these groups, where possible; and

Involving consumers in evaluating PATH-funded services.

Agency Collaboration

Explore possible ways to increase resources by collaborating with other agencies through one or more of the following activities: Work with the local Continuum of Care entities (funded by the U.S. Department of Housing and Urban Development) to assist providers in using HMIS and to coordinate homeless services locally.

Identify new partners (e.g., mental health planning and advisory councils, peer organization groups, downtown business groups).

Explore options for collaborations with Mental Health and Substance Use Block Grant programs, the U.S. Department of Veterans Affairs, and other mainstream programs (e.g., Social Security

Administration, Temporary Assistance for Needy Families [TANF], and Medicaid) to gain support for PATH consumers.

Reporting Requirements

Each provider receiving federal PATH funds must submit an annual report via the PATH Data Exchange (PDX) (www.pathpdx.org).

Client Records

All PATH-funded providers must maintain a client file, which includes an intake form, a service plan, grievance policy, and progress notes for all consumers enrolled and served with PATH funds. The intake form must contain information to determine eligibility for PATH services, such as living situation and disability, and obtain data needed for quarterly and annual progress reports. HMIS contains a suitable substitute for a paper intake form and can record the required elements of a client file, or provider staff may use an electronic medical record system for this purpose.

A service plan is a requirement for all PATH-enrolled clients and includes the following:

Goals to obtain community mental health services for the PATH-eligible client, which includes reviewing the plan not less than once every three months;

Goals that describe providing assistance to obtain and coordinate needed services for the eligible PATH consumer, including services relating to shelter, daily living activities, personal and benefits planning, transportation, habilitation and rehabilitation services, prevocational and employment services, and permanent housing;

Goals that describe providing assistance to PATH-eligible consumers to obtain income and income support services, including housing assistance, Supplemental Nutrition Assistance Program (SNAP) benefits, and Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI); and

Goals that describe the referral process to other appropriate services.

Outreach and Engagement:

The process of bringing literally homeless individuals into treatment and services who are not currently enrolled in such services. Effective outreach strategies should be aimed at engaging persons into the needed array of services. These strategies include: identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs and, most importantly, referral to and follow-up of those appropriate resources.

Outreach does not occur behind a desk or in an office. The only PATH supported activity that may take place behind a desk or in an office is mandatory data entry into HMIS and reporting to the State and Federal government as requested. This restriction does not prohibit meeting privately with an existing or potential PATH enrolled consumer in a private setting

PATH providers will demonstrate how they will provide outreach and engagement services to homeless persons with mental illness and/or co-occurring substance abuse disorders. This shall specifically include

non-standard hours and days of operation and on-call status of the PATH funded outreach and engagement worker(s).

PATH Eligibility:

The following guidelines are recommended for determining if an individual should be identified as 'PATH Eligible.' The individual experiencing homelessness must also be experiencing a Serious Mental Illness or co-occurring Serious Mental Illness and Substance Abuse Disorder.

Serious Mental Illness: *determined through eligibility for services under Section 17/97 or youth through eligibility for services who meet criteria for **Severe Emotional Disturbance** as defined in the MaineCare benefits manual.*

Literal Homelessness:

PATH providers are to continue to provide outreach to all individuals who are experiencing literal homelessness with the intent of identifying and engaging those they believe are PATH eligible. PATH outreach services prior to PATH Enrollment should continue without the expectation or burden of the identification of PATH eligibility. The primary focus of the PATH program in Maine is the literal homeless population.

Literally Homeless persons are those individuals who are:

- *Sleeping in place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings or the street;*
- *Sleeping in an emergency shelter;*
- *Staying in a hospital or other institution, if the person was sleeping in an emergency shelter or other place not meant for human habitation immediately prior to entry into the hospital or institution;*
- *Graduating from, or timing out of, a transitional housing program for homeless persons;*
- *Victims of domestic violence*

Once an individual is determined to meet the homeless criteria AND the serious mental illness or co-occurring substance abuse criteria, as defined by the MaineCare Benefits Manual under Section 17 or meet criteria for Severe Emotional Disturbance (youth), they are determined to be PATH eligible.

PATH Enrollment:

An individual may be enrolled in PATH when the PATH eligibility criteria are met and the HMIS record contains enough universal data elements and other PATH data elements to identify the individual and document some of his/her needs.

PATH Enrollment implies that there is intent to provide services for an individual beyond those provided in outreach AND there is mutual intent for such services to begin. The following standards should be met to consider an individual PATH Enrolled:

1. *The individual has been determined to be 'PATH Eligible'*

2. *The individual and the PATH outreach worker have reached a point in the engagement process where there is mutual agreement and consent for other services to begin.*
3. *The PATH outreach worker has created an individual file and record in HMIS for this individual which includes at minimum:*
 - a. *Basic demographic and some Universal Data elements in HMIS*
 - b. *Documentation by the Outreach worker of the rationale of the determination for PATH eligibility*
 - c. *Documentation by the Outreach worker of the individual's consent for services*
 - d. *Documentation by the Outreach worker of the services provided.*

MainStream Resources:

The principal MainStream resources promoted by Maine's PATH program are appropriate application to and acceptance of: MaineCare (Medicaid) reimbursable services, particularly those under Section 17/65 and/or Severe Emotional Disturbance of the MaineCare Benefits Manual; Complete and appropriate applications to SSI/SSDI including Appointment of Representative (SSA-1696) and necessary follow-up to ensure eligible persons are in receipt of: Housing resources such as Section 8, BRAP, Shelter Plus Care, Project Based Housing, VASH, HUD 202/811s, Section 8 Mod-Rehab Housing, Low-Income Housing Tax Credits, and SRO's; Income resources such as SSI/SSDI, VA Benefits, General Assistance, TANF, Food Stamps, and employment services; and Medical resources such as outpatient primary care, dental, vision, and access to Health Care for the Homeless and/or Federally Qualified Health Centers.

Homeless Management Information System (HMIS): An electronic data system which tracks and documents homelessness across the United States and in Maine. Maine's PATH program mandates utilization of this system for all persons who receive both outreach/engagement services as well as PATH Enrolled services. Failure or refusal to adequately utilize Maine's HMIS will result in a contractual default which may include termination of contract. Adequate utilization shall be defined as updating, adding, editing or modifying PATH consumers within HMIS on a regular and consistent basis no more than one business day after contact with a PATH consumer.

The electronic data management of Maine's PATH program will be a shared system. Other PATH providers will have access to basic demographic information and Universal Data Elements of all PATH clients. DHHS will have access to all information, both clinical and demographic, on all PATH enrollees.

Currently, the Maine State Housing Authority is the authorized HMIS Administrator in Maine. To promote coordination of benefits, services and necessary monitoring of PATH requirements, appropriate interagency agreements will be in place and client releases of information will be obtained so that HMIS data may be appropriately shared among PATH agencies. This data may also be shared with other providers using HMIS given appropriate agreements and the client's permission.

To facilitate utilization of Maine's HMIS in FY 2012:


- *All PATH grantees must enter into an HMIS/PATH Agency Participation Agreement.*

FL-505 Written Standards of Care for Okaloosa and Walton Counties

- *All PATH grantees must have access to a dedicated laptop computer, preferably with high speed wireless (3G) internet connection or readily available wireless/wired connection to a secure network(s) with internet access..*
- *All PATH grantee outreach and engagement staff must also be equipped with a unique assigned email and cell phone which they can access regularly and be available to respond during standard and non-standard hours.*

Serious Mental Illness: *determined through eligibility for services under Section 17/97 or youth through eligibility for services who meet criteria for **Severe Emotional Disturbance** as defined in the MaineCare benefits manual.*

General Information

- [PATH \(Projects for Assistance in Transition from Homelessness\)](#) 
- [HMIS 101 Webcast](#) (pdf*)
- [Letter from the Director](#) (pdf*)
- [Public Health Service Act](#) (pdf*)

Confidentiality of Client Information

Purpose: This policy serves to guide Homelessness & Housing Alliance associates, Board Members, volunteers, and staff concerning specific confidentiality policies and procedures.

Protection of Client Privacy

1. *HHA will comply with all applicable Federal and State laws regarding protection of client privacy and shall not disclose any information concerning a recipient of services under the PATH Program for any purpose prohibited by the state or federal law or regulations except with the written consent of a person legally authorized to give that consent or when authorized by law.*
2. *HHA agrees to maintain in strict confidence client information, including, without limitation, the information contained in 42 CFR., Chapter 1, Subchapter A, Part 2, as well as in the health Insurance Portability Act of 1996 (HIPPA), public Law 104-191.*
3. *HHA will comply specifically with the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R., Parts 160, 162, & 164, and corresponding regulations established by the U.S. Department of Health and Human Services.*
4. *HHA will comply with all policies and procedures established by the CoC pertaining to protection of client privacy.*
5. *HHA will comply with additional HIPPA Administrative Simplification Rules, known as, the Transactions and Cods sets Standards, the Employer Identification Standards, and the National Subcontractor identifier Standards, which are administered and enforced by the CMS. 45 CFR part 160.*
6. *HHA will comply with the American Recovery and Reinvestment Act of 2009 (ARRA) as well as title XIII of ARRA, known as the Health Information technology for Economic and Clinical Health Act (HITECH Act), including but not limited to the Breach Notification rule, which requires notification following a breach of unsecured PHI.*

7. HHA will abide specifically by Florida State Laws, which in general terms, require an individual to be informed that any and all medical records she/he authorizes to be released, whether related to physical or mental health, may include information indicating the presence of a communicable or venereal disease. The Agency is required to inform the individual that these records may include, but are not limited to, the inclusion of information on diseases such as hepatitis, syphilis, gonorrhea, tuberculosis, and HIV/AIDS.
8. HHA will abide specifically by local Mental Health Law. In general terms, this law prohibits agencies from releasing any information that would identify a person as a client of a mental health facility, unless client consent is granted.
9. HHA will maintain confidentiality on all financial information, statistical data, reports, standards, and membership listings, and agrees not disclose any information to any third party, except as may be required by law or pursuant to a written consent by CHS.

B. Client Confidentiality

All employees of Homelessness & Housing Alliance must exercise the utmost discretion regarding all matters of official business of the organization. *Employees of Homelessness & Housing Alliance must assume the highest degree of confidentiality and integrity in the best interest of the organization's clients, and shall adhere strictly to all policies that serve to protect the relationship of staff to the client. Homelessness & Housing Alliance expects employees to comply with the personnel policies, practices and procedures including this policy of confidentiality. Penalties will be assessed for infractions of this policy, practice and procedure. Violation of confidentiality shall be considered a major infraction and **violation of contract**, which will result in the termination of their employment effective immediately.* Employees shall refrain from any action and avoid any public pronouncement that might reflect adversely upon the organization or its clients. **All client and file matters are confidential.** HHA shall not use or disclose any information concerning a recipient of services for any purpose prohibited by the state or federal law or regulations except with the written consent of a person legally authorized to give that consent or when authorized by law.

1. *The Agency agrees to provide a copy of the CoC Privacy Notice (or an acceptable Agency specific alternative) to each client. The Agency will provide a verbal explanation of the **Notice** and arrange for a qualified interpreter/translator in the event that an individual is not literate in English or has difficulty understanding the Privacy Notice or associated Consent Form(s).*
2. *The Agency will not solicit or enter information from clients into the database unless it is essential to provide services or conduct evaluation or research.*
3. *The Agency will not divulge any confidential information received from the **databases** to any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.*
4. *The Agency acknowledges that ensuring the confidentiality, security and privacy of any information downloaded from the System by the Agency is strictly the responsibility of the Agency.*

Homelessness & Housing Alliance and all employees agree as follows:

1. **Confidential Information** is defined as any information, whether written or verbal, of either party hereto, (the Disclosing party) which is disclosed to or observed by the other party (the Receiving Party) in connection with or as a result of the evaluation of any possible transaction between Homelessness & Housing Alliance and any client of the organization which is, at the time of disclosure, marked as being Confidential or Proprietary, or is reasonably identifiable as confidential, proprietary information of the Disclosing Party. Such Confidential Information may include, but is not limited to:
 - Personal information gathered at intake, such as disclosures of medical conditions, mental health treatment, and substance abuse;
 - Identifying information such as address, social security numbers, drivers' license numbers; phone numbers;
 - Credit information such as eviction status, disconnect status, credit history.
2. Confidential Information that is disclosed verbally will also be included as proprietary. If disclosed verbally, such Confidential Information shall be reduced to writing within fifteen (15) business days.
3. Unless expressly authorized in writing by the Disclosing Party, the Receiving Party agrees to retain the Confidential Information in confidence and shall not copy or disclose the Confidential Information to or use the Confidential Information for the benefit of any third party. Confidential Information shall only be disclosed to the Receiving Party's employees and, even then, only to the extent that such employees have a specific need to know of the Confidential Information, for the evaluation of the proposed transaction. Before receiving any part of the Confidential Information, Receiving Party's employees shall be required to read this Non-disclosure Agreement and, by receiving such Confidential Information, such employee shall acknowledge and agree to abide by the Receiving Party's obligations hereunder.
4. Notwithstanding any other provisions of the Agreement, each party acknowledges that Confidential Information shall not include any information which:
 - a. was known to the Receiving Party prior to the disclosure hereunder;
 - b. was received from a third party not under an obligation of confidence to Receiving Party;
 - c. is in the public domain at the time of disclosure hereunder or subsequently entered in the public domain without the fault of the Receiving Party;

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- d. *has been independently developed by an employee of the Receiving Party that has not had access directly or indirectly to Proprietary Information, and Receiving Party can substantiate any claim of independent development by written evidence; or is required to be disclosed by law.*
- 5. *Either party will be relieved of its obligation hereunder it, and to the extent, that Confidential Information is explicitly approved for release by written authorization of the Disclosing Party.*
 - 6. *Each party shall agree upon the request of the Disclosing Party to return to the Disclosing Party all Confidential Information and supporting documentation provided to the Receiving Party. One copy of such documentation shall be retained by Receiving Party for archival/legal purposes.*
 - 7. *No license, express or implied, in the Confidential Information is granted to either party other than to use the information in the manner and to the extent authorized by this Agreement. Each Party shall retain the title and full ownership rights to their respective "Confidential Information".*
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ESG PROGRAM ONLY-WRITTEN STANDARDS MINIMUM REQUIREMENTS

ELIGIBLE ESG PROGRAM COMPONENTS

There are four (4) ESG Program Components:

- 1. *Rapid Re-Housing*
- 2. *Emergency Shelter*
- 3. *Homelessness Prevention and*
- 4. *Street Outreach.*

Funds for ESG can be used to support any of the eligible components. The CoC gives priority to funding that supports geographic diversity and securing housing options for literally homeless households rapidly in order to minimize trauma. The CoC also recognizes and supports the State of Florida's recommendation to implement the expansion of rapid re-housing as a more cost-effective best practice.

MINIMUM STANDARDS FOR ALL PROGRAMS:

PARTICIPANT ELIGIBILITY:

Minimum standards for evaluating individual and family eligibility for assistance under the ESG program are:

a. Street Outreach:

People who qualify as "literally homeless" based on Category (1)(i) of the "homeless" definition*

found at 24 CFR 576.2 are eligible for the following activities, in compliance with federal ESG rules (24 CFR 576.101): engagement, case management, emergency health and mental health services, transportation. Program participant files must include documentation that verifies homeless status. ATTACHMENT: Exhibit A, B

- b. **Emergency Shelter: Note:** Only emergency shelters may be funded under the Emergency Solutions Grant Program. Emergency shelter is defined as any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless. Transitional Housing is not an allowable category under ESG. People who qualify as “homeless” based on Category 1 or 4* of the homeless definition found at 24 CFR 576.2 are eligible for the following: shelter, case management, child care, education, employment and life skills services, legal services, health and mental health services, substance abuse services, transportation. Program participant files must include documentation that verifies homeless status. ATTACHMENT: Exhibit A

c. **Rapid Re-Housing:**

People who qualify as “homeless” based on Category 1 or 4* of the “homeless” definition found at 24 CFR 576.2 and who are moving into a housing unit that meets HUD’s habitability and lead based paint standards are eligible for the following activities, in compliance with federal ESG rules (24 CFR 576.104, 576.105, 576.106) Program participant files must include documentation that verifies homeless status. ATTACHMENT: Exhibit A, B

a. Housing Relocation and Stabilization Services: moving costs, rent application fees, security deposits, last month’s rent, utility deposits, utility payments, housing search/placement, housing stability case management, mediation and legal services, credit repair/budgeting/money management

b. Rental assistance: short-term (up to 3 months) and medium-term (4-24 months) rental assistance, up to 24 months total during a 3-year period in tenant-based or project-based housing. The 24 months may include a one-time payment for up to 6 months of rent arrears on the tenant’s portion of the rent. Rent amount must meet the federal requirements for Fair Market Rent (24 CFR 888) and the HUD standard for rent reasonableness (24 CFR 982.507). There must be a rental agreement between the landlord and agency and a written lease between tenant and landlord. NOT ALLOWABLE: Mortgage and mortgage arrearage payments

d. **Homelessness Prevention:**

People who qualify for “at risk of homelessness” based on Category 2,3, or 4* of the “homeless” definition or based on the “At risk of homelessness” definition found at 24 CFR 576.2 and who resides in a housing unit that meets HUD’s habitability and lead-based paint standards and have an annual income below 30% of Area Median Income (AMI), are eligible for the following services, in compliance with federal ESG rules (24 CFR 576.103, 576.105, 576.106). ATTACHMENT: Exhibit A, C

a. Housing Relocation and Stabilization Services: moving costs, rent application fees, security deposits, last month’s rent, utility deposits, utility payments, housing search/placement, housing stability case management, mediation and legal services, credit repair/budgeting/money

management

b. Rental Assistance: short-term (up to 3 months) and medium-term (4-24 months) rental assistance, up to 24 months total during a 3-year period in tenant-based or project-based housing. The 24 months may include a one-time payment for up to 6 months of rent arrears on the tenant's portion of the rent. Rent amount must meet the federal requirements for Fair Market Rent (24 CFR 888) and the HUD standard for rent reasonableness (24 CFR 982.507). There must be a rental agreement between the landlord and agency and a written lease between tenant and landlord. NOT ALLOWABLE: Mortgage and mortgage arrearage payments.

PROGRAM COORDINATION

Minimum standards for program coordination consist of on-going system and program coordination and integration of ESG-funded activities to the maximum extent practicable with the following:

a. Emergency shelter providers, essential services providers, homelessness prevention, outreach programs and rapid rehousing assistance providers;

b. Other homeless assistance providers, including:

- *Supportive Housing Program*
- *Section 8 Moderate Rehab program for Single Room Occupancy Program (SRO) for Homeless Individuals*
- *HUD-Veterans Affairs Supportive Housing (HUD-VASH)*
- *Education for Homeless Children and Youth Grants for State and Local Activities (McKinney-Vento Homeless Assistance Act)*
- *Projects for the Assistance in the Transition from Homelessness*
- *Emergency Food and Shelter Program*
- *Transitional Housing Assistance Grants for Victims of Sexual Abuse, Domestic Violence, and Stalking Programs*
- *Homeless Veterans Reintegration Program*
- *Health Care for Homeless Veterans Program*
- *Supportive Services for Veterans Families Programs, and*
- *Veterans Justice Outreach Initiative*

c. Mainstream service and housing providers

- *Public housing programs assisted under section 9 of the U.S. Housing Act of 1937*
- *Housing programs receiving Section 8 tenant-based or project-based assistance*
- *Supportive Housing for Persons with Disabilities*
- *Temporary Assistance for Needy Families*
- *Head Start*
- *Mental Health and Substance Abuse Block Grants*
- *Services funded under Workforce Investment Act; and*

- Challenge grant recipients
- SOAR Specialist for SSDI/SSI

d. *Continuum of Care (CoC) Networks*

- OWHCoC meetings
 - Housing Committee
 - IVOW Initiative
 - Local discharge planning initiatives
-
- Various other committees, task forces and workgroups

INCOME DETERMINATION

Minimum standards for determination of an individual or family's annual income consist of calculating income in compliance with 24 CFR 5.609. Annual income is defined as:

a. *Annual income means all amounts, monetary or not, which:*

- *Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or*
- *Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and*
- *Which are not specifically excluded as defined under paragraph (C) of 24 CFR 5.60.*
- *Annual income also means amounts derived (during the 12 month period) from assets to which any member of the family has access.*

CONNECTION WITH OTHER RESOURCES

Participate in any standardized training as designated by ESG funders and offered through CoC. The CoC will provide a vetted and standardized training curriculum for all housing stability case managers. Training will be available for all agencies providing case management for housing based services. The curriculum and standards will be developed as part the Continuum of Care Technical Assistance plan. This will focus on the requirements of maintaining stable housing and ensure access to mainstream resources that will provide ongoing, necessary supportive services for households.

Minimum standards for connection with other resources consist of assisting each participant to obtain, if applicable:

a. *Appropriate support services including:*

- *Permanent housing*
- *Medical health treatment*
- *Mental health treatment*
- *Counseling*
- *Supervision; and*
- *Other services needed for independent living.*

b. *Other governmental and private assistance available to help with housing stability including:*

- *Medicaid*

- Supplemental Nutrition Assistance Program
- Women, Infants and Children (WIC)
- Federal-State Unemployment Insurance Program
- Social Security Disability Insurance (SSDI)
- Child and Adult Care Food Program; and
- Other available assistance.

TERMINATION OF ASSISTANCE

Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs may not attach stipulations to emergency assistance. Programs should exercise judgement and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is only terminated in the most severe cases.

At all times providers must follow Termination and Grievance Policies set forth by the OWHCoC and the agency. At a minimum, standards for termination of assistance are:

a. In general:

- *Programs must have a formal procedure for terminating assistance to a participant.*
- *Participants must be given a copy of the Termination and Grievance Procedure with the appeal process clearly outlined upon enrollment.*
- *If a program violation occurs and the provider terminates assistance as a result, the termination shall follow an established process that recognizes the rights of the individuals affected. Termination shall only occur in the most severe cases.*
- *Programs must use judgement and examine all extenuating circumstances in determining that a violation should result in termination.*
- *Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases*
 - *Termination can be appealed to the CoC Executive Committee*
 - *A minimum of three members of the CoC Executive Committee (not including the agency under appeal) can review and rule on the appeal*
 - *The CoC Executive Committee decision may be reviewed by the BOD of the agency under appeal.*

b. Program participants receiving rental assistance or housing relocation or stabilization services: When terminating rental assistance or housing relocation and stabilization services, the required formal process shall minimally consist of:

- *Written notice clearly stating the reasons for termination;*
- *Review of the decision that gives the participant opportunity to present objections to the decision maker; and any appeal of a decision shall be heard by an individual different from and not subordinate to the initial decision-maker; Prompt written final notice.*

c. Ability to provide further assistance: Termination will not bar the provider from providing later

additional assistance to the same family or individual.

LEAD-BASED PAINT

Minimum standards for all shelters and program participant-occupied housing consist of compliance with the lead-based remediation and disclosure requirements identified in 24 CFR 576.403, including the Lead Based Paint Poisoning Prevention Act (42 USC 4821-4846), the Residential Lead Based Paint Hazard

Reduction Act of 1992 (42 USC 4851-4856) and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R.. Refer to ESG Program Policies and Procedures Manual and ESG Program Guidelines for further guidance.

SAFETY, SANITATION & PRIVACY

Minimum standards for all shelters and program participant-occupied housing consist of compliance with safety, sanitation and privacy requirements identified in 24 CFR 576.403. Refer to the ESG Program Guidelines for detailed instructions.

a. Additional requirements for permanent housing:

Providers shall not use ESG funding to help someone remain or move into housing if the housing does not meet minimum habitability standards. For new move-ins, inspections must occur prior to execution of a landlord/provider agreement and landlord/tenant lease. If a program participant is expected to eventually access subsidized housing, such as the Section 8 Housing Voucher Program, the provider should make certain the housing unit meets any additional health and safety requirements of that program.

CONFLICTS OF INTEREST

Minimum standards for conflicts of interest are:

a. Organizational conflict of interest:

- *ESG assistance will not be contingent on the individual's or family's acceptance or occupancy of emergency shelter or housing owned by the provider or a provider's subsidiary or parent.*
- *No provider, with respect to individuals or families occupying housing owned by the provider or a provider's subsidiary or parent, will carry out the initial evaluation under 24 CFR 576.401 or administer homelessness prevention assistance under 24 CFR 576.103.*

b. Individual conflicts of interest:

- *When procuring goods and services, the provider will comply with codes of conduct and conflict of interest requirements under 24 CFR 84.42 (private non-profit) or 24 CFR 85.36 (government).*

c. All transactions/activities:

- *Conflicts prohibited – No persons involved with the ESG program or who is in a position to participate in a decision-making process or gain inside information regarding the program activities, shall obtain a financial interest or benefit from an assisted activity; or have a financial interest in any related contract, subcontract, or*

assisted activity; or have a financial interest in the activity's proceeds (either himself or herself or those with whom he or she has family or business ties) during his or her tenure or for one year following tenure.

- *Persons covered – These conflict of interest provisions apply to any employee, agent, consultant, officer or elected or appointed official of the provider's agency.*
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- *Exceptions – A provider may request an exception to these provisions from HUD, only if he or she meets the threshold requirements identified in 24 CFR 576.404.*

HOMELESS PARTICIPATION

Minimum standards for homeless participation are:

- a. To the maximum extent possible, the provider shall involve homeless individuals and families in paid or volunteer work on the ESG-funded facilities, in providing services under ESG and in providing services for occupants of the ESG-funded facilities (24 CFR 576.405)*
- b. Each funded provider of CoC or ESG assistance must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or equivalent policymaking entity of the provider. (24 CFR 578.75(g))*

FAITH-BASED ACTIVITIES

Minimum standards for faith-based activities (24 CFR 576.406) are:

- a. Providers receiving ESG funding shall not engage in inherently religious activities as part of the ESG-funded programs or services. Such activities must be offered separately from ESG-funded programs and services and participation must be voluntary.*
- b. A religious organization receiving ESG funding retains independence from government and may continue with its mission provided that ESG funds are not used to support inherently religious activities. An ESG-funded organization retains its authority over its internal governance.*
- c. An organization receiving ESG funding shall not discriminate against a participant or prospective participant based on religion or religious beliefs.*
- d. ESG funding shall not be used for rehabilitation of structures used specifically for religious activities, but may be used for rehabilitating structures that are used for ESG-eligible activities.*

NONDISCRIMINATION/EQUAL OPPORTUNITY/AFFIRMATIVE ACTION

Minimum standards shall comply with the requirements for nondiscrimination equal opportunity and affirmative outreach identified in 576.407 (a-b). In addition, providers receiving ESG funding shall follow HUD's "Equal Access to Housing in HUD Programs, Regardless of Sexual Orientation or Gender Identity" final rule, published on February 3, 2015. Provider's shall train program staff and contractors so as to ensure that employees and contractors who interact directly with potential clients and current clients are aware of this rule and take prompt corrective action to address any noncompliance. Refer to CPD Notice

15-02 for further guidance.

RECOVERED MATERIALS

Minimum standards for the procurement of recovered materials shall comply with the requirements identified in 57 CFR part 576.407(f), including that the recipient and its contractors must comply with Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resources recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

DISPLACEMENT

Minimum standards for minimizing the displacement of persons (families, individuals, business, nonprofit organizations, and farms) as a result of a project assisted under ESG shall comply with 24 CFR part 576.408 and consist of:

- a. Minimizing displacement: Consistent with ESG goals and objectives, the providers shall minimize displacing people as a result of ESG-funded projects.*
- b. Temporary relocation not permitted: No temporary relocation shall be required for an ESG-funded project. When a tenant has to move for an ESG-funded project, the tenant shall be treated as permanently displaced and offered relocation assistance and payments.*
- c. Relocation assistance for displaced persons: In general, a displaced person shall be provided relocation assistance and advised of his or her Fair Housing Rights. A Displaced Person is defined as any person that moves from a permanent home as a result of ESG-funded acquisition, rehabilitation, or demolition of a project.*
- d. A person does not qualify as a "displaced persons" if the person:*
 - Was evicted based on a violation of the lease or occupancy agreement; violation of the law; and the recipient determines that the eviction was not undertaken to evade the obligation to provide relocation assistance.*
 - Moved into the property after the application was submitted but was provided with written notice that he or she would not qualify as a "displaced persons".*
 - The person is ineligible under 49 CFR 24.2*
 - HUD determines that the persons were not displaced as a result of the project.*

The State or the provider may request that HUD determine whether or not a displacement would be covered by this rule.

- e. Real property acquisition requirements:*

The acquisition of real property for an ESG funded project is subject to the URA and Federal government wide regulations.

f. Appeals: A person who disagrees with HHA's determination concerning whether the persons qualifies as a displaced persons, or the amount of relocation assistance, may file a written appeal. A low-income person who disagrees with HHA's determination may submit a written request for review of that determination by HUD.

RECORDS & RECORDKEEPING

Minimum standards shall ensure sufficient written records are established and maintained to allow HHA and HUD to determine whether ESG requirements are being met, and if they comply with 24 CFR 576.500.

Program participant records shall include written:

- a. Determination and verification/certification that the program participant met the criteria for being Homeless or At-Risk of Homelessness, and that an effort was made to obtain written third-party verifications, when possible and applicable. ATTACHMENT: Exhibit B*
- b. Determination and verification/certification that the program participant was eligible or ineligible for the particular services and/or financial assistance;*
- c. Determination and verification/certification that the program participant lacked sufficient resources and support networks to provide the assistance;*
- d. Determination and verification/certification that the program participant met income requirements and that an effort was made to obtain written third-party verifications, when possible and applicable;*
- e. Identification of the specific services and financial assistance amounts that were provided to the program participant;*
- f. When applicable, verification that the services were terminated in compliance with 24 CFR 576.402;*
- g. A copy of the CoC-approved centralized or coordinated assessment of the program participant;*
- h. Copies of leases and rental agreements, documentation of payments made, including dates of occupancy, and compliance with the fair market rent, rent reasonableness, and utility allowance requirements;*
- i. Determination and verification that at a minimum, the housing unit met HUD's habitability and lead-based paint standards;*
- j. Copy of individualized housing stability plan;*
- k. Notes verifying case management services were provided at least monthly;*
- l. Notes verifying program participants' eligibility was re-evaluated at least every 3 months for homeless prevention services or at least annually for rapid re-housing services.*

m. Notes verifying program participant was assisted to obtain mainstream and other resources including referrals made and outcomes

Program policies and procedures shall indicate:

- a. Services are coordinated with the Continuum of Care, other homeless assistance/prevention programs and mainstream service and assistance programs;*
- b. Compliance with HUD's ESG (24 CFR 576) requirements for:*
 - *Shelter and housing standards*
 - *Conflict of interest*
 - *Homeless participation*
 - *Faith-based activity*
 - *Grievance Procedures*
 - *Termination Policies*
 - *Nondiscrimination, equal opportunity, affirmative outreach, and compliance with HUD's transgender policies*
 - *Uniform administrative rules (24 CFR part 84)*
 - *Lobbying and disclosure (24 CFR part 87)*
 - *Displacement, relocation and acquisition*
 - *Procurement (24 CFR 84.40-84-48)*
- c. Program participant records are kept secure and confidential*
- d. Participation in HMIS or comparable database selected by the Continuum of Care, including timeliness of data entry and data quality expectations.*

Financial records shall include:

- a. Supporting documentation for all costs charged to ESG grant, including evidence that rent checks are paid to the property owner*
 - b. Documentation showing ESG funds were spent on allowable costs in accordance with the requirements for eligible activities and costs principles*
 - c. Documentation of appropriate and sufficient match including evidence of all match sources obtained, and documentation of expenditures of cash match for eligible grant expenses.*
 - d. Evidence that expenditures did not occur outside of the grant term*
 - e. Documentation regarding salary expenditures for grant-related activities*
 - f. Documentation of the receipt and use of program income*
 - g. Copies of procurement contracts*
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- h. Documentation of amount, source, and use of resources for each match contribution*

STREET OUTREACH, EMERGENCY SHELTER FACILITIES MINIMUM STANDARDS

STREET OUTREACH MINIMUM STANDARDS

a. Targeting/Engagement Providers of Street Outreach services shall target unsheltered homeless individuals and families, meaning 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 a car, park, abandoned building, bus or train station, airport, or camping ground.

b. Assessment/Service Provision/Referral/Prioritization

- *Individuals and families shall be offered an initial need and eligibility assessment and qualifying program participants, including those meeting special population criteria, will be offered the following Street Outreach services, as needed and appropriate: engagement, case management, emergency health and mental health, transportation services*
- *Case managers will use the VI-SPDAT assessment tool to document level of service need, history of homelessness and use of community resources (outreach staff will not require VI-SPDAT in exchange for emergency assistance). The VI-SPDAT will only be administered by a trained, qualified person and only after informed consent is documented.*
- *When appropriate based on the individual's needs and wishes, the referral to permanent supportive housing or rapid re-housing can quickly assist the individuals to obtain safe, permanent housing shall be prioritized over the provision of or referral to an emergency shelter.*

EMERGENCY SHELTER MINIMUM STANDARDS

An emergency shelter means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless, and which does not require occupants to singe leases or occupancy agreements. The following minimum standards shall be required of any emergency shelter funded through the Emergency Solutions Grant program:

a. Admission: *Providers of Emergency Shelter services shall admit individuals and families who meet the HUD definition of "homeless" as specified in 24 CFR 573.2 (1 & 4) and agency's eligibility criteria including categories 1&4 of the homeless definition.*

b. Assessment: *Individuals and families shall be offered an initial need and eligibility assessment and qualifying program participants, including those meeting special population criteria, will be offered emergency shelter services, as needed, available, and appropriate. Shelter providers accept referrals from the Coordinated Entry System and will use HMIS Continuum wide assessment tool to understand eligibility and begin the process of determining length of assistance.*

c. Prioritization/Diversion/Referral: *When appropriate based on the individual's needs and wishes, the provision of or referral to Homeless Prevention or Rapid Re-Housing services, or other available housing programs offered though the Continuum of Care that can quickly assist individuals to maintain or obtain safe, permanent housing, shall be prioritized over the provision of Emergency Shelter services. All participants should be referred by case managers to RRH and/ or PHA within 7 business days of enrollment in shelter program.*

Emergency shelters will prioritize individuals/families that:

- *Cannot be diverted; and*
- *Are literally homeless; and*

- *Can be safely accommodated in the shelter; and*
- *Are not in need of emergency medical or psychiatric services or are a danger to self or others.*

Also note the following:

- *Emergency Shelters cannot discriminate per HUD regulations.*
- *There are no requirements related to ID, income or employment;*
- *Transgender placement is based on self-identification of gender.*
- *Family Composition, marital status, cannot be cause for denial*

d. Reassessment: *Program participants will be reassessed as case management progresses, based on the individual service provider's policies.*

e. Discharge/Length of Stay: *Sub-recipients shall make every effort to ensure program participants are discharged from Emergency Shelter services only when they choose to leave or when they have successfully obtained safe, permanent housing. Any Length of Stay limitations shall be determined by the individual service provider's policies and clearly communicated to program participants. Length of stay requirements should be realistic and adaptable to meet individual needs.*

f. Safety and Shelter Safeguards for Special Populations: *Safety and Shelter Safeguards shall be determined by the individual Special Population service provider's policies and clearly communicated to program participants. These safe guards may include policies on substance abuse, violence, and other threats determined by the provider.*

g. Follow up: *Case Managers shall follow-up via telephone and or home visit with all participants that have successfully exited the emergency shelter upon 90 days of exit, 180 days of exit, and 12 months upon exit. Follow up should include housing status, income, and number of times participant has relocated since exit.*

Minimum Standards:

- *Minimum hours of operation for year round facilities: 8am-5pm Monday- Friday*
- *Minimum hours of operation for Cold Night Shelters: 8pm-7am during inclement weather*
 - *Cold Night Shelters should open when the temperature falls below 40 degrees.*
- *Staff supervision whether paid or volunteer must be provided during hours of operation of program.*

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- *Staff members must be qualified personnel that has a cleared background check on file and has signed and understands the confidentiality agreement which should also be on file.*
 - *Provide a minimum of one meal per day*
 - *A minimal amount of personal information must be collected to establish a daily client roster to be kept in case of emergency and/or building needs to be evacuated*
 - *At intake each participant shall be informed of evacuation procedures.*

- *Maps/diagrams of exits should be prominently placed throughout the facility*

HOMELESS PREVENTION AND RAPID RE-HOUSING MINIMUM STANDARDS

ELIGIBILITY/PRIORITIZATION

Minimum standards for determining and prioritizing which eligible families and individuals shall receive homelessness prevention assistance and which eligible families and individuals shall receive rapid rehousing assistance are:

- a. *Rapid Re-housing (RRH): To be eligible for RRH Housing Relocation and Stabilization Services and short-term and medium-term rental assistance, people must:*
 - *Meet the federal criteria under paragraph (1) of the “homeless” definition in 24 CFR 576.2; OR*
 - *Meet the criteria under paragraph (4) of the “homeless” definition in 24 CFR 576.2, and live in an emergency shelter or other place described in paragraph 91) of the “homeless” definition.*
- b. *Homelessness Prevention (HP): To be eligible for HP Housing Relocation and Stabilization Services and short-term and medium-term rental assistance, people must require HP services to prevent moving into an emergency shelter or another place described in paragraph (1) of the “homeless” definition in 24 CFR 576.2, and:*
 - *Meet the federal criteria under the “at risk of homelessness” definition in 24 CFR 576.2; OR*
 - *Meet the criteria in paragraph (2), (3), or (4) of the “homeless” definition in 24 CFR 576.2*

Participants will generally have a minimum of 4-7 identified barriers to accessing/retaining permanent housing. These barriers may include:

- *No rental history*
 - *Poor rental history (i.e., prior evictions, rent/utility arrears)*
 - *Insufficient savings*
 - *Poor credit history*
 - *Sporadic employment history*
 - *No high school diploma/GED*
 - *Recent or current abuse and/or battering (client fleeing domestic violence housing situation)*
 - *Head of household under 18 years old*
 - *Large family (three or more children)*
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- *Criminal background*
 - *No income*
 - *Recent history of substance abuse or actively using drugs or alcohol*
 - *Serious health problems/conditions*

ELIGIBILITY: INTAKE AND ASSESSMENT

Coordinated access is available for all housing interventions, all clients must have an initial eligibility assessment and triage for appropriate housing by the designated intake specialist for the coordinated entry system. All clients come through the intake system and are assessed using the triage screening and then the VI-SPDAT. Housing triage will identify, based on the standard assessment, individuals who are best suited for rapid re-housing. The standard assessment accounts for length and frequency of homelessness, physical and mental health status, criminal history, veteran status, domestic violence experience, substance abuse conditions and employment history.

TARGETED POPULATIONS: CLIENT PRIORITIZATION

HOMELESSNESS PREVENTION

Note that all targeted individuals and families described below have to meet the minimum HUD requirements for eligibility to HP. The CoC coordinated entry lead will use the VI-SPDAT to target those clients with the most barriers to housing. Each barrier will have an allotment of points, the values of which will determine the appropriate housing intervention for the presenting client. The assessment of barriers is based on an objective review of each client's current situation using the tool rather than the subjective opinion of a case manager assessing each client's needs.

RAPID RE-HOUSING

Coordinated Intake will prioritize individuals who are currently homeless but not in need of permanent supportive housing as eligible for rapid re-housing. This can include, but is not limited to individuals and households who are homeless but have lived independently in permanent housing at some point in time, for some period of time. Many of the clients targeted for RRH will also exhibit many of the housing barriers stated above to include criminal backgrounds and prior evictions.

PARTICIPANT CONTRIBUTION

Minimum standards for determining what percentage or amount of rent and utilities costs each program participant shall pay while receiving homelessness prevention or rapid re-housing assistance are:

- a. Participant's income shall be verified prior to approval for initial and additional financial assistance. Documentation of the participant's income and expenses, including how the participant is contributing to housing costs, if at all, shall be maintained in participant's file. This file shall also contain a plan to sustain housing following the assistance, including either a plan to increase income or decrease expenses or both.*
- b. Any additional requirements regarding the percentage or amount of rent and utilities costs each program participant shall pay shall be determined by the individual service provider's policies.*

RENTAL ASSISTANCE DURATION AND ADJUSTMENT

Minimum standards for determining how long a particular program participant shall be provided with rental assistance and whether and how the amount of that assistance shall be adjusted over time are:

- a. Participants received approval for the minimum amount of financial assistance necessary to prevent*

homelessness. Documentation of financial need shall be kept in the participant's file for each month of financial assistance received. Participants shall not be approved for more rental assistance than can be justified given their income and expenses at a given time.

b. Any additional requirements regarding how long a program participant shall be provided with rental assistance and whether and how the amount of that assistance shall be adjusted over time shall be determined by the individual service provider's policies and clearly communicated to program participants.

HOUSING QUALITY STANDARDS

Any unit that receives financial assistance through rapid re-housing must pass a Housing Quality Standards Inspection as outlined in the ESG regulations. The inspections will be conducted by a qualified agency with expertise in inspection and the process for identifying units and conducting an inspection is outlined in the rapid re-housing business rules.

Any unit that receives rental assistance payments through rapid re-housing must have an agreement in place between the financial assistance intermediary and the property. The rental assistance agreement details the terms under which rental assistance will be provided. The rental assistance agreement outlines the requirements for rental payment as well as terms regarding any notice to vacate or eviction by the owner.

SERVICE TYPE, AMOUNT & DURATION

Minimum standards for determining the type, amount, and duration of housing stabilization and/or relocation services provided to a program participant, including maximum amount of assistance, maximum number of months the program participant may receive assistance, or the maximum number of times the program participant may receive assistance, are:

a. Financial Assistance:

- Use with other subsidies: Payment for Financial Assistance costs shall not be provided to a participant who is receiving the same type of financial assistance through other public sources or to a participant who has been provided with replacement housing payments under the Uniform Relocation Act (URA), during the period of time covered by the URA payments.
- Rental application fees: Payments shall only be made for fees charged by the owner to all applicants.
- Security deposits: Payments shall not exceed two (2) month's rent.
- Last month's rent: Payment shall not exceed one (1) month's rent and shall be included in calculating the participant's total rental assistance.
- Utility deposits: Payments shall only be made for gas, electric, water and sewage deposits.
- Utility payments:
 - Payments shall not exceed 24 months per participant, including no more than 6 months of utility payments in arrears, per service;
 - A partial payment counts as 1 month;

- *Payment shall only be made if the utility account is in the name of the participant or a member of the same household;*
- *Payment shall only be made for gas, electric, water and sewage costs;*
- *Participants shall not receive more than 24 months of utility assistance within any 3-year period.*
- *Moving costs: Payments shall only be made for temporary storage fees accrued after the date the participant begins receiving housing relocation and stabilization services and prior to the date that the participant moves into permanent housing. Payment shall not be made for storage fees in arrears.*

Housing Relocation and Stabilization Services:

- *Housing search and placement services:* *Payment shall only be made for assisting participants to locate, obtain and retain suitable permanent housing through provision of the following services:*
 - *Assessment of housing barriers, needs and preferences*
 - *Development of an action plan for locating housing*
 - *Housing search*
 - *Outreach to and negotiation with owners*
 - *Assistance with submitting rental applications and understanding leases*
 - *Assessment of housing for compliance with ESG requirements for habitability, lead-based paint and rent reasonableness*
 - *Assistance with obtaining utilities and making moving arrangements*
 - *Tenant counseling Payment for housing search and placement services shall not exceed 24 months during any 3-year period.*
- *Housing stability case management:* *Payment shall only be made for assessing, arranging, coordinating and monitoring the delivery of individualized services to facilitate housing stability for a participant who resides in permanent housing or to assist a participant in overcoming immediate barriers to obtaining housing through provision of the following services:*
 - *Using centralized or coordinated assessment system*
 - *Conducting the initial evaluation, including verifying and documenting participant eligibility*
 - *Counseling*
 - *Developing, securing and coordinating services and obtaining Federal, State and local benefits*
 - *Monitoring and evaluating participant progress*
 - *Providing information and referral to other providers*
 - *Developing an individualized housing and service plan*
 - *Conducting re-evaluations*

Payment for housing stability case management services provided while the participant is seeking permanent housing shall not exceed 30 days.

Payment for housing stability case management services provided while the participant is living in permanent housing shall not exceed 24 months.

Any sub-recipient of ESG assistance must also agree to utilize and may contribute to the function of housing specialist for households receiving rapid re-housing. This specialized position will be dedicated to finding appropriate housing and developing relationships with affordable housing providers so that ESG clients have greater access to housing choice, rather than expecting that clients must navigate the system on their own. HHA is currently seeking to fill the position of Housing Specialist.

Mediation: *Payment shall only be made for the cost of mediation between the participant and the owner or person with whom the participant is living, if it is necessary to prevent the participant from losing the permanent housing where he/she resides. Payment for mediation services shall not exceed 24 months during any 3-year period.*

Legal services: *Payment shall only be made for the cost of legal services, if they are necessary to resolve a legal problem that prohibits the participant from obtaining permanent housing or will likely result in the participant losing the permanent housing where he/she resides. Payment for legal services shall not exceed 24 months during any 3-year period.*

Credit repair: *Payment shall only be made for the cost of assisting the participant in obtaining skills related to household budgeting, managing money, accessing a free personal credit report and resolving personal credit problems. Payment will not be made for a debt or modification of a debt. Payment for credit repair services shall not exceed 24 months during any 3-year period*

Rental Assistance

- *Payment shall not exceed 24 months total during a 3-year period in tenant-based or project-based housing.*
- *Payment for short-term rental assistance shall not exceed 3 months*
- *Payment for medium-term rental assistance shall be for more than 3 months, but shall not exceed 24 months.*
 - *Payment for rent arrears shall not exceed 6 months and shall be a one-time payment, including any late fees.*
 - *Except for a one-time payment of rental arrears on the participant's portion, payment shall not be provided to a participant who is receiving tenant-based rental assistance or living in a unit receiving project-based assistance or to a participant who has been provided with replacement housing payments under the Uniform Relocation Act (URA), during the period of time covered by the URA payments.*
 - *Payment shall not exceed the Fair Market Rent established by HUD (24 CFR 888) and shall comply with HUD's standards of rent reasonableness (24 CFR) 982.507).*
 - *Calculation of the rental payment amount shall only include monthly rent for the unit, any occupancy fees under the lease (except for pet or late fees) and if the participant pays separately for utilities, the monthly utility allowance established by the public housing authority for the area in which the housing is located.*
 - *Payment for rent shall only be made when there is a rental assistance agreement between the agency and the owner, which sets forth the terms under which rental assistance will be provided, including the prior requirements; a requirement that the owner provide the provider with a copy of any notice to vacate given to the participant or any complaint used to commence an eviction*

action; and the same payment due date, grace period, and late payment penalty requirement as the participant's lease.

- Payment of any late payment penalties incurred by the provider shall not be claimed for reimbursement by ESG.
- Payment shall only be made when there is a legally binding, written lease for the rental unit between the participant and the owner. Landlord agreement must include landlord and contact information; address of unit for which rental assistance is being provided; due dates of the rent being paid; term of lease; amount of monthly rent, date of payment; and signature of landlord.
- Payment shall only be made once the participant has been deemed eligible for assistance.
- Payments shall not be made until required re-certifications has been completed and all documentation of continued eligibility is received. For HP clients, the 4th, 7th, 10th, etc. month of payment cannot be processed until re-certification of client eligibility is confirmed. For RRH clients, the 13th month of payment cannot be processed until recertification of client eligibility is confirmed.

Tenant-Based Rental Assistance

The rental assistance agreement with the unit owner shall be terminated without further payment if:

- The participant moves out of the unit
- The lease terminates and is not renewed
- The participant becomes ineligible to receive ESG rental assistance

Project-Based Rental Assistance Payment shall only be made under the following conditions:

- The lease has an initial term of one year
- The rental assistance agreement covers one or more permanent housing units in the same building
- Each unit covered by the agreement is only occupied by participants
- Payment will only be made for up to 100% of the first month's rent, if the participant signs a lease and moves into the unit before the end of the month.
- Any additional requirements regarding the type, amount, and duration of housing stabilization and/or relocation services that will be provided to a program participant, including any limitations shall be determined by the individual service provider's policies and clearly communicated to program participants.

RE-EVALUATIONS

ELIGIBILITY: PERIODIC RE-CERTIFICATION

Minimum standards for completing eligibility re-evaluations of individuals and families are:

Timing: All case managers are required to re-certify clients based on the following schedule. At that time, a case manager may decide to extend, decrease, or discontinue providing assistance.

- a. Homelessness Prevention: Participants shall be re-evaluated not less than once every three

months to continue to receive assistance. A change in household and/ or income may trigger a recertification. The next month's rental payment shall not be paid until completion of the recertification process.

***Rapid Re-housing:** Participants shall be re-evaluated not less than once annually, unless circumstances change to include household make-up and/ or income changes a re-evaluation will be required.*

b. Eligibility:

- 1. The program participant does not have an annual income that exceeds 30% of median family income for the area.*
- 2. The program participant lacks sufficient resources and support networks necessary to retain housing without ESG assistance.*

OVERVIEW OF HUD COC PROGRAM

The purpose of the CoC program is to promote communitywide commitment to the goal of ending homelessness; providing funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

The CoC program includes permanent supportive housing for disabled persons, permanent housing, supportive services, and Homeless Management Information Systems (HMIS). A CoC is a geographically based group of representatives that carries out the planning responsibilities of the CoC program, as set for the in 24 CFR part 578. These representatives come from organizations that provide services to the homeless, or represent the interests of the homeless or formerly homeless. The three major duties of a CoC are to (1) operate the CoC; (2) designate a HMIS for the CoC; and (3) develop a plan for the CoC. In Okaloosa and Walton Counties Florida, the Okaloosa Walton Homeless Continuum of Care (OWHCoC) is the homeless planning group that oversees the CoC process for 2 counties and Fort Walton Beach, Florida.

24 CFR 576.7(9) requires the OWHCoC, in consultation with the Emergency Solutions Grants program funds within the geographic area, to establish and consistently follow written standards for providing CoC assistance. Each OWHCoC recipient must also establish and follow local written standards for providing assistance, which at a minimum must include the OWHCoC's Standards defined below.

PROGRAM COMPONENTS AND ELIGIBLE ACTIVITIES

CoC funds may be used for projects under five program components: Permanent housing (PH), Permanent Supportive Housing for Disabled Persons (PSH), Rapid-Rehousing, Supportive services Only

(SSO), and HMIS. Eligible costs include: CoC planning activities, acquisition, rehabilitation, new construction, leasing, rental assistance, supportive services, operating costs, HMIS, project administrative costs, relocation costs, and indirect costs. Projects funded in the OWHCoC consist of permanent and rapid-rehousing programs. The following Standards will summarize the OWHCoC's minimum requirements for providing housing and services to PH, PSH, and RRH clients.

OWHCoC currently only applies for PSH-leasing, Rapid-Rehousing, HMIS, and CoC planning costs.

PERMANENT SUPPORTIVE HOUSING

Research has shown that permanent supportive housing is the most intensive and effective solution for people experiencing homelessness. It is not a one-size-fits-all approach and should only be offered to those households that truly need that level of support. Unless there is a systematic way to prioritize households with the highest needs, the most vulnerable homeless, including the chronically homeless, are often not the population who receives this type of assistance.

Under the HEARTH Interim Rule Permanent Housing (PH) is one of the eligible program components. Permanent housing is a long-term intervention (24+ months) community-based housing program, the purpose of which is to provide housing without a designated length of stay.

OWHCOC PERMANENT (SUPPORTIVE) HOUSING MINIMUM STANDARDS

OWHCoC's Permanent Supportive Housing Program uses leasing funds. The OWHCoC has developed the following Permanent (Supportive) Housing (PSH) minimum standards to ensure:

- Program accountability to individuals and families experiencing homelessness;
- Program compliance with HUD regulations;
- Program uniformity; and
- Adequate program staff competence and training, specific to target population served.

ELIGIBILITY/PRIORITIZATION:

HUD published the following Prioritization Notice in July 2014 which established a suggested order of priority for households served in permanent supportive housing programs, and provides uniform recordkeeping requirements to document the chronically homeless status of program participants. The intent of the Notice is to move CoC's and recipients of CoC Program funding for PSH in a direction where chronically homeless persons, including chronically homeless unaccompanied youth or unaccompanied youth with the highest needs, are prioritized for assistance above other eligible households.

FL-505 has incorporated the process described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status and has included the process in the Written Standards and CoC Consolidated Application.

- First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

- *Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.*
- *Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.*

-
- *Fourth Priority—All Other Chronically Homeless Individuals and Families.*

FL-505 has adopted HUD Prioritization Notice CPD-16-011 Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing issued on July 25, 2016

This Notice supersedes Notice CPD-14-012 and provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in all CoC Program-funded PSH. This Notice reflects the new definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining “Chronically Homeless” (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior Notice. CoCs that previously adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the FY2015 CoC Program Competition are encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. CoCs that have not previously adopted the orders of priority established in Notice CPD- 14-012 are also encouraged to incorporate the orders of priority included in this Notice into their written standards To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness. HUD’s experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a “first-come, firstserve” basis or based on tenant selection processes that screen-in those who are most likely to succeed while screening out those with the highest level of need. These approaches to tenant selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

Recipients of CoC Program-funded PSH should follow the order of priority below while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section A. of these standards to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC’s geographic area, the recipient should follow the order of priority under Section.B for persons with a serious mental illness.

A. Order of Priority for CoC-Program funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. Chronically Homeless Individuals and Families with the Longest Histories Residing in Places not meant for Human Habitation, in Emergency Shelters, and in Safe Havens and with the Most Severe Service Needs.

2. Chronically Homeless Individuals and Families with the Longest Histories Residing in Places not meant for Human Habitation, in Emergency Shelters, and in Safe Havens

3. Chronically Homeless Individuals and Families with the Most Severe Service Needs.

4. All Other Chronically Homeless Individuals and Families.

Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH.

CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

(a) First 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.

(b) Second 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.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter 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.

(d) Fourth 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 and 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

Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in this Notice 24 CFR 578.103(a)(4) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards. The CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

A. Evidence of Severe Service Needs. Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case conferencing decisions.

B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance. Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

Minimum standards for determining and prioritizing which eligible families and individuals shall receive permanent supportive housing are:

- Eligible households include individuals with disabilities and families in which one adult or child has a disability. Participants must meet the HUD definition of chronically homeless as defined in the Federal Register CFR 24 Part 578 (Please note that the final regulation on the definition of "chronically homeless" was published in the Federal Register on December 4, 2015. Continuum of Care (CoC) recipients must comply with the regulations promulgated by this rule as of January 15, 2016.)*
- Participants eligible for PSH are defined as chronically homeless with a disability*
- Participants must qualify as literally homeless based on paragraphs (1 or 4) of the homeless definition See Definitions in Exhibit A*

- *All adult program participants must be 18 years of age or older and be able to participate in developing and carrying out an appropriate participation plan and maintain accountability of said plan*
 - *All CoC funded permanent supportive housing beds will be filled with eligible chronically homeless individuals/families through the prioritization process of the Centralized Intake Coordinated Entry System (CICES).*
 - *All CoC funded permanent supportive housing beds that become vacant will be filled with eligible chronically homeless individuals/families through the prioritization process of the Centralized Intake Coordinated Entry System (CICES).*

In addition to meeting basic eligibility requirements, individuals and families to be served through permanent supportive housing in the Okaloosa Walton CoC must:

- *Be assessed using the VI-SPDAT assessment with that information entered into HMIS.*
- *All applications and referrals of households for permanent supportive housing must come through the coordinated intake system operated by HHA. No individual or family may be admitted to permanent supportive housing in the CoC without a referral from CIS.*
- *Providers are required to verify and maintain documentation for all households referred for permanent supportive housing including documentation of homeless status, disabling condition of a family member, and chronic homeless status, if applicable. Referrals to permanent supportive housing will be made by HHA through the coordinated process and will be prioritized for assistance according to the standards set forth below.*

The program maintains a Release of Information that allows the sharing of information with relevant people and/or agencies. Program participants have copies of all Releases of Information that they have signed, and have the right to revoke any Release of Information without penalty.

Prioritizing Permanent Supportive Housing

FL-505's Coordinated Intake System includes prioritization for Permanent Supportive Housing (PSH) beds. Using the VI-SPDAT to evaluate the severity of service needs and length of time homeless, the CIS uses this data to prioritize PSH beds for the most vulnerable chronically homeless persons in the service area.

The CoC has adopted HUD's recommendations below and when presented with two individuals who match for one unit, always using the tie-breaker of matching the individual with the highest medical vulnerability.

HUD's "Order of Priority in CoC Program-funded Permanent Supportive Housing" is as follows:

- *Priority populations for Permanent Supportive Housing. The OWHCoC will follow CPD Notice 14-012*

“Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing.” The order of priority for admission to permanent supportive housing will follow the priorities established in Notice 14-012.

Order of priority in CoC program funded permanent supportive housing beds dedicated to persons experiencing chronic homelessness, and PSH beds prioritized for occupancy by persons experiencing chronic homelessness.

- *First priority: chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.*
 - *A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true: i. 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 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 ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs*
- *Second priority: chronically homeless families and individuals with the longest history of homelessness*
 - *A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true: i. 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 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,*
 - *ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.*
- *Third priority: chronically homeless individuals and families with the most severe service needs.*
 - *A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true: i. The chronically homeless individual or head of household of a family has been homeless and living or residing 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 total length of those separate occasions equals less than one year; and ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph*

(1) of the definition for chronically homeless, of the family as having severe service needs.

- *Fourth priority: all other chronically homeless individuals and families Participant Prioritization Requirements*
 - *A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true: i. 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 for at least four separate occasions in the last 3 years, where the cumulative total length the four 8 occasions is less than 12 months; and ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.*

Participants will be prioritized for eligibility based on their chronic homeless status, length of time homeless, and VI-SPDAT or VI-F-SPDAT score. First Priority - Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

The CoC has adopted HUD's recommendations below and when presented with two individuals who match for one unit, always using the tie-breaker of matching the individual with the highest medical vulnerability.

Single, Prioritized Wait List for Permanent Supportive Housing

- *The OWHCoC has established a single, prioritized wait list for permanent supportive housing. The wait list will be prioritized according to the order of priority identified above. The single priority waitlist and referral process will allow CoC participants to exercise freedom of choice. The prioritized waitlist is named the Supportive Housing Registry and is administered by HHA as part of the Coordinated Entry System.*
- *The waitlist will be periodically updated by HHA so new referrals are prioritized according to the factors listed above and not prioritized based on length of time on the waiting list.*
- *When fully implemented, providers of permanent supportive housing in the CoC will be required to accept ALL admissions from the priority waitlist and may not establish their own waitlists or prioritizations.*
- *Providers will have limited authority to decline referrals from the coordinated entry system. However, even if a provider declines a referral, it will have to obtain an alternative referral from coordinated entry. Providers may not substitute an otherwise eligible participant for those referred through coordinated entry.*

Client Intake Process:

FL-505's Coordinated Intake System includes a Centralized Intake System (CIS) and prioritization for all Permanent Supportive Housing (PSH) beds. Using the VI-SPDAT to evaluate the severity of service needs and length of time homeless, the CIS uses this data to prioritize PSH beds for the most vulnerable chronically homeless persons in the service area.

FL-505 has implemented a Centralized Intake System for PSH. The following describes the process for how program participants will be screened:

All persons experiencing homelessness seeking services will be pre-screened via telephone, 211 system, or engagement through street outreach and referred to the Centralized Intake System. If determined that the program participant may be eligible for PSH a face to face screening appointment will be made with a qualified, trained, Intake Specialist at an approved location that is both easily accessible for the participant and provides privacy and confidentiality for the participant. Informed consent must be obtained and documented prior to the VI-SPDAT being conducted. If participant does not have the necessary documentation or access to documentation HHA and the Intake Specialist will assist the participant in obtaining identification, vital records, and any other documentation deemed necessary to enroll in PSH and will not disqualify a participant for lack of documentation or identification. Transportation will be arranged by the Intake Specialist if participant has transportation barriers. Participant and Intake Specialist will sign all necessary documentation including but not limited to a Release of Information, Confidentiality Agreement, Consent Form, and Acknowledgement of Understanding. If participants cannot read or have other special needs requiring assistance in reading, understanding, or signing the forms required for the VI-SPDAT the Case Manager will provide assistance.

- a. Participant will be screened using the VI-SPDAT by a qualified, trained, Intake Specialist

 - o All Intake Specialists or screeners using the VI-SPDAT must be trained to use the tool**
- b. Once the VI-SPDAT has been completed and entered into HMIS the participant will be issued a Vulnerability Index Scale*
- c. The participant will be added to the Supportive Housing Registry under the most appropriate housing intervention for the participant*
- d. The Priority List will be maintained via the HMIS system.*
- e. The Supportive Housing Registry is maintained by HHA and ranks participants by the VI score and not chronologically (See Prioritizing Permanent Supportive Housing).*
- f. Participant will be notified of which housing intervention is appropriate according to the VI-SPDAT and they will be informed of the placement process for the specific housing intervention*
- g. The Intake Specialist will make a referral to the appropriate housing provider within 7 days of completing the VISPDAT*
- h. If the Participant is eligible for PSH they will be given the following:

 - o PSH Packet that includes a comprehensive description of the program, program requirements, and a step by step process for moving participant from homelessness to housing (the packet must include information regarding housing choice, and voluntary supportive services)*
 - o Contact Information for the PSH Provider or CoC Housing Coordinator (if position is filled)*
 - o An estimated timeline for moving into a PSH bed/unit*
 - o A follow up appointment with Intake Specialist or Outreach personnel to keep contact with participant active*
 - o The packet explains the services that are available and any requirements for participation**

- *A copy of the Release of Information that allows the sharing of information with relevant people and/or agencies. Program participants have copies of all Releases of Information that they have signed, and have the right to revoke any Release of Information without penalty.*

If the participant is not eligible for PSH a referral will be made using the Coordinated Intake System

**An approved location is a location that has been deemed appropriate by the CoC and HMIS Lead to administer the VI-SPDAT and or other comprehensive assessments. An approved location will be handicapped accessible and is compliant with the American with Disabilities Act.*

Disqualifying Clients:

The OWHCoC requires that programs may only disqualify an individual or family from program entry if the following is true:

- *Household make-up, provided it does not violate HUD's Fair Housing, Equal Opportunity, and Equal Access to Housing in HUD Program requirements (Singles Only programs can disqualify households with children, Families Only programs can disqualify single households, etc.t)*
- *Criminal record that includes violent crimes within the last three years*
- *Status as a lifetime registered sex offender.*

Programs cannot disqualify an individual or family because of evictions or poor rental history or lack of income or employability.

Recipient Recordkeeping Requirements

All funded agencies will keep record of the following to support following the written standards of the OWHCoC.

1. *Documentation in HMIS of the VI-SPDAT score of the individual matched for housing.*
2. *Agency policies and procedures will include use of VI-SPDAT and following the CES protocol for filling vacant PSH beds.*
 - *Written Intake Procedures;*
 - *Verification of client income;*
 - *Verification of residency;*
 - *Verification of annual assessment*
 - *Evidence of Chronically Homeless Status*
 - *Evidence of homeless status*
 - *Evidence of the duration of the homelessness:*
 - *Evidence that the homeless occasion was continuous, for at least one year; or*

- *Evidence that the household experienced at least four separate homeless occasions over 3 years;*
- *Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.*

Written Standards for PSH

Written Standard #1: No Designated Length of Stay

- *Program participants are provided housing without a designated length of stay that permits them to live as independently as possible. § 578.3*

Written Standard #2: Lease Agreement

- *The program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. § 578.77*

Written Standard #3: Restricted Assistance and Disabilities

- *Permanent supportive housing can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. § 578.37*

Written Standard #4: Supportive Services

- *Supportive services designed to meet the needs of program participants must be made available to the program participants. § 578.37*

Written Standard #5: Duration of Supportive Services Assistance

- *Supportive services to enable program participants to live as independently as possible must be provided throughout the duration of their residence § 578.53*

Written Standard #6: One Person per Bedroom

- *Two individuals in a shared housing situation must have their own lease and their own bedroom unless the two individuals are presented together as a household (Housing Quality Standards (HQS) under 24 CFR 982.401)*

For more information about Housing Quality Standards, please refer to Chapter 10 of the HCVF Guidebook: www.hud.gov/offices/adm/hudclips/guidebooks/7420.10G/7420g10GUID.pdf.”

Written Standard #7: Program Income

- Program income generated from rent and occupancy charges may be collected from program participants and added to funds committed to the project by HUD and used for eligible program activities § 578.97, § 578.49

Written Standard #8: Calculating Occupancy Charges and Rent

- if occupancy charges are imposed, they may not exceed the highest of: 1) 30 percent of the family's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses); 2) 10 percent of the family's monthly income; or 3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family's actual housing costs) is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs. § 578.77

Written Standard #9: Examining Program Participant's Initial Income

- A program participant's initial income must be examined at least annually to determine the amount of the contribution toward rent payable by the program participant and adjustments to a program participant's contribution toward the rental payment must be made as changes in income are identified. §578.77

Written Standard #10: Verifying Program Participant's Initial Income

- Each program participant must agree to supply the information or documentation necessary to verify the program participant's income. §578.77

Written Standard #11: Recalculating Occupancy Charges and Rent

- If there is a change in family composition (e.g., birth of a child) or a decrease in the resident's income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly. § 578.77

Written Standard #12: Supportive Services Agreement

- Supportive services must be offered to program participants based on individual needs. Required participation cannot be part of a specific program model. § 578.75.

"Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and utilize new skills and information."

HOUSING CRITERIA

Minimum standards for accessing housing are:

- a. The program shall provide safe, affordable housing that meets participant's needs in accordance with client intake practices and within HUD guidelines for permanent (supportive) housing programs.*
- b. In providing or arranging for housing, the program shall consider the needs of the individual or family experiencing homelessness.*
- c. The program provides assistance in accessing suitable housing, and meets housing standards set forth in 24 CFR 576.75.*
- d. The program may provide assistance with moving costs.*
- e. The program signs occupancy agreements or leases (or subleases) with all program participants residing in housing. Note: HUD requires under leasing the provider must have units leased between the property owner and the provider agency. Subleases or occupancy agreements should be developed between the tenant and the provider agency.*
- f. The program ensures that there are executed occupancy agreements or leases (or subleases) with all program participants residing in housing.*
 - The lease agreement with the participant is for a term of at least one year, which is terminable for cause. The lease must be automatically renewable upon expiration for a minimum term of one month.*
- g. The program shall not charge minimum rent.*
- h. If the program imposes occupancy charges, the charges 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 is receiving payment for welfare assistance from a public agency and a part of the payment is specifically designated by the agency to meet the household's housing costs, the portion paid by the program participant cannot exceed the amount that has been designated for housing costs.*
 - When determining rental costs, agencies cannot round up to the nearest dollar*

CASE MANAGEMENT SERVICES

Minimum standards for case management shall include:

Criteria

Individual case management plans which are provided to program participants on a regular and consistent basis as determined by the individual's case plan. Case management should be housing focused to ensure participants obtain and maintain and stable housing. Case management plans shall include the following:

- *Assessing, planning, coordinating, implementing and evaluating the overall service delivered to the participant*
- *Helping participants learn to live in housing, maintain their housing in a safe manner, and work with the landlord.*
- *Helping participants create support systems and participate in community as they desire.*
- *Individualized budgeting and money management services, provided to program participants as needed.*
- *Job preparation and attainment, such as career counseling, job preparation training, dress and grooming, job placement, and job maintained. (Part of OWHCoC performance measures)*
- *Assistance in accessing mainstream benefits, including food stamps, child care assistance, and health insurance. (Part of OWHCoC performance measures)*
- *Educational advancement, such as GED preparation and attainment, post-secondary training, and vocational education. (Part of OWHCoC performance measures)*
- *Basic life skills information, including housekeeping, menu planning and food preparation, consumer education, leisure-time activities, transportation, and obtaining vital documents (Social Security cards, birth certificate, etc.).*
- *Assistance with food, clothing and/or transportation.*
- *Interpersonal skill building, such as developing positive relationships with others, parenting skills, effective communication, decision-making, conflict resolution, and stress management.*
- *The program may not require program participants to take part in supportive services provided through the program as a condition of continued participation, even if services are disability-related (e.g. mental health, outpatient health services)*

SERVICE COORDINATION

PSH is housing focused therefore programs providing PSH should maximize funds for housing and increasing the number of units available for leasing. Support services are an important element for serving the most vulnerable therefore maximizing coordination with other providers is necessary to meet the needs of participants. PSH providers are not expected to provide all supportive services within their agency but case management and referrals to other service providers is vital to the success of participants in PSH.

Minimum standards for service coordination are:

- a. *The program shall coordinate with community agencies and individuals for the provision of those services needed and requested by the individual or family, but that are not directly provided by the programs.*
 - *Arrangements shall be made as appropriate with community agencies and individuals for the provision of medical services, mental health services, legal services, and other assistance requested by the participant, which are not provided directly by the program.*

TERMINATION OF ASSISTANCE

Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

At a minimum, standards for termination of assistance are:

a. If a program violation occurs and the provider terminates assistance as a result, the termination shall follow an established process that recognizes the rights of the individuals affected.

b. The program may terminate services when the following occurs:

- *A participant engages in violent or aggressive behavior toward others, including program staff.*
- *A participant uses illegal drugs in their unit*
- *A participant engages in criminal activity in their unit.*

c. In cases when a participant is terminated from services for other than the above stated reasons, the burden is on the Program to provide evidence that it considered extenuating circumstances and made significant attempts to help the participant continue in the program before deciding to terminate assistance.

d. The program follows a written termination process and has a process for appeals/grievances. This information is provided to participants at the beginning of the program, and if/when termination of services occurs.

FOLLOW UP SERVICES

Minimum standards for continuity of services to all participants following exit from the program shall be as follows:

a. The program shall include exit plans with the participant to ensure continued housing stability and connection with community resources, as desired.

b. The program shall attempt to follow up with phone or written contact at least once every 30 days for the first three months after the client exits the program, to determine if there is any need for further services, to offer assistance in obtaining those services, and to evaluate the services that were provided.

c. Supportive services may be provided to participants after their exit from the program.

CLIENT FILES/RECORDKEEPING

Minimum standards shall ensure sufficient written records are established and maintained to allow OWHCoC and HUD to determine whether program requirements are being met and comply with HUD

regulations. Documentation necessary for the effective delivery and tracking of service will be kept up to date and the confidentiality of program participants will be maintained.

a. The file maintained on each participant should, at a minimum, include information required by HUD, homelessness eligibility in the preferred order as required by HUD (third-party, intake observation, self-certification), participation agreements, service plans, case notes, information on the services provided both directly and through referrals to community agencies and individuals, discharge paperwork, HMIS service transactions, HUD Housing Inspection, and any follow-up and evaluation data that is compiled.

b. Client information must be entered into HMIS in accordance with the data quality, timeliness and additional requirements found in the HMIS Policies and Procedures manual, and implemented in the OWHCoC Performance Standards. At a minimum, programs must record the date the client enters and exits the program, and update the client's information as changes occur.

c. The program will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant as appropriate, except to project staff and other agencies as required by law. Participants must give informed consent to release any personal identifying information (PII) data to be utilized for research, teaching and public interpretation.

d. All records pertaining to Continuum of Care funds must be retained for the greater of 6 years or the participant records must be retained for 6 years after the expenditure of all funds from the grant under which the program participant was served. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.

e. Where Continuum of Care funds are used for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 15 years after the date that the project site is first occupied, or used, by program participants. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING

Minimum standards shall include program planning and evaluation procedures as follows:

a. The program shall have written goals and objectives for its housing and services that are consistent with OWHCoC goals and objectives, and includes any commitments made to participants and the local community.

b. The program shall include a review of the case management, housing, and follow-up needs of participants served by the program and the existing services that are available to meet these needs, on at least an annual basis.

c. The program shall include a process where the agency will review and revise, as appropriate, goals, objectives and activities based upon the data generated through the review of participant's needs, existing services, and the follow-up evaluations on at least an annual basis.

- d. The program shall include a process for conducting on-going evaluations of its services to participants.*
- e. The program shall exhibit due regard for the participant's privacy in conducting and reporting its evaluation.*
- f. The program's planning process shall be open to paid and volunteer staff, program participants, the agency's Board of Directors, if applicable, and members of the OWHCoC Committees.*

HOUSING FIRST APPROACH

The most successful model for housing people who experience chronic homelessness is permanent supportive housing using a "Housing First" approach, which is a client-driven strategy that provides immediate access to housing without requiring participation in psychiatric treatment, treatment for sobriety, or other service participation requirements. After settling into housing, clients are offered a wide range of supportive services that focus primarily on helping them maintain their housing. The OWHCoC requires recipients of PSH funding to implement a Housing First approach. Grantees that implement a Housing First approach must ensure written standards include the following core components:

- a. Permanent supportive housing's admissions policies are designed to "screen-in" rather than "screen-out" applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessment or the high utilization of crisis services.*
- b. Rapid and streamlined entry into housing*
 - Many people experiencing chronic homelessness may experience anxiety and uncertainty during a lengthy housing application and approval process. In order to ameliorate this, Housing First permanent supportive housing models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.*
- c. Supportive services that are voluntary, but can and should be used to persistently engage tenants to ensure housing stability*
 - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and utilize new skills and information.*
- e. Tenants have full rights, responsibilities, and legal protections*

- *The ultimate goal of the Housing First approach is to help people experiencing homelessness achieve long-term housing stability in permanent housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants' apartments without tenant's knowledge and permission except under legally-defined emergency circumstances, or as required applicable housing programs (e.g. HOME and Low-Income Housing Tax Credit programs requires 24 hour notice to conduct inspections for health and safety). Many Housing First permanent supportive housing programs also have a tenant association or council to review program policies and provide feedback, and formal processes for tenants to submit suggestion or grievances.*

f. Practices and policies to prevention lease violations and evictions are in place

- *Housing First supportive housing programs should incorporate practices and policies that prevent lease violations and evictions among tenants. For instance, program policies consistent with a Housing First approach do not consider alcohol or drug use in and of itself to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.g. selling illegal substances.) Housing First models may also have policies that give tenants some flexibility and recourse in the rent payment, which in many subsidized housing programs is 30% of the participant's income. For example, rather than moving towards eviction proceedings due to missed rent payments, programs may allow tenants to enter into payment installment plans for rent arrearages, or offer money management assistance to tenants.*

f. Is applicable in a variety of housing models

- *The Housing First approach can be implemented in different types of permanent supportive housing settings, including scattered-site models in private market apartments, where rental assistance is provided, and tenants have access mobile and site based supportive services; single-site models in which permanent supportive housing buildings are newly constructed or rehabilitated and tenants have access to voluntary onsite services; and set-asides, where supportive services are offered to participants in designated units within affordable housing developments*

CoC Records

FL-505 will maintain recordkeeping requirements and HUD Prioritization Notice in Written Standards and maintain the document as well as revise, update, or replace at HUD's recommendations.

- *Evidence of written standards that incorporate the priorities in Section III of Notice CPD-14-012,*

as adopted by FL-505.

- ✓ *The CoC will document the acceptance and adoption of the Notice with meeting minutes recorded in CoC, or subcommittee minutes, where written standards were adopted or incorporated the Prioritization Standards.*
- ✓ *The CoC shall also maintain the prioritization standards in the policy and procedure manual for the Centralized Intake System.*
- ***Evidence of a standardized assessment tool.***
 - ✓ *FL-505 must maintain within the Centralized Intake policies and procedure manual the use of the adopted standardized assessment tool and include the date and meeting which the CoC approved this tool as well as which version(s) are being utilized. The CoC may update the versions as needed. The HMIS Data committee will approve updated versions prior to implementation.*
 - ✓ *The CoC adopted the Vulnerability Index Service Prioritization Decision Assessment Tool in 2015. The VISPDAT and the Family SPDAT are currently being utilized for our CoC.*
 - ✓ *All ESG & CoC funded programs will utilize the version of the SPDAT that is approved by the HMIS Committee and appropriate for their program.*
 - ✓ *CoC PSH will use the VISPDAT*
- ***Evidence that the written standards were incorporated into the coordinated assessment policies and procedures.***
 - ✓ *The CoC will maintain evidence through the Written Standards that the Centralized Intake policy and procedures are incorporated. Our CoC has two separate documents 1.)Written Standards FL-505 2.) Centralized Intake Policy and Procedure. Both documents contain policy about coordinated assessment. Anytime the CIS policies and procedures are revised the Written Standards must also be revised and minutes of the revision maintained.*

MINIMUM PERFORMANCE BENCHMARKS FOR PSH

100% of the number of units approved in the HUD contract will be filled by the end of the 2 quarter of the grant term

80% or more of all participants remain stable is PSH or exit to a different permanent housing situation

70% or more of participants remain in stable housing through PSH for at least one year or exit to

permanent housing (Local Measurement)

55% or more of adult participants will have income from sources other than employment

55% or more of all participants will increase their income from sources other than employment

55% or more of all participants have mainstream benefits at exit from program

20% or more of adult participants have employment income

20% or more of adult participants increase employment income

RAPID-REHOUSING

CoC Program rapid re-housing funds are designed to provide the services necessary to help homeless persons quickly regain stability in permanent housing after experiencing homelessness. In line with the HUD's national homelessness policy as outlined in Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, federal programs aimed at ending homelessness have shifted towards providing stable, permanent housing opportunities for the homeless and at-risk homeless and less towards transitional housing. Rapid Re-Housing programs funded through the CoC will be required to meet HUD defined housing first standards as described at

<https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

CoC funds may be used to provide short- and/or medium-term rental assistance necessary to help a homeless individual or family move into permanent housing and achieve stability in that housing. Rental Assistance cannot be provided to a participant receiving rental assistance or living in a housing unit receiving rental assistance through other federal, state or local sources.

Eligible rental assistance costs as outlined in 578.51

- Short-to-Medium term rental assistance (up to 24 months)
- Security Deposits/Last Month's Rent not to exceed 2 months of rent

A. Eligible Applicants

Only not for profit organizations are eligible to apply. In addition to being a not for profit, applicants must meet all of the HUD applicant eligibility criteria defined under the NOFA under which they are applying. Eligible applicants must also meet with the following criteria:

1. If currently a recipient of HUD CoC funds, the applicants must be in good standing with HUD and the Okaloosa Walton Homeless CoC. This is defined as not having any significant unresolved monitoring findings.
2. Have experience in providing housing and/or services to people who are currently or formerly homeless.
3. Participate in or commit to participate in the FL-505 Homeless Management Information System (HMIS).

B. Eligible Program Participants

OWHCoC rapid re-housing program participants must meet the following minimum standards:

1. Meet HUD's Category 1 definition of homelessness:

Individuals and families who lack a fixed, regular, and adequate nighttime residence:

- 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, etc.
- 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
- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. For information on HUD's other homeless categories, eligible for other CoC funds, visit:
https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

2. Have a maximum combined income (earned and from benefits) of 50% of Area Median Income. However, providers may consider significant garnishments or recoupment in determining that financial appropriateness of each potential participant and on a case-by-case basis allow a participant whose income is above 50% Area Median income. Providers will be required to show that the average of their RRH participants' income was at or below 50% AMI.

3. Meet all participant eligibility criteria as defined in the NOFA under which the program was funded. OWHCoC has the discretion to specify additional eligibility criteria if voted in by the Housing Committee.

C. Standards for Amount of Rental Assistance

Providers shall determine the type, maximum amount and duration of housing stabilization and/or relocation services for individuals and families who are in need of rapid re-housing assistance through the initial evaluation, re-evaluation and ongoing case management processes. Standards for determining the share of rent and utilities costs that each program participant must pay, if any, will be based on the following guidelines:

1. The maximum amount of rent that a participant can be up to 100% of the rental amount.
2. Providers may provide up to 100% of the cost of rent in rental assistance to participants. However to maximize the number of households that can be served with rapid re-housing resources, it is expected that providers will provide the level of need based on the goal of providing only what is necessary for each household to be stably housed for the long term.
3. Rental assistance cannot be provided for a unit unless the rent for that unit is at or below the Fair

Market Rent limit, established by HUD. A complete listing of Fair Market Rents for the CoC can be found at: <http://www.huduser.org/portal/datasets/fmr.html>

4. The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

For more details see sections 578.37 and 578.51 of the HUD CoC rapid re-housing and rental assistance guidelines.

D. Standards for Duration of Assistance

Providers may provide a program participant with up to 24 months of rental assistance. Participants may be eligible for rapid re-housing assistance for multiple instances based on their need. However, if a participant needs assistance more than once, the participant will be subject to a reassessment process for a different level of service intervention.

There must be a lease between the landlord and the tenant and the leases must be for at least one-year, renewable for at least one year and terminable only for cause.

Eligible support services costs as outlined 578.53 – may be provided for no longer than 6 months after rental assistance stops

- Assessing service needs
- Moving costs
- Case management
- Child care
- Education services
- Employment assistance and job training
- Food
- Housing search and counseling services
- Application fees
- Legal services
- Life skills training
- Mental health services
- Outpatient health services
- Outreach services
- Substance abuse treatment services
- Transportation
- Utility deposits

Eligible HMIS costs are outlined in 578.57

Eligible Project Administrative costs are outlined in 578.59

E. Standards for Type of Assistance

Providers may use funds for rental assistance costs and eligible services, including the following: security deposits (up to 2 months), first month's rent and/or last month's rent, eligible supportive services, property damage, one-time moving costs and one-time utility deposits.

F. Policies & Procedures for Assessing & Prioritizing Participants

The key to the success of any program is a screening and assessment process that thoroughly explores a family's or individual's situation and pinpoints their unique housing and service needs. Based upon the assessment, families and individuals should be referred to the kinds of housing and services most appropriate to their situations and need.

G. Coordinating Intake & Assessment

Providers must demonstrate an ability to outreach to OWHCoC eligible RRH participants and to prioritize applicants who meet the criteria for HUD Homeless Category 1. Providers must utilize HHA's coordinated assessment system as a resource to help match individuals and families with the most appropriate assistance.

H. Case Management Services

Providers must assist each program participant, as needed, to obtain appropriate supportive services, including assistance in obtaining permanent housing, medical treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living; housing stability case management; and other Federal, State, local, or private assistance available to assist the program participant in obtaining housing stability including but not limited to:

- Supplemental Nutrition Assistance Program
- Social Security Disability Insurance (SSDI)
- Federal-State Unemployment Insurance Program
- Medicaid Veteran's Benefits Veteran's Disability Benefits
- Women, Infants and Children (WIC)
- Supplemental Security Income (SSI)
- Child and Adult Care Food Program, and
- Other mainstream resources such as housing, health, social services, employment, education services and youth programs that an individual or family may be eligible to receive

I. Inspections

CoC funded rapid re-housing units must meet the HUD Housing Quality (HQS) Standards under 24 CFR part 578.37(a)(1)(ii). However, in instances, when allowed, providers may apply for waivers and exemptions, to use HUD Habitability standards when the use of HQS standards would result in the loss of an affordable housing unit.³ Providers may utilize their own staff to perform HQS inspections.

J. Rental Subsidy Administration

The administering of RRH rental assistance must comply with the HUD regulations. Guidance is

forthcoming.

K. Data Collection & Evaluation

All providers receiving rapid re-housing assistance must work with the OWHCoC to track key data elements for analyzing the success of the program including the use of HMIS data.

L. Security & Confidentiality Policies

The address or location of any housing or rental units funded under rapid re-housing of any program participant, including youth, individuals living with HIV/AIDS, victims of domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing will not be made public, except as provided under a preexisting privacy policy of the provider and consistent with state and local laws regarding privacy and obligations of confidentiality with written authorization of the person responsible for the operation of the rental unit.

M. Terminations, Complaints, Appeals & Grievance Procedures

All providers with rapid re-housing programs shall be required to have a termination and grievance policies. Policies must allow an applicant to formally dispute an agency decision on eligibility to receive assistance. The policy must include the method that an applicant would be made aware of the provider's grievance procedure and the formal process for review and resolution of the grievance. If a program participant violates program requirements, the provider may terminate the assistance in accordance with a formal process established by the provider. All providers must have policies that allow a program participant to formally dispute a provider decision to terminate assistance. The policy must include the method that a written notice would be provided containing clear statement of reason(s) for termination; a review of the decision in which the program participants is given the opportunity to present information before someone other than the person who made the termination decision; and a prompt written notice of the final decision to the program participant. RRH program participants are required by HUD regulations to meet with a case manager not less than once per month. Providers may also provide case management services for up to six months after rental assistance stops.

N. Standards for Re-Evaluation

In accordance with HUD regulations, recipients and subrecipients must conduct regular re-evaluations, at least annually, of program participants receiving RRH assistance. To continue to receive CoC-RRH assistance, a program participant's re-evaluation must demonstrate eligibility based on:

- Lack of resources and support networks. The program participant's household must continue to lack sufficient resources and support networks to retain housing without ESG or CoC program assistance.
- Need. The recipient or subrecipient must determine the amount and type of assistance that the individual or family will need to (re)gain stability in permanent housing.

PRIORITIZATION

The resources available to address the needs of homeless households are limited. OWHCoC Rapid Re-Housing programs participate in Coordinated Entry to determine and prioritize which individuals and families receive assistance. Please refer to OWHCoC Coordinated Entry Policy.

Priority will be given to those households with ties to OWHCoC.

EVALUATION OF ELIGIBILITY

The following eligibility criteria must be met in order for an individual or family to be provided services with CoC assistance under Rapid Re-housing:

1. Definition of Homeless

For the purposes of program eligibility, a household must meet the definition of literally homeless or attempting to flee domestic violence where the individual or family also meets the criteria for literally homeless as defined by Chapter I of this plan.

2. Tie to OWHCoC

An assessment will be given to an individual or family who has a local tie to OWHCoC. They may be homeless in, presently reside in a shelter or be precariously housed in OWHCoC, prior to crisis have resided in OWHCoC, work in OWHCoC or go to school in OWHCoC.

A. PROCEDURE TO DETERMINE ELIGIBILITY

Before providing assistance to a household with CoC RRH funds, OWHCoC RRH applicants will complete an initial intake evaluation which will include:

Verification of Homeless status eligibility

Verification of tie to OWHCoC

Assessment of Need – per Coordinated Entry

The individual or family household must provide all requested verification documents and sign any release related to verifying the households' eligibility, including all items necessary for reporting in HMIS.

1) Verification of Homeless status eligibility

Documentation will need to be supplied or collected based upon the following hierarchy and order of priority.

1st – Third party documentation

2nd – Observation by the intake worker

3rd – Self-declaration from the individual or family seeking assistance

Acceptable evidence of third party documentation includes:

- Records contained in an HMIS database; or
- Comparable database used by victim service or legal service providers;
- Written observations by an outreach worker of the conditions where the individual or family was living;
- A referral from a publicly or privately operated shelter;
- Discharge paperwork or written/oral referral from a social worker, case manager, or other appropriate official of an institution stating the beginning and end dates of the time residing in the institution.
 - All oral statements must be recorded by the intake worker

Observation by the intake worker:

If the intake worker can access HMIS or a comparable database (which retains an auditable history of all entries including the person who entered the data, the date of entry, and any changes made) to establish their homeless status.

Self-declaration from the individual household or family will include:

- completion of the self-declaration form **and**
- Written record on the intake worker's attempts to obtain third-party verification

2) Verification of tie to OWHCoC

- Entered Coordinated Entry system as an eligible OWHCoC household AND
- Verification of a household's tie to OWHCoC will most likely be documented through their verification of homeless status and/or verification of income. OR
- The household must provide evidence that they currently reside in a shelter or are precariously housed in OWHCoC. OR
- The household may currently work in OWHCoC and are able to provide proof of their employment. OR
- The household (including their children) may currently attend a school institution in OWHCoC and are able to provide proof of their enrollment.

3) Assessment of Need

An initial evaluation of need must be conducted prior to providing assistance to determine the amount and types of assistance the individual or family needs to gain or regain stability in permanent housing. The intake worker must document their assessment and detail their decision for determining need. (578.103(a)(7)(i). This assessment will be conducted through Coordinated Entry and the Vulnerability Index – Service Prioritization and Decision Assistance Tool (VI-SPDAT).

Certification or other written documentation that the household lacks the resources and support networks to obtain permanent housing must also be included as part of the assessment.

Re-evaluation. 24 CFR § 578.37 (a)(1)(ii)(E) re-evaluation for rapid re-housing assistance states: (E) Must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and

support networks necessary to retain housing without CoC assistance and the types and amount of assistance that the program participant needs to retain housing.

For the purposes of the OWHCoC CoC RRH program, households' needs and income will be re-evaluated every six (6) months

DENIAL OF ASSISTANCE

OWHCoC may deny applicant CoC RRH assistance if:

The applicant does not meet the current definition of homelessness as defined by HUD either for homeless prevention or rapid re-housing.

- The applicant is unable to sufficiently document their homeless status.
- The applicant does not have a tie to OWHCoC.
- An alternative program better suits their current needs.
- The applicant is unable to locate suitable housing after searching for 12 months.

Ineligibility does not bar the individual or family household from being referred at a later date.

An applicant will be given the opportunity to request an informal review in accordance with the procedures in ??.

VERIFICATION OF ANNUAL INCOME

Annual income is used to determine program eligibility and the level of assistance the household will receive.

To determine the annual income of an individual or family household, CoC regulation requires the use of calculating income standards under 24 CFR 5.609. The annual income definition found at 24 CFR Part 5 is used by a variety of federal programs including Housing Choice Voucher (Section 8), Public Housing, and the Low-Income Housing Tax Credit Program.

A. DEFINITION OF ANNUAL INCOME

The Part 5 definition of *annual (gross) income* is the gross amount, monetary or not, which go to or on behalf of the individual or family household that is anticipated to be received during the coming 12-month period. Annual income also includes amounts derived from assets.

Gross Amount is before any deductions have been taken.

Anticipated to be received is a projection forward of future earnings or benefits over 12 months to determine a household's expected ability to pay.

B. TYPES OF INCOME TO COUNT

There are some "inclusions" on types of income to be counted and "exclusions" on types of income that are not considered. See Appendix for details

C. HOUSEHOLD MEMBERS INCOME TO COUNT

All adult household members living in the household (including those that may be temporarily absent) must have their income counted towards the annual income of the household.

Additionally, dependent members (child 17 or under; Full-time student over 18) for which benefits are provided are also included in annual income. See Appendix for details.

D. TREATMENT OF ASSETS

There is no asset limitation for participation in any CoC funded activity. Income from assets (interest and dividends) is however included as part of annual income under the Part 5 definition.

In general terms, an asset is a cash or non-cash item that can be converted to cash. Household assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. See Appendix for details.

DETERMINATION OF PARTICIPANT SHARE

CoC funds may be used to pay housing owners/property management and service providers. Below details how a participant would either share in the cost or what financial assistance is available.

LENGTH OF RENTAL ASSISTANCE

OWHCoC will allow a household to access CoC funding for up to 24 months with no limit on the period of assistance, so long as the household remains eligible for assistance based on the criteria in Section I. The amount of the assistance will be re-evaluated every six (6) months.

B. COMPUTATION OF PARTICIPANT SHARE OR PORTION

Verification of income will serve as the basis for determining the household's contribution towards rental assistance.

A household's future income must be projected over the next 12 months based upon the household's current circumstances. OWHCoC will assume the household's current circumstances will continue for the next 12 month unless there is verifiable evidence it will be different (as determined during the 6 month re-evaluation process).

Household income includes all sources of income (for all members in the household) and it also includes assets (for all members in the household). See Appendix for further details related to annual income.

Income documentation will need to be supplied or collected based upon the following hierarchy and order of priority (578.103 (a)(6)).

1st – Source documents

2nd – Third party verification

3rd – Self-certification from the household

Source documents include (but are not limited to):

- Pay stubs or wage statements
- Bank statements
- Social Security award notice
- Child support payment record
- General Assistance or TANF letter

Third party verification would be collected directly from the employer, social security administration, public assistance agency or financial institution. To conduct third party verifications, the household must sign a release form that authorizes the third party to release the required information.

Self-declaration from the individual household or family should only be used if source documents cannot be supplied and attempts to collect third party verification are unsuccessful.

Acceptable self-declaration may include:

Self-declaration from the individual household or family should only be used if source documents cannot be supplied and attempts to collect third party verification are unsuccessful. Acceptable self-declaration may include:

- Completion of a self-declaration form or a signed written statement from the head of household **and** household member if the income/asset pertains directly to that member. If the member is under age 18, they will not be required to sign.
- Written record on the intake worker's attempts to obtain third-party verification.

Households will be required to contribute a minimum of \$50 or 30% of their Adjusted Income, whichever is greater, towards their rent. This is considered to be the participant's share or portion of the rent.

All income, assets and expenses will be verified. The computation will follow the regulation under 24 CFR 5.609 as detailed in Section III. A household's annual income will be re-evaluated every six (6) months.

A household is not required to report changes in income until their next semi-annual re-evaluation. If a household does report a decrease in income, an adjustment to the tenant share will be conducted to be effective the month following the report of the change.

ELIGIBLE COSTS – RENTAL ASSISTANCE

A. RENTAL ASSISTANCE

As detailed above

B. SECURITY DEPOSIT

Security deposit assistance is available through the CoC program to CoC eligible recipients. Assistance will be limited to once (1) every 12 months and cannot exceed 2 months of rent (578.51 (a)(2)).

C. LAST MONTH RENT

Payment for last month's rent is available to CoC eligible recipients (578.53(a)(2)) but it cannot exceed one (1) month's rent and is included in the total rental assistance cap of 24 months.

A last month's rent payment cannot be provided or combined with any other federal program. Assistance will be limited to once (1) in every 12 months.

D. VACANCY PAYMENT

Payment of rent for 30 days after the end of the month when vacancy occurred.

E. RENT DURING TREATMENT OR MEDICAL CARE

Rent can be paid for up to 90 days on behalf of a participant that must leave the unit for treatment, medical care, etc.

F. DAMAGES

Payment can be made for up to one month's rent amount for damages to the unit. Limited to one time per client

G. COSTS OF ADMINISTERING RENTAL ASSISTANCE

The following costs are eligible under and may be charged to the Rental Assistance budget:

- Processing rental payments to landlords;
- Examining participant income and family composition;
- Providing housing information and assistance;
- Inspecting units for compliance with housing quality standards
- Receiving new participants into the program

H. SERVICE COSTS

Service costs are also eligible for funding under CoC RRH, only for those grant recipients that include supportive services in their budgets. Supportive Services listed under 578.53 are allowable.

UNIT SELECTION

A. UNIT SELECTION

Once the CoC recipient has been approved and determined to be eligible for rental assistance, the household must select a unit that:

1. Meets rent reasonableness standards.
2. Is located within OWHCoC
3. Includes a legally binding lease that will be entered into by the participant and owner
4. Meets Housing Quality Standards (HQS)

If the household is unable to secure a unit after six (6) months, the household must be re-evaluated for income and need. After an additional six (6) months, if the household has still not found suitable

housing, the household will be deemed ineligible.

B. RENT REASONABLENESS

The standard HUD has adopted and must be enforced under CoC is the total rent charged for a unit must be reasonable in relation to the rents being charged during the same period for comparable units in the private, unassisted market and must not be in excess of rents being charged during the same period for comparable non-luxury unassisted units.

The rent reasonableness of the unit can be evaluated in OWHCoC by one of the following approved methods:

1. Evaluation of three unit rents in the area

C. UNIT INSPECTION

The unit will need to be inspected using Housing Quality Standards (HQS) prior to rental assistance commencing. Thereafter the unit must be inspected annually to ensure that the unit continues to meet HQS. (578.75(b)).

D. SUITABLE DWELLING SIZE

The dwelling unit must have at least one bedroom or living/sleeping space for each two persons. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or sleeping area. (578.75(c)).

E. CONTRACT EXECUTION

A housing assistance payment (HAP) contract will be executed with the owner/manager of the property in which the CoC RRH rental assistance recipient will reside in the selected unit. The contract will outline the rent for the term of the lease, the term of the contract (matching the lease), the address or room number of the assisted unit, the portion of rent the tenant will be responsible to pay and the assisted amount paid with CoC funds.

The contract should be executed prior to beginning of assistance. The CoC RRH portion of the rent assistance for participants receiving CoC Rental Assistance terminates automatically and no further rental assistance payment can be made if:

1. The participant moved out of the assisted unit;
2. The lease was terminated or not renewed by either party;
3. The participant becomes ineligible to receive CoC rental assistance

CASE MANAGEMENT

Any CoC RRH rental assistance recipient should meet with their case manager at a minimum of once (1) per month. More frequent appointments can be made as seen fit for the individual household.

The purpose of case management is to:

1. Help the participant receive appropriate supportive services.
2. Help the participant obtain other federal, state, and local assistance.
3. Help the participant to develop a plan and set goals to retain permanent housing once the assistance

expires.

4. Oversee the progress of goal attainment to sustain permanent housing after assistance has expired.

TERMINATION OF ASSISTANCE

The following process will occur should a participant receiving rental assistance or housing relocation and stabilization services have their assistance terminated: (578.91)

- 1) Provide the program participant with access to a written copy of the program rules and the termination process before the participant begins to receive assistance.
- 2) A written notice to the program participant containing a clear statement of the reasons for termination.
- 3) A review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person who approved the termination decision.
- 4) Prompt written notice of the final decision to the program participant after a grievance has been made.

Termination does not bar the participant household from receiving CoC RRH assistance at a later date for the same family or individual, as long as the household has not exceeded a total of 24 months of rental assistance.

A. MAXIMUM LIMIT ON ASSISTANCE

The maximum limit on rental assistance will be 24 months.

B. TERMINATION AS A RESULT OF ABSENCE FROM A UNIT FOR MORE THAN 90 DAYS

While receiving a subsidy under CoC RRH Rental Assistance Program if the participant is absent from their assisted unit for more than 90 consecutive days, the participant's rental assistance may be subject to termination.

C. TERMINATION DUE TO DUPLICATE SUBSIDIES

While receiving a subsidy under CoC RRH Rental Assistance Program, participants may not participate in any other federal, state or local assisted housing programs (see definition below). The participant must use the assisted unit as their sole residence and may not receive any duplicate housing subsidies for their unit or another housing unit. Acceptance of an on-going stipend from an outside party in order to pay the minimum rent required for the program is not considered a duplicate subsidy.

Federally assisted housing means housing assisted under any of the following programs:

- (1) Public housing;
- (2) Housing receiving project-based or tenant-based assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f);
- (3) Housing that is assisted under section 202 of the Housing Act of 1959, as amended by section 801 of the National Affordable Housing Act (12 U.S.C. 1701q);
- (4) Housing that is assisted under section 202 of the Housing Act of 1959, as such section existed before the enactment of the National Affordable Housing Act;
- (5) Housing that is assisted under section 811 of the National Affordable Housing Act (42 U.S.C. 8013);

(6) Housing financed by a loan or mortgage insured under section 221(d)(3) of the National Housing Act (12 U.S.C. 1715/(d)(3)) that bears interest at a rate determined under the proviso of section 221(d)(5) of such Act (12 U.S.C. 1715/(d)(5));

(7) Housing insured, assisted, or held by HUD or by a State or local agency under section 236 of the National Housing Act (12 U.S.C. 1715z-1); or

(8) Housing assisted by the Rural Development Administration under section 514 or section 515 of the Housing Act of 1949 (42 U.S.C. 1483,

VIOLENCE AGAINST WOMEN ACT 2013

VAWA 2013 continues to bar eviction and termination due to a tenant's status as a survivor, and requires landlords to maintain survivor-tenant confidentiality. It also continues to prohibit a tenant who is a survivor of domestic violence from being denied assistance, tenancy, or occupancy rights based solely on criminal activity related to an act of domestic violence committed against them. It continues to allow a lease bifurcation so a tenant or lawful occupant who engages in criminal acts of physical violence against affiliated individuals or others may be evicted or removed without evicting or removing or otherwise penalizing a victim who is a tenant or lawful occupant. If victim cannot establish eligibility, the landlord must give a reasonable amount of time to find new housing or establish eligibility under another covered housing program.

GRIEVANCE PROCEDURES

A. INFORMAL REVIEWS FOR APPLICANTS

1. The CoC RRH recipient will provide applicants with the opportunity for an informal review of decisions denying:

a. Participation in the program

2. Informal reviews are not required for established policies and procedures such as:

a. The unit does not pass inspection or;

b. The unit is deemed not rent reasonable.

3. Denial notice will describe:

a. The reasons for the decision

b. The household's right to informal review

c. The procedures and time frames for obtaining a review

B. INFORMAL HEARING FOR PARTICIPANTS

1. The CoC RRH recipient will give the program participant an opportunity for an informal hearing to consider whether decisions relating to the individual circumstances of the participant are in accordance with law and recipient rules in the following cases:

a. A determination of the computation of the amount of housing assistance payment to the participant.

b. A decision to deny or terminate assistance on behalf of the participant.

HMIS §576.103

Under this component, CoC funds may be used for CoC RRH recipients and subrecipients' participation in the HMIS collection and analyses of data on individuals and families who are homeless and at-risk of homelessness.

Eligible costs under CoC include:

- Contributing data to the HMIS designated by the CoC
- Costs for managing the HMIS system
- Cost to establish and operate a comparable database for victim services or legal service providers

OTHER FEDERAL REQUIREMENTS

A. NONDISCRIMINATION AND EQUAL OPPORTUNITY REQUIREMENTS

Federal law prohibits housing discrimination based on race, color, national origin, religion, sex, familial status, or disability. Eligibility for CoC RRH assistance will be based upon the criteria noted in the various chapters and made available without regard to race, color, national origin, religion, to actual or perceived sexual orientation, gender identity, familial or marital status, or disability.

B. PROHIBITION OF INQUIRIES ON SEXUAL ORIENTATION OR GENDER IDENTITY

For the purpose of determining eligibility for CoC RRH assistance or otherwise making such housing available, OWHCoC prohibits inquiries regarding sexual orientation or gender identity. It does not prohibit any individual from voluntarily self-identifying sexual orientation or gender identity. 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 for the purpose of determining the number of bedrooms to which a household may be entitled.

C. DEBARRED, SUSPENDED, OR INELIGIBLE CONTRACTORS AND PARTICIPANTS

The prohibitions at 2 CFR part 2424 on the use of debarred, suspended, or ineligible contractors and participants.

REPORTING AND RECORD KEEPING

As indicated in other sections, documentation must be collected and maintained in a participant file for compliance with CoC RRH regulations. Records of payment and program participant records must be maintained for a minimum five (5) years after all funds from the fiscal year of CoC RRH funds were expended.

The CoC RRH recipient will collect the following information for each participant file (dependent upon assistance being provided).

- Referral (from Coordinated Entry)
- Proof that the program participant has received a written copy of the program rules and termination process before the participant begins to receive assistance. (578.91) and signed program participant agreement

- Program eligibility determination
- Proof of homelessness (576.500(b))
- written observation of outreach worker, or
- written referral by another housing or service provider, or
- certification by head of household seeking assistance
- Signed Release of Information
- Completed HMIS assessment and release form
- Proof of client annual income and documentation for determination of income (578.103(a)(6)).
- Source documents, or
- Written statement by a relevant third party, or
- Recipient's intake staff of oral verification by relevant third party of the program participant's income.
- Tenant rental calculation (re-determined every 6 months)
- Lease documentation
- Certification of rent reasonableness
- One bedroom/sleeping room for every two persons
- Completed annual HQS.
- Lead based paint notification
- Housing Assistance Payment (HAP) Contract
- Case management – once per month
- Case plan to assist the program participant to retain permanent housing after the CoC RRH assistance ends.
- Annual re-evaluation of program eligibility and result of eligibility determination
- Proof that the program participant lacks sufficient resources and support networks necessary to retain housing without CoC assistance and the types and amount of assistance that the participant needs to retain housing
- If applicable, compliance with the termination of assistance requirement in 578.91

STANDARDS FOR PROGRAM EVALUATION

OWHCoC has selected the following evaluation standards for CoC RRH recipients:

- 80% maintain housing stability
- 60% maintain or increase total income
- 40% maintain or increase earned income

See 'Performance Standards' in the overall OWHCoC written standards

HOMELESS DEFINITION

DEFINITION OF HOMELESSNESS

24 CFR §583.5 HUD Homeless Definition

(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, camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (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 is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who will imminently 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;

(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

(i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C.2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at

any time during the 60 days immediately preceding the date of application for homeless assistance;

(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of

a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment;

Or

(4) Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has 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

Chronically Homeless. The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:

(a) A “homeless 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. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12

months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as 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 an institutional care facility;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

(c) 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 paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

DEFINITIONS

At-risk of Homelessness – An individual or family who has income below 30% of area median family income for the area, as defined by HUD, and who does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place described in the “homeless” definition (See Exhibit A and Exhibit B), and meets one if the following definitions defined under 24 CFR 578.3 (CoC program) or 24 CFR 576.2 (ESG program). May also include a child or youth who qualifies as homeless under other Federal programs.

HMIS – Homeless Management Information System means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

HMIS Lead Agency – The entity designated by the Continuum of Care to operate the HMIS on its behalf.

Chronically Homeless - A person is chronically homeless if they have been homeless for at least one year continuously or has experienced four episodes over the last three years. For this definition, the persons must have been homeless in a place not meant for human habitation, in an emergency shelter, or in a safe haven. In addition, persons must be diagnosed with one or more of the following conditions: Substance abuse disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

CoC/Continuum of Care – A group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social services providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement;

organizations that serve homeless and formerly homeless veterans, and homeless or formerly homeless persons that are organized to plan for and provide a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.

ESG – Emergency Solutions Grant Program (24 CFR part 576)

Developmental Disability – Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000, and means a severe, chronic disability that is attributable to a mental or physical impairment or combination, and is manifested before age 22, and is likely to continue indefinitely. It must result in substantial limitations in 3 or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency) AND reflects need for special services or individualized support, or other form of assistance this is lifelong or extended duration.

Disabling Condition – A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, which is expected to be of long continued and indefinite duration, substantially impedes the person’s ability to live independently, and is of such a nature that such ability could be improved with more suitable housing conditions; a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 200; or Acquired immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV).

Emergency Shelter – Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Fair Market Rent – Means the rents published in the Federal Register annually by HUD

Families – Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the followings: (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 (a) 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); (b) An elderly family; (c) A near-elderly family; (d) A disabled family; (e) A displaced family; and (f) The remaining member of a tenant family.

Homeless – There are 4 categories within the definition of homelessness, as defined under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act); the most common definition being an individual or family who lacks a fixed, regular, and adequate nighttime residence under Category 1. See Exhibit A

Homeless Prevention – A program targeted to individuals and families at risk of homelessness.

Specifically, this includes those that meet the criteria under the “at risk of homelessness” definition at 576.2, as well as those who meet the criteria in Category 2, 3, and 4 of the “homeless definition and have

an annual income below 30% of family median income for the area.

Housing First – An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Permanent Housing – Community-based housing without a designated length of stay, and includes both Permanent Supportive Housing and Rapid Re-housing.

Permanent Supportive Housing – Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Physical, Mental or Emotional Impairment – Expected to be long-continuing or of indefinite duration; substantially impedes the person's ability to live independently, and could be improved by more suitable housing.

Rapid Re-housing – Housing relocation and stabilization services and short- or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Assistance may be provided for up to 24 months during any 3-year period, and may include rental arrear for up to six months, to eligible persons who qualify as homeless under Category 1 and 4 of the "homeless" definition. See Exhibit A and Exhibit C

Recipient – An applicant that signs a grant agreement with HUD.

Rent Reasonableness – A process conducted by the recipient or sub-recipient to determine if the rent charge for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charge by for comparable unassisted units.

Safe Haven – For the purpose of defining chronically homeless, supportive housing that means the following: (1) serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low-demand services and referrals for the residents.

Street Outreach – The act of reaching out to unsheltered homeless people; connecting them with emergency shelter, housing or critical services; and provide urgent, nonfacility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

Sub-recipient – A private nonprofit organization, State, local government, or instrumentality of State or local government that receives a sub-grant from the recipient to carry out a project.

Transitional Housing – Facilitates the movement of homeless individuals and families to permanent housing within 24 months

Unsheltered Homeless – Individuals and families who qualify as homeless under Category 1(i) of the “homeless” definition. See Exhibit A

Victim Service Provider – A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

APPENDIX A – Types of Income to Count

1) Part 5 Inclusions

This table presents the Part 5 income inclusions to be counted to determine annual income:

1. Income from wages, salaries, tips, etc.	The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
2. Business Income	The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.
3. Interest & Dividend Income	Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
4. Retirement & Insurance Income	The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic payment (except for certain exclusions, listed in Income Exclusions, number 14).
5. Unemployment & Disability Income	Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for certain exclusions, listed in Income Exclusions, number 3).
6. Welfare Assistance	<p>Welfare Assistance. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) or in Minnesota (MFIP, GA, & MSA) program are included in annual income:</p> <ul style="list-style-type: none"> □ Qualify as assistance under the TANF program definition at 45 CFR 260.31; and □ Are otherwise excluded from the calculation of annual income per 24 CFR 5.609(c). <p>If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:</p> <ul style="list-style-type: none"> □ the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus: □ the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family welfare assistance is reduced from the standard of need by applying a percentage, the amount calculated under 24 CFR 5.609 shall be the amount resulting from one application of the percentage.
7. Alimony, Child Support, & Gift Income	Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
8. Armed Forces Income	All regular pay, special pay, and allowances of a member of the Armed Forces (except as provided in number 8 of Income Exclusions).

2) Part 5 Exclusions

This table presents the Part 5 income exclusions not to be counted to determine annual income

1. Income of Children	Income from employment of children (including foster children) under the age of 18 years.
2. Foster Care Payments	Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
3. Inheritance and Insurance Income	Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (except for certain exclusions, listed in Income Inclusions, number 5).
4. Medical Expense Reimbursements	Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
5. Income of Live-in Aides	Income of a live-in aide (as defined in 24 CFR 5.403).
6. Income from a Disabled Member	Certain increase in income of a disabled member of qualified families residing in HOME-assisted housing or receiving HOME tenant-based rental assistance (24 CFR 5.671 (a)).
7. Student Financial Aid	The full amount of student financial assistance paid directly to the student or to the educational institution.

8. "Hostile Fire" Pay	The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
9. Self-Sufficiency Program Income	<p>a. Amounts received under training programs funded by HUD.</p> <p>b. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).</p> <p>c. Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program.</p> <p>d. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time.</p> <p>e. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment-training program.</p>
10. Gifts	Temporary, nonrecurring, or sporadic income (including gifts).
11. Reparation Payments	Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
12. Income from Full-time Students	Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
13. Adoption Assistance Payments	Adoption assistance payments in excess of \$480 per adopted child.
14. Social Security & SSI Income	Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts.
15. Property Tax Refunds	Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
16. Home Care Assistance	Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep this developmentally disabled family member at home.
17. Other Federal Exclusions	Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

APPENDIX B – Household Member Income to Count

This chart summarizes whose income to count under Part 5:

Persons Counted in Household Size for the Purposes of Eligibility Calculation	Employment Income	Other Income (Including income from Assets)
<input type="checkbox"/> Head of Household <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head of Household <input type="checkbox"/> Other Adult <input type="checkbox"/> Dependents <input type="radio"/> Child 17 or under <input type="radio"/> Full-time Student 18 and over	Yes Yes Yes Yes No See Note	Yes Yes Yes Yes Yes Yes
Nonmembers Not counted <input type="checkbox"/> Foster Adult <input type="checkbox"/> Foster Child 18 or under <input type="checkbox"/> Live-in Aide	No No No	No No No
NOTE: Only count the first \$480 of earned income of a full-time student (enrolled for 12 or more units) older than 18 who is a dependent. Full time student status must be verified and documented in the file.		

Minors. Earned income of minors is not counted. However, unearned income attributable to a minor (e.g., child support, welfare payments and other benefits paid on behalf of a minor) is included.

Foster Children and Adults. These persons are not included in the household member count. Also, since the foster children/adults are not counted as household members, the income received to care for these individuals is not included in the household income.

Live-In Aides. If a household includes a paid live-in aide (whether paid by the household or a social service program), the income of the live-in aide, regardless of the source, is not counted. Except under unusual circumstances, a related person does not qualify as a live-in aide.

Persons with Disabilities. During the annual recertification of a household's income, Grantees are required to exclude from annual income certain increases in the income of a disabled member of qualified families residing in HOME-assisted housing or receiving HOME tenant-based rental assistance.

Temporarily Absent Household Members. *The income of temporarily absent household members is counted in the Part 5 definition of annual income – regardless of the amount the absent member contributes to the household. For example, a construction worker employed at a temporary job on the other side of the state earns \$600 per week. He keeps \$200 per week for expenses and sends \$400 per week home to his family. The entire amount (\$600 per week) is counted in the family’s income.*

Adult Students Living Away from Home. *If the adult student is counted as a member of the household in determining the household size (to compare to the HUD income limits), the first \$480 of the student’s income must be counted in the household’s income. Note, however, that the \$480 limit does not apply to a student who is the head of household or spouse (their full income must be counted). To count the adult student as a household member, the adult student would need to be verified as a dependent, usually on the parent’s tax return. Additionally, student status must be verified with documentation in the file.*

Permanently Absent Household Members. *If a household member is permanently absent from the household (e.g., a spouse who is in a nursing home), the head of household has the choice of either counting that person as a member of the household, and including income attributable to that person as household income, or specifying that the person is no longer a member of the household.*

** If the household member is specified as being no longer a member, that member is not allowed to live in the assisted unit if short or medium term rental assistance is being provided.*

APPENDIX C – Treatment of Assets

1) Part 5 Inclusions

This presents the Part 5 asset inclusions to be counted to determine annual income:

Inclusions

- 1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance. Assets held in foreign countries are considered assets.*
- 2. Cash value of revocable trusts available to the applicant.*
- 3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.*
- 4. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.*
- 5. Individual retirement, 401(K), and Keogh accounts (even though withdrawal would result in a penalty).*
- 6. Retirement and pension funds.*
- 7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).*
- 8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.*
- 9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.*
- 10. Mortgages or deeds of trust held by an applicant.*

2) Part 5 Exclusions

This table presents the Part 5 asset inclusions not to be counted to determine annual income:

Exclusions

- 1) Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.*
- 1) Interest in Indian trust lands.*
- 1) Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of*

the household and that other person is responsible for income taxes incurred on income generated by the asset.

1) Equity in cooperatives in which the family lives.

1) Assets not accessible to and that provide no income for the applicant.

1) Term life insurance policies (i.e., where there is no cash value).

Assets that are Part of an Active Business. "Business" does not include rental of properties that are held as an investment and not a main occupation.

FL-505 has developed the following Permanent (Supportive) Housing (PH/PSH) minimum standards to ensure:

- Program accountability to individuals and families experiencing homelessness;
- Program compliance with HUD regulations;
- Program uniformity; and
- Adequate program staff competence and training, specific to target population served

Client Intake Process: FL-505's Coordinated Entry System includes a Centralized Intake System and prioritization for all Permanent Supportive Housing (PSH) beds. Using the VI-SPDAT to evaluate the severity of service needs and length of time homeless, the CES uses this data to prioritize PSH beds for the most vulnerable chronically homeless persons in the service area.

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.
- Policies and procedures for matching eligible applicants with Permanent Supportive Housing (PSH) units.

FL-505 has implemented a Centralized Intake Coordinated Entry System for PSH. The following describes the process for how program participants will be screened: Homelessness & Housing Alliance (HHA) the Collaborative Applicant and HMIS Lead Agency for Okaloosa Walton Homeless Continuum of Care will screen potential program participants following Policy and Procedure for the Centralized Intake Coordinated Entry System.

- ✓ A Referral Specialist will pre-screen a potential participant via telephone or 211 system
- ✓ If determined that the program participant may be eligible for PSH a face to face screening appointment will be made at an *approved location that is both easily accessible for the participant and provides privacy and confidentiality for the participant
 - Informed consent must be obtained and documented prior to the VI-SPDAT being

conducted.

- *If Participant does not have necessary documentation or access to documentation HHA and the Case Manager will assist the participant in obtaining identification, vital records, and any other documentation deemed necessary to enroll in PSH and will not disqualify a participant for lack of documentation or identification*
- *Transportation will be arranged by the Case Manager if participant has transportation barriers.*
- g. *Participant and Case Manager will sign all necessary documentation including but not limited to a Release of Information, Confidentiality Agreement, Consent Form, and Acknowledgement of Understanding.*
 - *If participants cannot read or have other special needs requiring assistance in reading, understanding, or signing the forms required for the VI-SPDAT the Case Manager will provide assistance*
- h. *Participant will be screened using the VI-SPDAT by a qualified, trained, Case Manager*
 - *All Case Manager's or screeners using the VI-SPDAT must be trained to use the tool*
- ✓ *Once the VI-SPDAT has been completed and entered into HMIS the participant will be issued a Vulnerability Index Scale*
- ✓ *The participant will be added to the Supportive Housing Registry if the Vulnerability Index scale determines PSH is the appropriate housing intervention for the participant*
- ✓ *The Supportive Housing Registry is maintained by HHA and ranks participants by the VI score and not chronologically (See Prioritizing Permanent Supportive Housing).*
- ✓ *Participant will be notified of which housing intervention is appropriate according to the VI-SPDAT and they will be informed of the placement process for the specific housing intervention*
- ✓ *The Case Manager will make a referral to the appropriate housing provider*
- ✓ *If the Participant is eligible for PSH they will be given the following:*
 - *PSH Packet that includes a comprehensive description of the program, program requirements, and a step by step process for moving participant from homelessness to housing (the packet must include information regarding housing choice, and voluntary supportive services)*
 - *Contact Information for the PSH Provider or CoC Housing Coordinator*
 - *An estimated timeline for moving into a PSH bed/unit*
 - *A follow up appointment with Case Manager or Outreach personnel to keep contact with participant active*

- *The packet explains the services that are available and any requirements for participation*
- *A copy of the Release of Information that allows the sharing of information with relevant people and/or agencies. Program participants have copies of all Releases of Information that they have signed, and have the right to revoke any Release of Information without penalty.*
- ✓ *If the participant is not eligible for PSH a referral will be made using the Coordinated Entry System*

**An approved location is a location that has been deemed appropriate by the CoC and HMIS Lead to administer the VI-SPDAT and or other comprehensive assessments. An approved location will be handicapped accessible and is compliant with the American with Disabilities Act.*

HUD published the following Prioritization Notice in July 2014 which established a suggested order of priority for households served in permanent supportive housing programs, and provides uniform recordkeeping requirements to document the chronically homeless status of program participants. The intent of the Notice is to move CoC's and recipients of CoC Program funding for PSH in a direction where chronically homeless persons, including chronically homeless unaccompanied youth or unaccompanied youth with the highest needs, are prioritized for assistance above other eligible households. The OWHCoC encourages all PSH grantees to incorporate the process described in the Notice when developing local written standards. The Notice can be found under the following:

NOTICE CPD-14-012: PRIORITIZING PERSONS EXPERIENCING CHRONIC HOMELESSNESS IN PERMANENT SUPPORTIVE HOUSING AND RECORDKEEPING REQUIREMENTS FOR DOCUMENTING CHRONIC HOMELESS STATUS

Eligibility Criteria:

- ✓ ***Participants will be screened utilizing a Vulnerability Index Service Prioritization Decision Assistant Tool (VI-SPDAT)***
- ✓ ***Participant must provide informed consent and agree to participate in the screening. This participation and consent will be documented and maintained in the participant file.***

The following are the only reasons that the Centralized Intake Coordinated Entry System may disqualify an individual or family from program entry:

- ***Household make-up, provided it does not violate HUD's Fair Housing, Equal Opportunity, and Equal Access to Housing in HUD Program requirements (Singles Only programs can disqualify households with children, Families Only programs can disqualify single households, etc.)***
- ***Criminal record that includes violent crimes within the last three years***

- *Status as a lifetime registered sex offender.*

Participants shall not be disqualified for the following reasons:

- *Lack of income or employment status.*
- *Programs cannot disqualify an individual or family because of evictions or poor rental history.*
- *Programs may not discriminate against any participant for race, religion, sexual orientation, gender, ethnicity or any other characteristic*

Recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant's status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. Further, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards, the CoC as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities