Santa Clara Countywide Quality Assurance Standards for Homeless Housing & Service Programs

Santa Clara County Continuum of Care

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How to Use the Quality Assurance Standards

The quality assurance standards were developed with the expectation of providing quality, standardized services to persons who have become homeless, to facilitate their successful re-entry back into their communities.

Applicability

Quality Assurance Standards

All Santa Clara County Collaborative on Affordable Housing and Homeless Issues member agencies should use the Quality Assurance Standards as a benchmark and model for agency- and program-level policies and procedures.

Standards demarcated as "Preferred Practice Recommended Standards" represent preferred community practices above and beyond the basic quality assurance standards. Programs are encouraged to implement Preferred Practice Recommended Standards whenever possible.

Local funders are encouraged to use the Quality Assurance Standards to assess agency and program capacity, operations, and performance.

Standards for Continuum of Care and Emergency Solutions Grant Recipients

The following sections serve as the Continuum of Care's written standards for providing assistance, as required under Continuum of Care Program Interim Rule section 578.7(a)(9):

- Section C. Permanent Supportive Housing

- Section D. Rapid Re-Housing

- Section E. Transitional Housing

- Section J. Coordinated Assessment Policies and Procedures

Certain sections of the Quality Assurance Standards are required policies of the Continuum of Care (CoC) for the CoC and Emergency Solutions Grant (ESG) Programs, and apply only to activities funded under the CoC or ESG programs. These sections are identified in the section and subsection headings.

The "Emergency Solutions Grant Monitoring" section outlines the Santa Clara County CoC's procedures for monitoring the performance of ESG recipients, as required under Continuum of Care Program Interim Rule section 578.7(c)(5).

Definitions

RESIDENT OR CLIENT

The terms "RESIDENT" OR "CLIENT", as used in the ensuing standards, refer to individuals or families who reside in a shelter, transitional housing, rapid re-housing or permanent supportive housing, as defined below, or participate in programs offered by homeless shelter, housing, or service providers.

SHELTER

The term "SHELTER", as used in the ensuing standards, includes all three types of shelters, temporary, basic and service-enriched, as defined below. When the standards apply only to a certain type of shelter, specific language is used to clarify the designation.

TEMPORARY OR WINTER SHELTER

The terms "TEMPORARY SHELTER" OR "WINTER SHELTER", as used in the ensuing standards, refer to all temporary or seasonal emergency shelters, including rotating church shelters, that provide shelter in a non-

permanent location, for a limited period of time, to individuals and families having neither a home nor the means to obtain a home or other temporary lodging. These shelters may be set up in response to natural disasters, harsh climactic conditions, or other emergencies. The programs and/or facilities are temporary and are not meant to exist beyond the length of the emergency or winter season.

BASIC SHELTER

The term "BASIC SHELTER", as used in the ensuing standards, refers to facilities providing shelter in a permanent location, for a limited period of time, to individuals and families having neither a home nor the means to obtain a home or other temporary lodging.

SERVICE-ENRICHED SHELTER

The term "SERVICE-ENRICHED SHELTER", as used in the ensuing standards, refers to facilities that provide shelter and services in a permanent location, for a limited period of time, to individuals and families having neither a home nor the means to obtain a home or other temporary lodging. Service-enriched shelters are distinguished from basic shelters by the provision of services, such as case management, substance abuse treatment, and/ or mental health counseling, which support residents' transition to stability.

TRANSITIONAL HOUSING

For the purposes of these standards, "TRANSITIONAL HOUSING" must comply with the standards of service-enriched shelters except where existing law requires a different standard. Transitional housing programs offer housing combined with an array of support services, for an extended, but not permanent length of time where clients may pay a percentage of their income towards their housing cost. Transitional housing is designed to provide people with the structure and support they need to address critical issues contributing to their homelessness and to teach the skills necessary to maintain permanent housing and maximum self-sufficiency.

BEDROOM

The term "BEDROOM", as used in the ensuing standards, refers to a room furnished with a bed and intended primarily for sleeping.

FACILITY

The term "FACILITY," as used in the ensuing standards, refers to a building, buildings, or part of building used to provide site-based services, shelter, or housing to persons experiencing homelessness or participating in Permanent Supportive Housing or Rapid Re-Housing. The definition of "FACILITY" does not include units occupied by participants in Rapid Re-Housing or Permanent Supportive Housing programs.

DROP-IN CENTER

"DROP-IN CENTER" refers to a program which provides services, including information and referral, food, bathrooms, seating accommodations and telephones, in a safe, welcoming, minimally intrusive environment that is designed to foster trust and personal engagement. Drop-in centers are not residential programs.

INTERNAL GRIEVANCE PROCEDURE

The term "INTERNAL GRIEVANCE PROCEDURE", as used in the ensuing standards, refers to a mechanism for clients to file official complaints about inadequate shelter conditions or improper staff behavior.

INTERNAL APPEAL PROCESS

The term "INTERNAL APPEAL PROCESS", as used in the ensuing standards, refers to a mechanism for clients to appeal the results of the internal grievance procedure or to appeal unfavorable admissions or eligibility decisions, shelter rules, sanctions or expulsions.

OUTREACH SERVICES

"OUTREACH SERVICES" refer to street outreach or mobile outreach teams that are designed to bring the existing service delivery system to the person or family served. These services are offered to persons and families who have unmet needs and who are not served or are under-served by existing service delivery mechanisms in the community.

PERMANENT SUPPORTIVE HOUSING

"PERMANENT SUPPORTIVE HOUSING" refers to a type of permanent housing that is organization sponsored and which provides housing linked with supportive services. Permanent supportive housing is designed to encourage maximum independence among its residents.

PERSONS WITH SPECIAL NEEDS

The term "PERSONS WITH SPECIAL NEEDS", as used in the ensuing standards, refers to individuals with a disability, whether mental, physical or developmental, who desire services relevant to their disability.

PREFERRED PRACTICE

The term "PREFERRED PRACTICE", as used in the ensuing standards, refers to those provisions and activities that are beyond basic standards of care. All programs are encouraged to implement Preferred Practices whenever possible.

PROGRAM

The term "PROGRAM", as used in the ensuing standards, refers to the entity that is providing the housing or services, which may include shelter, permanent supportive housing, prevention and support services, outreach services, drop-in center, or any other social services whether they are provided in a residential or non-residential setting.

RAPID RE-HOUSING

The term "RAPID RE-HOUSING" refers to a type of permanent housing program, which offers time-limited rental subsidies and case management. The aim of Rapid Re-Housing is to move individuals and families into permanent housing as rapidly as possible, and to provide supports necessary for clients to achieve independence and long-term housing stability.

REASONABLE ACCOMMODATION

The term "reasonable accommodation" refers to a change in a shelter or service provider's usual rules, policies, or practices when a change is necessary and reasonable for a participant with a disability to fully use and enjoy the program. The accommodation has to be directly related to the individual's disability.

SERVICE ANIMAL

The term "service animal," under the Americans with Disabilities Act and as used in the ensuing standards, refers to a dog that is individually trained to do work or perform tasks for people with disabilities. A service animal's training does not have to be documented or certified.

ASSISTANCE ANIMAL

The term "assistance animal," under the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973 and as used in the following standards, refers to any animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals do not need to be individually trained or certified.

References

Americans with Disabilities Act: http://www.ada.gov/pubs/adastatute08.htm See Titles II and III

Federal Fair Housing and Amendments Act: http://www.justice.gov/crt/fair-housing-act-2 See §804

California Fair Employment and Housing Act http://www.dfeh.ca.gov/Publications_FEHADescr.htm See Chapter 6, Article 2

Unruh Civil Rights Act http://www.dfeh.ca.gov/Publications_Unruh.htm See Section 51

A. General Standards for Program Management

All programs must comply with the following standards, except where the standard is designated as applying to only certain program types.

I.   Management and Oversight

A. Program management is planned, coordinated, monitored, and evaluated on a continuous basis.

B. Program operation is overseen by a County or City agency or a non-profit corporation with an independent oversight typically a Board of Directors. It is professionally run with appropriately trained staff.

II.   Hours of Operation

A. The program posts its hours of operation in a conspicuous location.

Preferred Practice Recommended Standards

B. Reasonable accommodations are made outside of normal hours of operation for special circumstances such as illness, inclement weather, disabilities, etc.

III.   Staff

A. For site-based programs, the program has trained, on-site staff persons (paid or volunteer), available and accessible in sufficient number to provide a safe environment during all hours that a facility is open to clients.

B. Appropriate criminal background checks will be conducted on all staff members that work with children.

C. Programs must have a policy prohibiting staff from establishing sexual relationships with program clients.

Preferred Practice Recommended Standards

D. Site-based programs should have sufficient staff on duty at each facility to provide for the safety and security of clients and of the facility. The ideal staff/client ratio should be determined based on the population(s) served, physical plant configuration (per building/site), and number of clients served.

IV.   Staff Training

A. All programs must ensure that staff receive regular, high-quality training

B. For site-based programs, there is at least one staff person on-site at each facility at all times who has had training and orientation on the following topics. In temporary or winter shelters, staff receive at minimum a one-time training per season/year on these subjects.

1. CPR;

2. First Aid;

3. Crisis intervention and de-escalation techniques;

4. Cultural sensitivity;

5. Sexual harassment;

6. Sensitivity to wider issues of homelessness;

7. Universal Precautions (disease transmission prevention);

8. Child abuse/neglect reporting laws (if shelter provides services to children);

9. Search and Seizure/Probable Cause (shelter programs only);

10. TB Prevention (shelter programs only);

11. Medication handling (shelter programs only if shelter handles medication).

Preferred Practice Recommended Standards

C. For uniform and widespread communication of information and for economy, trainings should be sponsored by the Service Providers Network, the CoC, and/or local agencies and conducted jointly. Thereafter, staff attending the training should disseminate the training information to their co-workers.

V. Admission Procedures, Eligibility, & Documentation

A. The program's admission process must include written eligibility criteria that are fair and objective, and verbal or written notification in all appropriate languages or in a fashion readily accessible to accommodate non-hearing and sight impaired individuals, upon request, of reasons for non-acceptance.

The eligibility information must be made available to clients at intake and staff must provide answers to questions about the admission criteria and process.

B. The Santa Clara Continuum of Care and its housing and service providers are committed to fostering equal access to housing and services. Programs may not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, age, familial status, or disability. Programs must provide notice of this non-discrimination policy to participants and prospective participants.

C. Programs must have formal appeal procedures through which clients may appeal unfavorable admission or eligibility decisions. Programs must provide clients with a copy of the policy for appeals at intake in a fashion readily accessible to accommodate non-hearing and sight impaired individuals. (See "Procedures to Protect Participant Rights, Section B")

D. Programs that condition services on particular criteria, such as treatment for current substance abuse, must document such criteria in writing in all appropriate languages or in a fashion readily accessible to accommodate non-hearing and sight impaired individuals and make these criteria clear to all clients at intake.

E. *CoC- and ESG- Funded Programs*: The Santa Clara County Continuum of Care funds Permanent Supportive Housing, Rapid Re-Housing, and Transitional Housing. Eligibility and documentation requirements for CoC-funded programs are outlined in Section D. Permanent Supportive Housing, Section E. Rapid Re-Housing, and Section F. Transitional Housing.

VI. Rules, Policies and Procedures

Programs are encouraged to adopt a low-barrier, housing first approach in their written policies and procedures, by limiting the grounds for expulsion from the program as much as is reasonably possible (see Section B.IV. Protection of Client Choice).

A. The program has reasonable rules for clients that are appropriate for the program model, target population, and services provided. Such rules clearly inform clients of the obligations upon which their continued participation in the program depends and the sanctions for non-compliance.

B. The program provides clients with a copy of the rules at intake in all appropriate languages or in a fashion readily acceptable to accommodate non-hearing and sight impaired individuals. In addition, it posts the rules in a location readily accessible to clients and visitors in all appropriate languages or in a fashion readily acceptable.

C. The program rules specify the rights of clients (See "Procedures to Protect Participant Rights, Section B") and the procedures in place to protect their rights and dignity. Clients must be permitted to exercise these rights without fear of reprisal.

D. The program rules must be equally applied to all clients, unless a client has asked for a reasonable accommodation due to his/her disability.

E. The program rules specify the reasons or conditions for which a client may be sanctioned or expelled, including those behaviors which constitute gross misconduct and are grounds for immediate discharge from the program and those which would prompt a written warning if violated and potential discharge if violated repeatedly. This information is provided in a manner which is clear and easily understood by clients.

F. The program rules describe the formal appeal procedures through which clients may appeal program regulations, sanctions or expulsions. (See "Procedures to Protect Participant Rights, Section B")

G. The program rules include the policy and procedures governing how and when searches of clients' private possessions may be conducted. (See "Procedures to Protect Participant Rights, Section B")

Basic & Service Enriched Shelter Standards:

H. The program rules require that clients and staff respect the personal rights and private property of the other clients. This includes abstaining from disorderly conduct, the use of threatening or abusive language and excessive noise.

I. The program rules specify that clients who have visitors are responsible for ensuring that their visitors comply with all shelter rules pertaining to the behavior of guests.

J. The program rules specify any normal housekeeping services required of clients.

K. Shelter rules make clear when and under what circumstances maintenance personnel or contractors can enter a room or apartment without the client's permission. Clients must be given reasonable advance notice when possible if such access is required in non-emergency situations.

VII.   Domestic Violence Policies

All efforts shall be made to protect the privacy and safety of survivors of domestic violence, dating violence, sexual assault or stalking (hereinafter "domestic violence survivors"). The following procedures are required for any CoC-funded programs.

A. Privacy and Safety

1. Programs which are primarily for survivors of violence ("victim service providers") are prohibited from contributing client-level data into the HMIS System. However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.

2. Victim service providers should ask incoming households experiencing homelessness whether they want their HMIS record to be deidentified in HMIS if such a record exists. If deidentification is desired, the victim service provider should have the survivor sign a letter stating the request. The victim service provider must then send the request to the Bitfocus Help Desk. The Help Desk

can be reached via email at sccsupport@bitfocus.com, by phone at 408-596-5866 Ext. 2, or by going to scc.hmis.cc and opening a Support Ticket.

3. If a non-victim service provider becomes aware that a household being served is fleeing or attempting to flee violence, the provider should:

    a. Immediately offer the household a warm referral to a victim service provider; and

    b. Check the HMIS System to see if there is an existing record for the household and proceed as follows:

        i. If there is no existing HMIS System record for the household, explain the Release of Information and offer the household the option to have their information entered into HMIS anonymously. The provider should explain the process for housing referrals if entered anonymously (referral would be processed through the service provider entering the record into HMIS, who would then attempt to locate the client if a referral is made).

        ii. If there is an existing HMIS System record for the household that includes the household's identifying information (non-anonymous), offer the household the option to make this existing HMIS profile anonymous. The provider should immediately notify the Bitfocus Help Desk if they change a previously existing profile from non-anonymous to anonymous so that other providers serving the household are notified of this change.

        iii. If the DV survivor is part of a household in HMIS that includes their abuser, offer the survivor the option to remove their identity from the existing household and create a new and separate anonymous client profile. The provider should notify the Bitfocus Help Desk by following the procedure in subsection (2) above.

4. The location of Domestic Violence shelters/programs shall not be made public.

5. Staff responsible for coordinated assessment shall receive training on protecting the safety and privacy of individuals who are fleeing, or attempting to flee violence.

6. No CoC-funded program will deny or terminate assistance or evict a participant solely because she or he is a domestic violence survivor.

7. For each program participant who moved to a different Continuum of Care due to imminent threat of further violence under § 578.51(c)(3), the CoC program must retain:

    a. Documentation of the original incidence of violence. This may be written observation of the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; medical or dental records; court records or law enforcement records; or written certification by the program participant to whom the violence occurred or by the head of household.

    b. Documentation of the reasonable belief of imminent threat of further violence, which would include threats from a third-party, such as a friend or family member of the perpetrator of the violence. This may be written observation by the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; current restraining order; recent court order or other court records; law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails,

text messages, and social media posts; or a written certification by the program participant to whom the violence occurred or the head of household.

B. Certification of homelessness

For victim service providers:

1. An oral statement by the individual or head of household seeking assistance that states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.

For non-victim service providers:

1. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and

2. Certification by the individual or head of household that no subsequent residence has been identified; and

3. Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

a. These requirements apply to all CoC-funded PSH, RRH and TH programs funded through the 2017 CoC Program Notice of Funding Availability (NOFA) and all subsequent CoC Program NOFAs.

b. Required Forms and Notices

    i. All CoC-funded PSH, RRH and TH must provide each household applying for assistance with a Notice of Occupancy Rights and Certification Form at the following times:

        1. The household is denied assistance;

        2. The household is admitted to the program;

        3. The household receives notification of eviction; and/or

        4. The household is notified of termination of assistance.

    ii. The Notice of Occupancy Rights must include:

        1. VAWA protections, including survivor rights of confidentiality and the prohibited bases for denial or termination of assistance or eviction; and

        2. Limitations of VAWA protections, including a housing provider's compliance with court orders and right to evict or terminate assistance to tenants for any violation not premised on an act of domestic violence, dating violence, sexual assault, or stalking.

    iii. The Certification Form must be approved by HUD, and provide space for the applicant to state:

        1. That they are a survivor of domestic violence, dating violence, sexual assault or stalking;

        2. That the incident that is the ground for protection meets the applicable definition for such incident under 24 CFR 5.2003; and

        3. The name of the individual who committed the violent act, if the name is known and safe to provide.

c. Contracts between recipients/subrecipients and property owners/landlords must include the following provisions to ensure the owner/landlord is complying with requirements under VAWA in any leases with program participants:

    i. A statement that the "owner/landlord will comply with 24 CFR part 5, subpart L";

    ii. A provision ensuring that if the owner/landlord is to have a lease with a participant, the owner/landlord will include in the lease the provisions in 24 CFR 5.2005(b) and (c);

iii. If assistance is not TBRA, a provision ensuring that any lease, sublease or occupancy agreement with a program participant will permit the program participant to terminate the lease, sublease or occupancy agreement without penalty if the recipient determines the participant qualifies for an emergency transfer;

iv. Landlord/owner may include a provision that these protections only apply while the participant receives assistance through the CoC program.

d. Leases, subleases and occupancy agreements between recipients or subrecipients and program participants must include:

i. A provision that the program will comply with 24 CFR part 5, subpart L;

ii. The provisions in 24 CFR 5.2005(b) and (c);

iii. If the participant is not receiving TBRA, any lease, sublease, or occupancy agreement with a participant must permit the participant to terminate the lease, sublease, or occupancy agreement without penalty if the recipient determines the participant qualifies for an emergency transfer;

iv. The recipient or subrecipient may also include a provision stating that the protections under 24 CFR part 5, subpart L, will apply only during the period of assistance under the CoC Program.

e. Lease Bifurcation

i. Housing providers may bifurcate tenant-based rental assistance leases to evict, remove, or terminate assistance to a household member who engages in domestic-violence related criminal activity without evicting, removing, or terminating assistance to, or otherwise penalizing, a victim of such criminal activity who is also a tenant or lawful occupant.

ii. Tenant-based rental assistance and any utility assistance shall continue for the family member(s) who are not evicted or removed.

iii. If the lease is bifurcated for a family residing in permanent supportive housing and the family's eligibility for housing was based upon the evicted or removed family member's disability or chronic homeless status, the remaining family members may stay in the project as provided by 24 CFR 5.2009(a).

VIII. Education Policies

Consistent with the CoC Program Interim Rule 24 CFR §578.23, all CoC and ESG programs assisting families with children or unaccompanied youth must:

A. Take the educational needs of children into account when placing families in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education.

B. Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney Vento Liaisons as part of intake procedures.

C. Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.

D. Allow parents or the youth (if unaccompanied) to make decisions about school placement.

E. Not require children and unaccompanied youth to attend after-school or educational programs that would replace/interfere with regular day school or prohibit them from staying enrolled in their original school.

F. Post notices of student's rights at each program site that serves homeless children and families in appropriate languages.

G. Designate staff that will be responsible for:

    1. Ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to; and

    2. Coordinating with the CoC, the Department of Social Services, the County Office of Education, the McKinney Vento Coordinator, the McKinney Vento Educational Liaisons, and other mainstream providers as needed.

IX. Family Admission and Separation Policies

a. Consistent with CoC Program Interim Rule §578.93:

    i. CoC and ESG providers that serve families may not use the age or gender of a family member under 18 as the basis for denying admission to a family. CoC and ESG providers that serve families may not deny admission to any member of a family that is being served by the program. "Family member" means any member of a household as defined or identified by the household, and is not limited to persons related by birth, adoption, or marriage.

    ii. The CoC will work closely with providers to ensure that placement efforts are coordinated to avoid involuntary family separation, including referring clients for the most appropriate services and housing to match their needs.

b. Continuing efforts will be made among cold winter shelters to ensure that families are not separated and the 211 telephone system will be used to help identify the needs of families and keep them together.

X. Injury Prevention

A. The program has a Workplace Injury and Illness Prevention Program, in compliance with Cal/ OSHA guidelines in Title 8 of the California Code of Regulations, and posts recommended practices regarding on-site injury prevention as well as guidelines for response to on site injury.

B. All entrance and exit ways at program facilities are clear of blockages and tripping hazards.

C. Clients are not locked in any portion of a program facility without a means of exit.

XI. Emergency Procedures

Standards for Program Facilities

A. The program promptly and appropriately responds to the medical problems of clients and staff.

B. The program has first aid equipment and supplies for medical emergencies available at all times. These supplies must be checked regularly to ensure they are up to date and their location in the facility must be clearly marked.

C. The program has written protocols to guide staff response to shelter crises including, but not limited to, physical injury, client suicide attempts, overdoses, and domestic or other violence.

D. The program has a phone available 24 hours per day to contact the fire department, paramedics, police and site supervisor personnel, and posts a list of such emergency numbers.

E. There should be posted policies and procedures for responding to emergencies. The program has at least one designated individual person on site at all times who has had training and orientation on emergency procedures.

F. Universal precaution practices are used to prevent transmission of diseases and are implemented under the presumption that blood and body fluids from any source are to be considered potentially infectious. Supplies necessary for maintaining universal precautions, such as sharps containers, must be available.

G. The program has a fire safety system including a posted evacuation plan and map in each room and all items required by building, safety, and health codes.

Preferred Practice Recommended Standards

H. The program should develop written, site-specific emergency response protocols with local police, fire department and other agencies. The protocols should address personnel and client-centered emergencies such as overdoses and violence, and should sensitize police and fire departments to the special needs of the program, its population and its environment. The protocols should outline the way in which police and fire departments should enter the facility, what they can expect of clients and staff when they enter the facility, and which staff to interact with. This document should be created in cooperation with the police and fire departments and should be part of an ongoing relationship with these departments. Shelters should develop these protocols in addition to developing a plan, based on the Standardized Emergency Management System, which will address facility and environmental emergencies.

XII. Disaster Preparedness and Response

A. Agencies should participate in community-wide disaster preparedness efforts, including training and drills.

Standards for Program Facilities

B. The program mitigates earthquake hazards by anchoring cases and file cabinets and eliminating falling hazards.

C. **Basic & Service Enriched Shelter Standard:** The program has a plan based on the Standardized Emergency Management System (SEMS) - a local, state, and federally-mandated system to respond to earthquakes, fires, floods, and other disasters.

XIII. Food Services

All programs that provide food services on site must comply with the following standards.

A. If a program provides meals, they must be well-balanced and nutritious. The meals may be provided either directly or through a contractual arrangement.

B. All health codes will be observed in the preparation and storage of food.

Preferred Practice Recommended Standards

C. Programs providing food services should make a reasonable effort to meet medically appropriate dietary needs of all clients as prescribed by appropriate medical or dental personnel.

D. Programs providing food services on-site should provide food buying and menu planning by a staff member, consultant or volunteer knowledgeable in nutrition.

XIV. Transportation Services

All programs providing transportation services with agency vehicles must comply with the following standards.

A. The program has written policies and procedures that guide the use and maintenance of agency motor vehicles used for client transportation.

B. If the program serves people with children, it must have sufficient car seats and booster seats for infants and toddlers, and children 6 years or younger and/or 80 pounds or below and must use them in a manner complying with existing law when infants, toddlers, and children are being transported.

C. All vehicles (personal and agency) used for transportation are fully and adequately insured, operated only by licensed drivers, and have up-to-date registration. All drivers and passengers must use seat belts, as required by law.

D. Mass transport vehicles receive, at a minimum, an annual safety inspection by qualified individuals. Documentation of immediate completion of safety repairs is kept on file.

E. Programs that provide transportation make provisions for clients who need vehicles that are wheelchair accessible.

B. Procedures to Protect Participant Rights

I. Basic Rights

A. Providers of shelter, housing, and services to the homeless must protect the rights and dignity of the individual or family served in all phases of service delivery. At a minimum, providers must afford each client the following rights and protections. Clients must be permitted to exercise these rights without fear of reprisal.

B. All shelter clients are entitled to enjoy a safe and healthful environment in the shelter or program.

C. All program clients are entitled to be treated in a manner that respects their dignity and individuality.

D. All program clients with disabilities are entitled to reasonable accommodations under fair housing laws when such accommodations are necessary because of their disability.

E. All clients are entitled to remain in the program and not be involuntarily removed without reasonable notice, good cause, and just procedures.

F. All program clients are entitled to just and standardized procedures for determining eligibility, admissions, sanctions and dismissals, and resolving grievances

G. All program clients are entitled to reasonable privacy and confidential treatment of personal, social, financial, medical, mental and behavioral health records, except as necessary to further treatment, information and referral services and in compliance with the client's consent to release information.

H. All program clients are entitled to the full exercise of their civil, constitutional, and legal rights.

II. Opportunities for Participants in Program Administration

A. Programs shall provide clients with on-going opportunities to voice opinions, to participate in program operation and programming, and to make suggestions regarding programming and rules.

B. Programs shall respect clients' right to exercise their civil, constitutional and legal rights in regard to access to shelter, housing and services.

III.   Protection Against Discrimination

A. Clients' rights must be protected against all forms of discrimination, including those based on race, religious creed, color, national origin, ancestry, language, disability (physical or mental health), medical condition, marital status, familial status, age, sex or gender identify, sexual orientation, source of income, or political affiliation.

B. Programs must have a written policy that harassment of clients and staff on the basis of race, religious creed, color, national origin, ancestry, language, disability (physical or mental health), medical condition, marital status, familial status, age, sex or gender identity, sexual orientation, source of income, or political affiliation will not be condoned nor tolerated. Programs must post this policy in a conspicuous place and in all appropriate languages.

C. Programs must have a written policy regarding the religious freedom of clients and staff. Programs that receive federal funding cannot require clients, staff or guests to participate in religious worship or instruction and cannot proselytize to clients, staff or guests.

D. Clients and staff have the right to report any acts of harassment or discrimination in violation of the program's policy without fear of retaliation.

E. Programs must take immediate action up to and including disciplinary action and/or termination against any person who violates the program's policy against harassment and/ or discrimination. Programs must adopt and follow written procedures for responding to violations of the program's policy against harassment and/or discrimination, if such violations are not covered by the program's grievance and termination procedures.

F. Program staff must respect and reasonably accommodate personal and cultural differences associated with race, religious creed, color, national origin, ancestry, language, disability (physical or mental health), medical condition, marital status, familial status, age, sex or gender identity, sexual orientation, source of income, or political affiliation.

G. At no point shall program access be denied because of an individual's disability. Moreover, a program may not apply different rules to individuals because of their disabilities, unless the different rules are a result of granting a reasonable accommodation request made by an individual with a disability.

H. Clients with disabilities are entitled to reasonable accommodations. If a client requests a change in a program's policy or procedure as an accommodation of his/her disability, the program should grant the accommodation when the accommodation is both reasonable and necessary because of the individual's disability. Such an accommodation request must be considered during any stage in the provision of a program, including at intake, during services, and during discharge proceedings. When a reasonable accommodation request is made, the program supervisor may request medical verification of the individual's disability.

I. Service Animals

   a. Programs providing emergency shelter and/or services must allow service animals to accompany people with disabilities in all areas of a program facility where clients are normally allowed to go. This includes but is not limited to publicly accessible areas, common areas, areas used to provide services or case management, and sleeping accommodations in emergency shelters. Persons with service animals cannot be isolated from other clients, treated less favorably than other clients, or asked to pay a fee in connection with their service animal.

   b. All programs administered by the state of California, by a local government, or by a state or local public agency such as a public housing authority, must allow people with disabilities to have service animals in all areas of a program facility where clients are normally allowed to go, which includes but is not limited to publicly accessible areas, common areas, areas used to provide services or case management, sleeping accommodations in emergency shelters, and in a client's

housing unit. Persons with service animals cannot be isolated from other clients, treated less favorably than other clients, or asked to pay a fee in connection with their service animal.

    c. In programs that are required to allow service animals, program staff may not ask a person with a service animal to prove or document that the animal is trained, that the person needs the animal to assist them, or that the person has a disability. If, and only if, it is not readily apparent that the animal is trained to perform tasks for a person with a disability, programs may ask the person with the service animal the following two questions:

        i. Is this a service animal that is required because of a disability?

        ii. What work or tasks has the animal been trained to perform?

    d. Programs that are required to allow service animals may ask persons with service animals to keep the animal harnessed, leashed, or tethered, unless that would interfere with the service animal's work or the person's disability prevents the use of a harness or leash. In that case, the program may require the person to maintain control of the animal through voice, signals, or other controls.

    e. In programs that are required to allow service animals, person with a service animal can be asked to remove their service animal from a program facility or housing unit for the following reasons, only:

        i. The animal is out of control and the owner takes no effective action to control it, or

        ii. The animal is not housebroken.

J. Assistance Animals

    a. Programs providing emergency shelter, transitional housing, or permanent housing must evaluate any request for a reasonable accommodation to possess an assistance animal using the same principles and process applied to all reasonable accommodations requests. Upon receiving a request to live with an assistance animal, the program must consider the following:

        i. Does the person making the request have a disability?

        ii. Does the person making the request have a need for the assistance animal that is related to their disability?

    b. When considering a request to possess an assistance animal, the program may ask the person making the request to provide reliable documentation of a disability, unless the person's disability is apparent or is already known to the housing provider.

    c. If an animal meets the definition of "assistance animal" and of "service animal," and the program is of a type required to allow service animals, then the animal must be treated as a service animal.

K. Programs must have a written policy to ensure equal access to shelter, housing and services regardless of actual or perceived sexual orientation, gender identity, or marital status. Where appropriate, program policies will comply with the Department of Housing and Urban Development's Equal Access Rule and Notice CPD-15-02 on Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities.

    a. If bathroom or shower facilities are single-sex, transgender clients should have access to bathroom and shower facilities based on their gender of identification. People who identify outside of the male/female gender binary should have access to whichever bathroom and shower facilities help them feel safest.

    b. Single-sex shelter and transitional housing programs will place clients in shelter or housing that corresponds to the gender with which that person identifies or, if the client does not identify with either binary gender, in the shelter or housing situation that makes the client feel safest.

c. Programs must provide notice and training to all program staff to ensure compliance with written policies regarding equal access and client intake.

IV.   Protection of Client Choice

A. Generally, the use of services beyond the provision of food and shelter should be encouraged and tailored to the level and type of need of each client; however, programs are encouraged to adopt a low barrier, housing first approach and to refrain from requiring participation in services as a condition to housing, to the extent possible.

1. The following are recommended as the minimum standard for a housing first approach in all programs:

   i. Income is not a requirement for program entry or participation.

   ii. Sobriety and treatment compliance are not requirements for program entry or participation.

   iii. Compliance with a service or treatment plan is not a condition or tenancy, and lack of compliance is not grounds for eviction.

2. Programs are strongly encouraged to align with the following housing first standards:

   i. During the admission/screening and acceptance process, applicants are considered and acceptance without regard for sobriety or use of substances, completion of treatment, and/or participation in supportive services.

   ii. Participants are not required to participate in drug tests as a condition of program entry or participation.

   iii. Accept applicants with poor credit or financial history, low or no income, poor or lack of rental history, minor criminal convictions, history of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement), or behaviors that indicate a lack of "housing readiness."

   iv. Accept housing referrals from shelters, street outreach, drop-in centers, and other parts of crisis response system frequented by vulnerable people experiencing homelessness.

   v. Explicitly state in their policies that clients will not be terminated from the program for any of the following reasons: use of alcohol or drugs; failure to participate in supportive services; loss of income or failure to improve income; being a victim of domestic violence; and any other activities not typically covered in lease agreements in the program's geographic area.

   vi. Provide client-centered service plans and explicitly state in their policies that clients will not be terminated from the program for lack of participation or lack of progress with a service plan, or non-compliance with program requirements. (Note that rapid re-housing programs may require case management as condition of rental assistance.)

3. Programs should aspire to meet the following exemplary housing first standards:

   i. Follow a tenant selection plan that includes prioritization of eligible tenants based on criteria other than "first come, first serve," such as duration or chronicity of homelessness, vulnerability, or high utilization of crisis services.

   ii. Provide tenants reasonable flexibility in paying their tenant share of rent on time and offer special payment arrangements for rent arrears, assistance with financial management, including payment plans, or representative payee arrangements.

iii.   Train and assist case managers and service coordinators to actively employ evidence-based practices for client and tenant engagement, such as motivational interviewing and client-centered counseling.

iv.   Utilize a harm reduction model where tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.

v.   Provide units that accommodate disabilities, reduce harm, and promote health among tenants. Examples include elevators, stove-tops with automatic shut-offs, wall-mounted emergency pull-cords, ADA wheelchair compliant showers, etc.

V.   Protection of Privacy

A.   Clients are entitled to enjoy the maximum amount of privacy under the circumstances.

B.   Clients have the right to have private written and verbal communications, including the right to meet with legal representatives and legal counsel.

C.   Clients are entitled to receive and send mail or any other correspondence without interception or interference, where mail service is available.

VI.   Protection Against Unreasonable Searches and Seizures

A.   **Programmatic or Routine Searches:** Routine or programmatic searches are searches or inspections that do not target individual clients or residents, but are conducted for all clients on a routine basis according to a program's written policies and procedures. Programmatic or routine searches include routine bag checks when clients enter program facilities, and room inspections for purposes of pest control.

1.   Searches may only be conducted on a programmatic or routine basis when the program has a sufficiently compelling policy reason to conduct such searches, and the search is the least intrusive means to accomplish the goal.

2.   Programmatic or routine searches are permitted only within program facilities, or as a condition to entry to a program facility.

3.   Programs must have written policies and procedures regarding when and how program staff will conduct routine searches and what will be done with items of client property that are not permitted in the program facility.

4.   Clients must be informed of the program's policies and procedures regarding routine searches, including storage of items not permitted in the program facility, treatment of illegal or dangerous items, and any consequences to the client, at or prior to entry into the program.

5.   Clients must be permitted to refuse to consent to a routine search and elect to exit the program.

6.   If a client possesses items not permitted in the program facility, the client must be given the option to retain the items and decline to enter the facility.

7.   Where feasible, programs should offer to retain and store items for the client, and return the items when the client exits the facility.

8.   If the client chooses to surrender items not permitted in the facility, and the program cannot legally or safely store items (e.g. weapons, illegal drugs), program staff should contact law enforcement or other appropriate authority to arrange for storage or disposal. The program may not disclose information regarding the client's possession of illegal or dangerous items, without the client's prior written consent. Clients must be informed of this course of action prior to surrendering the item.

B. **Targeted Searches and Seizures:** The following standards apply to congregate living facilities, including site-based emergency shelters and site-based transitional housing. Programs and program staff should not conduct targeted searches of clients or seize client property in other types of facilities (e.g. program offices, facilities providing supportive services), or in permanent housing units occupied by residents. All programs and program staff must respect tenants' rights and protections, when they apply.

1. Programs must have a policy and procedure governing when and how searches of clients' private possessions may be conducted. These policies and procedures must be in writing and shall be in all appropriate languages or in a fashion readily accessible to accommodate sight impaired individuals. These policies and procedures either shall be given to clients at intake or conspicuously posted.

2. The program rules include the policy and procedures governing how and when searches of clients' private possessions may be conducted. Unless the law requires otherwise, searches will only be conducted when there is "probable cause" to believe that the person has in his or her possession something which may jeopardize the safety of other clients or staff, including a weapon, or illegal material, including illegal drugs. The search policy must include specific factors to be considered in determining "probable cause." The least intrusive means to search will be utilized. The more intrusive the search, the more compelling the circumstances must be to justify the search.

3. Searches must be made in a reasonable manner with respect for the individual's dignity and privacy. Searches may only be conducted to the extent required in order to find a weapon, illegal material, drugs or alcohol. (For example, if a gun is suspected to be in a person s possession, a locker may be searched but not a wallet.)

4. Before a search is conducted, the client must be given an opportunity to voluntarily consent to a search.

5. If the person does not consent to the search, and "probable cause" exists to search, the person must be given the choice of being discharged or being searched.

6. Whenever possible, the individual must be given an opportunity to be present during all inspections of his or her belongings.

7. If a search is conducted, the following information must be documented in the person's record or if individual records are not kept, in the shelter's daily log:

    i. the facts establishing reasonable grounds for the search;

    ii. whether the client consented to the search or was discharged;

    iii. the scope of the search and the manner in which it was conducted; and

    iv. the individuals' name(s), gender(s) and role(s) who were present at the search.

8. Unless only one staff person is present at the program, searches must be conducted in the presence of at least two program staff members.

9. Searches of an individual's body must be made by a program staff member of the same gender as the individual being searched.

10. Illegal contraband confiscated during a search may be turned over to law enforcement. Oral information identifying from whom the contraband was confiscated may not be communicated to law enforcement unless in response to a subpoena. Written information identifying from whom the contraband was confiscated may not be turned over to law enforcement unless in response to a warrant or subpoena. When the circumstances permit, senior management should supervise interactions with law enforcement.

11. Any search policy must include specific factors to be considered in determining "probable cause" to search.

12. Before a search is conducted, the program's written search policy shall be given and explained to the person to be searched.

VII. Confidentiality

A. Programs must respect clients' right to confidential treatment of personal, social, financial, and medical records. Programs must develop and follow written policies and procedures regarding the confidentiality of information about clients.

B. HMIS participating agencies must comply with all confidentiality, privacy, and security standards in the "Santa Clara HMIS Standard Operating Procedures."

C. Without a client's lawful consent to disclose information, all information and records obtained in the course of providing behavioral health services must be kept strictly confidential, even as to other program staff. Information gathered in the course of other, non-mental health related support services is also kept confidential unless otherwise necessary, following all application privacy, confidentiality, and data security laws and regulations for those services.

D. Programs must ensure that their procedures conform with all applicable legal and statutory requirements including, but not limited to, laws governing health care records and information, information about behavioral health consumers, victims of domestic violence, the federal drug and alcohol confidentiality law, and laws and regulations pertaining to the confidentiality of HIV information. When appropriate, programs should obtain legal counsel regarding the confidentiality of records and the general conditions under which they may be subpoenaed. Additional legal counsel is sought, if necessary, when courts, public officials, investigative units, or law enforcement bodies seek special or unusual information about a client.

E. Programs must comply with mandatory reporting laws, and protect clients and the community when a client may be dangerous to self or others. To this end, programs must establish and follow written policies regarding disclosure of sensitive information about the client. Internal policies and procedures are developed for recording and periodically reviewing these cases to determine that appropriate disclosure takes place.

F. When programs receive a valid request for the release of confidential information, programs must obtain the informed, written consent of the client as required by law. Programs shall provide a copy of the signed consent to the person giving consent and place a copy in the case record. Documentation of a client's consent should include the following elements as well as any other elements that may be required by applicable law:

1. the signature of the person whose information will be released, or the legal guardian of a client who is not able to provide such informed consent;

2. the specific information to be released;

3. the purpose for which the information is sought;

4. the date the consent takes place;

5. the date the consent expires;

6. the identity of the person to whom the information is to be given;

7. the identity of the person within the organization who is releasing the confidential information; and

8. a statement that the person or family served may withdraw their consent at any time.

G. In the absence of a subpoena or other legal requirement, programs and program staff will not provide information about clients to law enforcement or other outside entities without written consent of the client.

H. Programs shall protect the confidentiality and privacy of clients by prohibiting participation in public performances against the wishes of the client or without informed consent of that person (and, for a minor, of the client and the client's parent or guardian); the required or coerced use of public statements that express gratitude to the organization; and the use of identifiable photographs, videotapes, audio-taped interviews, artwork, or creative writing for public relations purposes without the informed consent of that client (and, for a minor, of the client and the client's parent or guardian).

VIII. Grievance Procedures

A. Programs must have an internal grievance process that clients can use to resolve conflicts within the program. Programs must have written policies and procedures for resolving grievances, including a statement regarding the client's right to request reasonable accommodation, and must post them in a place conspicuous and accessible to clients. In addition, each client shall receive a copy of the grievance policies and procedures, upon intake and upon receiving a warning or discharge notice, in all appropriate languages or in a fashion readily accessible to accommodate non-hearing and sight impaired individuals.

B. The grievance process focuses on preventing the escalation of conflicts, resolving conflicts, and improving program environments for clients and staff. To this end, programs must strive to maximize the use of informal avenues for resolving disputes whenever possible.

C. The program's grievance procedures must allow clients the opportunity to be represented by a third-party advocate in the grievance process. Reasonable efforts must be made to coordinate with the client's advocate in order to schedule the appeal.

D. The program's grievance procedures must provide clients the opportunity to present their case before a neutral decision-maker.

E. To the extent possible, the goal of grievance procedures should be conflict resolution, rather than determining or assigning fault or blame.

IX. Procedures for Expulsion or Sanction

A. Programs must have written policies detailing formal procedures for addressing behaviors, conditions, and circumstances that may necessitate a client's eviction or discharge from the program. At a minimum, program policy must explicitly state the specific conditions under which a client may be sanctioned, evicted, or terminated from the program; the formal procedures that will be followed in sanctioning or expelling a client; and clearly specified conditions for a client's re-acceptance after sanction or expulsion.

B. A client's disability cannot be used as grounds for discharge or sanction.

C. At a minimum, the program's procedures for sanctioning or expelling a client must include the following elements:

1. Clients must be informed at intake of the specific reasons or conditions for which a client may be sanctioned or expelled, including those behaviors which are grounds for immediate discharge from the program and those which would prompt a written warning if violated and potential discharge if violated repeatedly. This information must be provided to clients in writing and must be clear and easily understandable by clients.

2. Timely due process provisions.

3. Notice of, and access to, formal appeal procedures.

4. Notice of the conditions or process for re-admission to the program.

5. Reasonable efforts to provide an appropriate referral to another facility.

D. Timely due process provisions include:

1. Two warning notices for violations which do not result in immediate discharge prior to issuance of a discharge notice;

2. Opportunity for a case conference after warning is issued to the client;

3. Discharge notices in writing which are initiated by staff or program supervisor and which state the grounds for discharge, the client's right to request a reasonable accommodation, the client's right to file an appeal, and the client's right to bring an advocate to the appeal, if the client so chooses;

4. The establishment of an internal appeal process before a program supervisor, other than the staff or supervisor who initiated the discharge;

5. Denial of services requires the signature of the supervisor;

6. The establishment of an external appeal process before a neutral party if the decision from the internal appeal process is unfavorable; and

7. The implementation of a policy whereby a client has the right to retain residence or services in the program during the appeal process when the discharge is based on a violation that does not result in immediate discharge.

C. Permanent Supportive Housing (PSH)

The following standards will govern the CoC-funded PSH projects in the Santa Clara County CoC. Each program may focus or operate a little differently, but will align with the overall standards.

I. Target Populations for Assistance

The Santa Clara County CoC-funded PSH programs will target the following populations:

1. Chronically homeless individuals and families

2. Homeless individuals with disabilities

3. Homeless families with a disabled head of household

4. Homeless youth with disabilities

5. Elderly homeless adults

II. Structure of Permanent Supportive Housing Assistance

PSH is community-based permanent housing with intensive case management, and is the most intensive housing intervention available under the CoC Program.

1. **Goals of Assistance:**

   a. After entering the PSH program, the household remains stably housed, either remaining in PSH or exiting to another permanent housing location.

   b. Some participants in PSH may choose to move into other subsidized housing, with a lower level of supportive services. While clients will be supported to move to other subsidized housing when appropriate, this will not be a goal for every PSH client.

2. **Duration/Subsidy Amount/Client Contributions:**

   a. There can be no predetermined length of stay in a PSH program.

b. *CoC-Funded Programs*: Total rent shall equal the sum of the monthly rent for the unit per the lease agreement plus, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority in the area in which the housing is located.

c. *CoC-Funded Programs*: CoC-funded PSH programs must comply with CoC Program requirements regarding client portion of rent, FMR and Rent Reasonableness.

d. *CoC-Funded Programs*: Each participant in CoC-funded PSH programs must enter into a lease for an initial term of at least one year. The lease must continue automatically upon expiration on a month-to-month basis and be terminable only for cause.

III. Eligibility Requirements

In order to qualify for PSH, households must satisfy the following criteria:

A. Be the highest priority household available within the target population served by the program, as identified through Coordinated Assessment.

B. Other eligibility criteria created at the program level.

C. *CoC-Funded Programs*: For CoC-funded PSH programs, participants must meet the following eligibility requirements:

1. The individual or household must meet the definition of homeless in the CoC Program Interim Rule, under Category 1 or Category 4.

2. Participants who are homeless under Category 1 and are entering transitional housing must have entered the transitional housing program from emergency shelter or a place not meant for human habitation.

3. The individual or at least one member of the household must have a disability of long duration, verified either by Social Security or a licensed professional that meets the state criteria for diagnosing and treating that condition.

All PSH programs are encouraged to dedicate some or all of their beds that become available through turnover to persons who meet the HUD definition of Chronically Homeless.

PSH programs will adopt a housing first approach and take all reasonable steps to reduce barriers to housing, including working with landlords to limit the criteria used to exclude applicants or evict participants. Unless required by law or as a condition of a particular source of funding, programs will not screen out or exclude participants based on any of the following:

1. Failure to participate in supportive services or make progress on a service plan

2. Having too little or no income

3. Refusal to participate in drug tests

4. Active or history of substance abuse

5. Experience of domestic violence (e.g. lack of a protective order, period of separation, etc.)

6. Credit or eviction history

7. Failure to participate in a probation or parole program

IV. Documentation Requirements

CoC-Funded Programs: For participants in CoC-funded PSH programs, documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows. For more detailed guidance, please consult the Documentation Checklist: Homelessness Verification form on the CoC website.

A. **Category 1: Literally Homeless (in order of preference)**

    1. Third Party Verification (HMIS print-out, or written referral/certification by another housing or service provider); or

    2. Third Party Verification via written observation by an outreach worker; or

    3. Certification by the intake worker whose only encounter with the program applicant is at the current point at which they are seeking assistance; or

    4. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;

If the provider is using anything other than Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.

B. **Category 4: Fleeing/Attempting to Flee DV**

For victim service providers:

    1. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.

For non-victim service providers:

    1. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified by an individual or organization from which the individual or head of household has sought assistance; <u>and</u>

    2. Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u>

    3. Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Additional documentation requirements apply to CoC-funded programs with beds dedicated to chronically homeless households. Please consult the Chronic Homelessness Documentation Checklist on the CoC website for more guidance.

V. Housing Requirements for Permanent Supportive Housing

A. All housing supported by CoC-funded PSH resources must meet all HUD requirements, including, but not limited to, Housing Quality Standards, rent reasonableness standards, FMR (as relevant), as well as other requirements including local regulations and community standards regarding occupancy limits based on unit size.

B. PSH programs will endeavor to offer as much client choice as possible regarding type and location of housing.

C. PSH programs will provide a living environment that is safe and accessible, offer supportive services, and encourage maximum independence.

D. Where possible, PSH services will be provided in community settings that are readily accessible by public transportation and convenient to shopping and other community services.

VI. Service Requirements for Permanent Supportive Housing

A. Case Managers will provide intensive case management services throughout each participant's stay in PSH to assist households to maintain housing stability. Services may be provided at the program offices, and Case Managers will conduct home visits when appropriate.

B. PSH programs, through collaborative arrangement or by referral, must offer services to all clients that are tailored to each client's needs. The level and type of services offered should fully meet each client's identified needs, including but not limited to any of the following:

1. **Housing Support**

    a. Intake and assessment

    b. Rental assistance

    c. Legal assistance

    d. Assistance with housing applications

    e. Information and training regarding tenants' rights and responsibilities

    f. Education and assistance around landlord-tenants' rights and responsibilities

    g. Mediation and negotiation with landlords

2. **Socialization & Daily Function**

    a. Daily living skills training

    b. Budgeting and money management skills and training

    c. Skills and training in maintaining a household

    d. Eligibility screening for, and assistance applying for and retaining mainstream resources (SSI, CalWORKS, MediCal, Veterans benefits, etc.)

    e. Vocational and employment assistance or training and referral

    f. Supportive employment and referral for employment

    g. Interpersonal communication skills

    h. Transportation, including accompaniment to appointments, home visits

    i. Child care

    j. Parenting information and education

    k. Conflict resolution and crisis intervention

    l. Helping clients connect to meaningful daily activities

    m. Social, cultural, or recreational activities

    n. Opportunities for peer-to-peer education and support

    o. Support groups and other services to maintain, preserve, and promote independence, including optimal physical, social, and psychological development and functioning

        3. **Wellness**

           a. Service coordination

           b. Mental health counseling and education

           c. Substance abuse education and counseling

           d. Effective use of health care (medical/dental/mental health/psychiatric)

           e. Preventive health services

        4. **General**

           a. Verification of progress towards achievement of short and long-term client objectives

C. Case managers will offer case management contact with clients at least four (4) times per month.

D. PSH programs are encouraged to maintain a client to case manager ratio at or below twenty clients to one FTE case manager.

VII. Procedures for Transfer Between Permanent Supportive Housing Programs

A. Transfers Within the Continuum of Care and Across Continuum of Care Geographic Borders

    1. Requests for transfer between Permanent Supportive Housing (PSH) programs will be reviewed by the Office of Supportive Housing (OSH) staff responsible for facilitating matches to housing opportunities within the Coordinated Assessment system.

    2. *CoC-Funded Programs:* An individual or household is eligible for transfer between CoC-funded PSH programs only if they met all eligibility requirements of the destination PSH program, prior to entry into the transferring PSH program.

B. Transfers Related to Domestic or Intimate Partner Violence or Stalking

    1. When a resident of Permanent Supportive Housing requests a transfer related to domestic or intimate partner violence or stalking, OSH staff will prioritize that transfer.

    2. Program staff of the transferring program will ensure that the person who experienced domestic or intimate partner violence has access to appropriate services in accordance with the Domestic Violence Policies (see Section B.IX, Domestic Violence Policies).

D. Rapid Re-Housing (RRH)

The following standards will govern the CoC- and ESG- funded RRH projects in the Santa Clara County CoC. Each program may focus or operate a little differently, but will align with the overall standards.

I. Target Populations for Assistance

The Santa Clara County CoC- and ESG- funded RRH programs will target the following populations:

1. Veterans

2. Youth and families with children

3. Individuals and families fleeing domestic violence

4. Non-Chronically Homeless individuals

5. Chronically Homeless not requiring permanent supportive housing

II.   Structure of Rapid Re-Housing Assistance

The structure of rapid re-housing assistance is guided by a philosophy that encourages providers to provide the least amount of assistance to individuals and families to ensure their housing stability. Providers, together with the client, determine how long or often to provide a subsidy (unless determined by specific grant requirements, regulations, etc.) while at the same time ensuring that program resources are used as efficiently as possible.

1. **Goals of Assistance:**

   a. After receipt of assistance, household is able to remain stably housed.

   b. At the conclusion of assistance, providers are encouraged to follow-up with household for up to 6 months to monitor and/or evaluate whether household has remained stably housed.

2. **Duration/Subsidy Amount/Client Contributions:**

   a. Rental subsidies are provided for a maximum of 24 months based on client income and decline in steps based upon a fixed timeline, determined by the program. Providers may revise the fixed timeline as needed to accommodate the client's circumstances.

   b. Initial assistance can be as much as 100% of rent depending on client income. Client will pay a percentage of their income in rent based on the program's assessment of the client's financial and family situation, with rental assistance decreasing monthly over time (schedule to be determined by program).

   c. *CoC-Funded Programs*: Total rent shall equal the sum of the monthly rent for the unit per the lease agreement plus, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority in the area in which the housing is located.

   d. *CoC-Funded Programs*: CoC-funded RRH programs must comply with CoC Program requirements regarding FMR and Rent Reasonableness.

   e. *CoC-Funded Programs*: Each participant in CoC-funded RRH programs must enter into a lease for an initial term of at least one year. The lease must continue automatically upon expiration on a month-to-month basis and be terminable only for cause.

   f. The goal is for households to "graduate" from the program once they no longer meet the eligibility requirements of the program's funding source and/or a Case Manager determines assistance can be terminated, whichever comes first.

   g. An assessment tool is used to determine the need for ongoing assistance every 90 days. Additionally, CoC-funded RRH programs must re-evaluate, not less than once annually, that a program participant lacks sufficient resources and support networks necessary to retain housing without CoC assistance and that the participant is receiving the types and amounts of assistance that they need to retain housing.

   h. If the household does not attain any of these goals, assistance ends at 24 months (or earlier time as set by the program).

3. **Move-In Assistance:**

   a. Move-In Assistance will be targeted to households who are assessed as able to maintain their unit after the assistance. The amount of move-in assistance is determined by the program, within the limits set by the program's funding source.

b. Move-In Assistance may be provided as one-time assistance or in tandem with Rental Assistance/Rental Subsidies.

c. Grant funds may be used for security deposits in an amount not to exceed 2 months of rent. An advance payment of the last month's rent may be provided to the landlord, in addition to the security deposit and payment of first month's rent.

d. Move-In Assistance only households must show proof of tenancy (e.g., named on the lease agreement or have a verifiable, valid sublease agreement, letters of verification).

III. Eligibility Requirements

In order to qualify for RRH, households must satisfy the following criteria:

A. Be the highest priority household available within the target population served by the program, as identified through Coordinated Assessment.

B. Other eligibility criteria created at the program level.

C. *CoC-Funded Programs*: For CoC-funded RRH programs, the individual or household must meet the definition of homeless in the CoC Program Interim Rule, under Category 1 or Category 4, consistent with the program's grant agreement with HUD. Additionally, the individual or household assisted in a CoC-funded RRH program must meet eligibility requirements identified in the NOFA for the grant year in which the program is funded.

It should be noted that if a client has entered multiple rapid re-housing programs and not found success with this service model, the provider is encouraged to assess and identify whether rapid re-housing is the best approach.

RRH programs will adopt a housing first approach and take all reasonable steps to reduce barriers to housing, including working with landlords to limit the criteria used to exclude applicants or evict participants.

Unless required by law or as a condition of a particular source of funding, programs will not screen out or exclude participants based on any of the following:

A. Failure to participate in supportive services or make progress on a service plan

B. Having too little or no income

C. Refusal to participate in drug tests

D. Active or history of substance abuse

E. Experience of domestic violence (e.g. lack of a protective order, period of separation, etc.)

F. Credit or eviction history

G. Failure to participate in a probation or parole program

Regarding Income

Households must demonstrate at point of program enrollment their ability and/or willingness to increase their income and/or decrease expenses and transition off the subsidy within the specified timeframe.

Regarding Rent to Income Ratio

Taking into account a household's total income and expenses, all Move- In Assistance only households should be able to demonstrate their permanent housing unit will be sustainable going forward.

Regarding Other Eligibility Requirements

Rapid re-housing targeted toward families with children may assist qualifying CoC applicant families who do not currently have physical custody of their child(ren), if documentation from CPS verifies that housing and/or other services is the only remaining barrier to reunification and if the funding source allows for it, that reunification will occur after housing is obtained, and the household demonstrates compliance with CPS, court orders, etc.

IV. Documentation Requirements

CoC-Funded Programs: For participants in CoC-funded rapid re-housing programs, documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows. For more detailed guidance, please consult the Documentation Checklist: Homelessness Verification form on the CoC website.

A. **Category 1: Literally Homeless (in order of preference)**

1. Third Party Verification (HMIS print-out, or written referral/certification by another housing or service provider); or

2. Third Party Verification via written observation by an outreach worker; or

3. Certification by the intake worker whose only encounter with the program applicant is at the current point at which they are seeking assistance; or

4. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;

If the provider is using anything other than Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.

B. **Category 4: Fleeing/Attempting to Flee DV**

For victim service providers:

1. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.

For non-victim service providers:

1. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified by an individual or organization from which the individual or head of household has sought assistance; and

2. Certification by the individual or head of household that no subsequent residence has been identified; and

3. Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

V. Housing Requirements for Rapid Re-Housing

A. All housing supported by CoC-funded RRH resources must meet all HUD requirements, including but not limited to, Housing Quality Standards, rent reasonableness standards, FMR (as relevant), as well as other requirements including local regulations and community standards regarding occupancy limits based on unit size.
B. RRH programs will endeavor to offer as much client choice as possible regarding type and location of housing.

C. RRH programs will provide a living environment that is safe and accessible, offer supportive services, and encourage maximum independence.

VI.   Best Practices for Rapid Re-Housing

In addition to the requirements related to receiving RRH resources, the CoC encourages providers to implement best practices when locating and securing housing for applicant families.[1] Best practices include:

A. Overall Best Practices

1. Set Goals – From the start, identify and set goals with the household to determine what they want.

2. Set Expectations – Review the various rules and regulations related to housing – from noise levels to cleanliness to respect for neighbors. Stress the benefits. Differentiate between the household's wants versus their needs (e.g. studio serves the purpose rather than a one-bedroom).

3. Set Up Support – Have in place counseling and case management during housing process to assist with necessary changes as household transitions into housing (e.g. modifying behaviors that may be viewed negatively in residential settings).

4. Listen to Household – Meet regularly, view apartments together, recognize household's ability to decide where they want to live. Have household take an active role on the search.

5. Recognize What Landlords Want – Know what landlords are looking for in prospective tenants (tenants who pay on time, maintain property, get along with others).

6. Address Credit, and Criminal History Issues – Educate household on their credit report. Obtain it and review it with household, encourage payment arrangement on utilities to correct discrepancies. Same with criminal history – obtain police records to ensure information is accurate. Identify resources to assist household with cleaning up their criminal record.

7. Work with Landlords – Work closely with landlord to provide simple, straightforward explanations of a household's credit/criminal history (face-to-face is best). Once household accepted have landlord and household meet. Prepare household for this first impression (e.g. specific questions the landlord may ask). If household not accepted maintain positive attitude and motivation for possible future opportunity.

8. Understand the Purpose of the Security Deposit – Educate the household that the security deposit is a guarantee against damage not unpaid rent. Meet with the landlord and the client to do an inspection and document/photograph any existing damage and include in household's file.

9. Review the Lease – Review the lease with the household. Emphasize sections on rent, alteration of the apartment, lease violation, rules relating to guests and pets. Identify who is responsible for paying the utilities and any additional charges. Encourage the household to ask questions. Ensure that initial leases are for a term of at least one year, automatically renewable on a month-to-month basis, and terminable only for cause.

10. Anticipate Challenges – Provide and identify support for household who may be experiencing a major transition and adjustments in routines now that they are housed.

B. Financial Assistance Best Practices

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[1] Compiled from *Helping Clients to Help Themselves Through the Housing Process*, Evans, Bobbi Jo, http://homeless.samhsa.gov/resource/helping-clients-to-help-themselves-through-the-housing-process-49727.aspx and How to Give a Helping Hand Toward Housing, Evans, Bobbi Jo, http://homeless.samhsa.gov/resource/How-to- Give-a-Helping-Hand-Toward-Housing-46281.aspx

1. Service Providers should not issue rental checks to anyone other than a property owner or property management company. A check or payment should not be made to the household or another party unless a utility reimbursement is to be paid. In which case, the following must be followed:

   o Direct payment to the program participant; or

   o Payment to the utility company on behalf of the participant so long as:

     ▪ Written permission is obtained from the program participant

     ▪ Written notification to the participant of the amount paid to the utility company

2. Service Providers should verify property ownership by calling the Santa Clara County Tax Assessor. Provide the Assessor with the address of the unit the provider is interested in renting and verify the name of the property owner.

3. Service Providers should call the landlord to verify the rental agreement.

4. Service Providers should mail payment to the property owner and/or property management company. Should the landlord, property owner and/or property management company need the check immediately they may pick it up from the service provider. The household should not pick-up or deliver the payment to the property owner and/or property management company.

   Service Providers should consider requiring two signatures for amounts over an identified threshold. All other standard financial procedures should apply including review of canceled checks and review of stale checks that have not been cashed.

VII. Service Requirements/Components for Rapid Rehousing

A. Case Managers will provide intensive case management services throughout each participant's stay in RRH to assist households to successfully retain housing and move off the subsidy and into self-sufficiency. Services may be provided at the program offices, and Case Managers will conduct home visits when appropriate. Services may include, but are not limited to:

1. Housing Support

   a. Intake and assessment

   b. Rental assistance

   c. Legal assistance

   d. Assistance with housing applications

   e. Information and training regarding tenants' rights and responsibilities

   f. Education and assistance around landlord-tenants' rights and responsibilities

   g. Mediation and negotiation with landlords

   h. A minimum of one monthly face-to-face case management meeting

   i. A minimum of one quarterly home visit

2. Socialization & Daily Functions

   a. Daily living skills training

   b. Budgeting and money management skills and training

    c.   Skills and training in maintaining a household

    d.   Eligibility screening for, and assistance applying for and retaining mainstream resources (SSI, CalWORKS, MediCal, veteran's benefits, etc.)

    e.   Vocational and employment assistance or training and referral

    f.   Supportive employment and referral for employment

    g.   Interpersonal communication skills

    h.   Transportation, including accompaniment to appointments, home visits

    i.   Child care

    j.   Parenting information and education

    k.   Conflict resolution and crisis intervention

    l.   Helping clients connect to meaningful daily activities

    m.   Social, cultural, or recreational activities

    n.   Opportunities for peer-to-peer education and support

    o.   Support groups and other services to maintain, preserve, and promote independence, including optimal physical, social, and psychological development and functioning

3. Wellness

    a.   Service coordination

    b.   Mental health counseling and education

    c.   Substance abuse education and counseling

    d.   Effective use of health care (medical/dental/mental health/psychiatric)

    e.   Preventive health services

4. General

    a.   Verification of progress towards achievement of short and long-term client objectives

B. During the clients' participation in the program, client must meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 et seq.) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.) prohibits the recipient carrying out the project from making its housing conditional on the participant's acceptance of services.

C. All clients may receive follow-up services for up to 6 months to ensure stability and assess the effectiveness of RRH programs.

E. Transitional Housing

I.   Target Populations for Assistance

Santa Clara County Continuum of Care transitional housing (TH) programs serve a range of populations, including single adults, youth and families with children. Regardless of target population, program design and services should further the goal of transitioning participants to permanent housing. In alignment with national

priorities and evidence-based practices, the Continuum of Care encourages TH programs to prioritize and target the following populations:

1. Transitional age youth, including single youth, pregnant youth, and/or youth-led households

2. Persons with experience of domestic violence or other forms of severe trauma

3. Individuals and heads of household struggling with substance abuse, or early in recovery from substance abuse

II. Structure of Transitional Housing Assistance

1. Goals of Assistance

a. Upon exit from the program, participants move into a permanent housing situation and are able to maintain housing stability.

b. Transitional housing may serve as a bridge to permanent housing for households that have been accepted into a permanent housing program but do not yet have a unit.

2. Subsidy Amount/Length of Time/Calculation:

a. Transitional housing facilitates the movement of homeless individuals and families to PH within 24 months of entering transitional housing.

b. CoC-funded TH programs must comply with CoC Program requirements regarding client portion of rent, occupancy charges, FMR and Rent Reasonableness.

c. Rents collected from residents of TH may be reserved in whole or in part to assist the residents to move to permanent housing.

d. All participants in CoC-funded TH programs must enter into a lease or occupancy agreement, so that participants retain full tenants' rights during their residency in the program.

III. Eligibility Requirements

In order to qualify for transitional housing, households must satisfy the following criteria:

A. For CoC-funded programs and others participating in the Coordinated Assessment System, be the highest priority household available within the target population served by the program, as identified through Coordinated Assessment.

B. For Veterans Affairs (VA) Grant Per Diem (GPD) programs, be among the highest priority households that is within the target population served by the program and approved by the VA, if applicable.

C. Other eligibility criteria created at the program level.

D. For CoC-funded programs, meet the HUD definition of homeless in the CoC Program Interim Rule under Category 1, Category 2, or Category 4.

IV. Documentation Requirements

CoC-Funded Programs: For participants in CoC-funded transitional housing programs, documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

A. **Category 1: Literally Homeless (in order of preference)**

1. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or

2. Written observation by an outreach worker; or

3. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;

    If the provider is using anything other than a) Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.

B. **Category 2: Imminent Risk of Homelessness**

4. A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; <u>or</u>

5. For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; <u>or</u>

6. A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; <u>and</u>

7. Certification that no subsequent residence has been identified; <u>and</u>

8. Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

C. **Category 4: Fleeing/Attempting to Flee DV**

For victim service providers:

1. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.

For non-victim service providers:

1. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u>
2. Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u>
3. Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

V.   Service Requirements/Components for Transitional Housing

Case Managers will provide case management services at a level that meets the needs of each participant, in order to assist households to exit the program into permanent housing and achieve self-sufficiency.

VIII.   Transitional housing programs are encouraged to adopt a low-barrier, housing first approach. Unless required by law, a condition of a particular source of funding, or necessary to serve a target population in recovery from substance abuse, programs will not screen out or exclude participants based on any of the following:

  a. Failure to participate in supportive services or make progress on a service plan;

  b. Having too little or no income;

  c. Refusal to participate in drug tests;

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Active or history of substance abuse;
Experience of domestic violence (e.g. lack of a protective order, period of separation, etc.); or
Failure to participate in a probation or parole program.

IX.   Transitional housing programs are characterized by:

1. Client-centered services, by directly providing a range of services or by serving as part of a network that provides a range of services, tailored to each participant's level and type of need;

2. Immediacy, by providing for timely intervention and avoidance of delays in implementing a workable plan for transition to a permanent housing situation; and

3. Continuity and linkage to after care (to the extent possible when funding is available), by providing services in cooperation with other resources and ensuring appropriate follow-up after the child, adult, or family has left the program.

X.   Transitional housing programs must develop service plans with participants and provide or offer referrals for identified services that address each participant's ongoing needs. Service planning should be initiated at intake, and focuses on identifying and transitioning participants to the most appropriate permanent housing situation.

XI.   Ongoing assessment of progress on the participant's service plan should be conducted throughout the individual's or family's term of residence in the program.

XII.   Transitional housing programs, either directly or by referral, must make services available to all clients that are tailored to support each client in transitioning to permanent housing. The level and type of services offered should meet each client's identified needs, including but not limited to any of the following:

1. Crisis intervention;
2. Legal assistance;
3. Service coordination;
4. Emergency and ongoing identification of medical and health needs and referral for care;
5. Public benefits eligibility assessment and application assistance;
6. Educational and employment assistance;
7. Exit planning, housing search, and relocation assistance;
8. Education related to activities of daily living (life skills);
9. Preventive health education, including information about prevention of HIV/AIDS, Tuberculosis and Sexually Transmitted Disease;
10. Substance abuse and mental health counseling;
11. Support groups;
12. Structured social/recreational activities;
13. Parenting education;
14. Job referral and placement;
15. Child care;
16. Transportation;
17. Domestic violence counseling; and
18. Other appropriate services as necessary for the service population.

XIII.   If the program provides referrals for mental health, substance abuse, health care, or developmental disability services, this same referral information must be offered to every client. Then, the program

providing these services may separately ask questions about the issues relevant to the provision of that service.

XIV. Any services related to an individual's disability may not be required as a condition of receiving shelter unless the shelter is specifically designated for individuals with disabilities and has a mandatory service component according to its funding criteria.

F. Other Services and Services-Only Programs

X. Information and Referral and Case Management Services

A. Information and Referral

At a minimum, programs providing Information and Referral services offer the following:

1. A basic assessment of client needs (could be informal/verbal);

2. Information about community resources and referrals to local partners;

3. Assistance in acquiring services, including access to phones to make local calls, letters of introduction, lists of required documents, blank applications/forms, coaching regarding appropriate language to use when asking for services to get the desired outcome, etc.;

4. Advocacy on behalf of individual clients.

B. Case Management

At a minimum, programs providing Case Management services offer all Information and Referral services, as well as the following:

1. Client-centered goal development focused on managing the practical problems of daily living;

2. Individualized support in identifying and completing action steps toward goals;

3. Encouragement and support toward goal achievement through regular meetings in an ongoing relationship;

4. For each case managed client or household, programs must maintain a separate case file including registration and assessment paperwork (including any community-wide assessments) and case notes;

5. For each case managed client, HMIS participating programs must record a Program Entry and Exit in HMIS and ensure that HUD Universal Data Elements are completed.

C. Intensive Case Management.

At a minimum, programs providing Intensive Case Management services offer all Information and Referral and Case Management services, as well as the following:

1. Education about basic living skills, health care, getting the most out of treatment, and understanding the stages of change;

2. Assistance with access and coordination between medical, mental health, and substance abuse services, if needed;

3. Assistance in the development of new informal support systems to sustain the client's improving recovery patterns;

4. Response to client crises and assistance in stabilizing the situation;

5. Available to meet with clients outside of program offices (attend court with client, transport client to important appointments, home visitation, etc.)

6. Maintain low caseloads of no more than 15-20 active clients.

XI. Outreach Services

All programs providing outreach services, street outreach or mobile outreach teams must comply with the following standards.

A. Outreach workers providing outreach services through street outreach or mobile outreach teams will receive on-going training in best practices generally accepted in the community designed to engage homeless persons on the street at the first point of contact in a manner in which they are willing and able to connect as below. Training should be held at least once per season/year in this area.

1. Use of assertive outreach techniques such that the team(s) will actively work to make contact with clients and engage them at the level and in the manner in which they are willing to connect;

2. Interventions carried out in the field, at locations where clients congregate and are comfortable rather than in traditional mental health settings;

3. High staff-to-client ratio of approximately one direct service staff to every ten clients;

4. Direct service provision that includes assistance in meeting basic survival needs (food, showers, a place to come in from the streets) as well as clinical services;

5. Referrals, advocacy and intensive case management without time limits in order to address the client's full range of needs, including linkages with medical, psychiatric, and alcohol and drug treatment services; benefits programs; and emergency, transitional, supportive, and/or permanent housing.

B. Outreach services are provided by a team of professionals or paraprofessionals. For reasons of safety for both personnel and persons served, street outreach teams consist of at least two personnel.

C. Outreach services are designed to bring the existing service delivery system to the person or family served. These services are offered to persons and families who have unmet needs and who are not served or are under-served by existing service delivery mechanisms in the community.

D. Outreach service provision is flexibly tailored to the unique needs and characteristics of each person or family served. It is characterized by:

1. flexibility;

2. voluntary acceptance of services by the person or family served, except in those cases where the outreach team has the authority to commit individuals against their will and without their consent;

3. a team approach; and

4. linkage to, or direct provision of a full range of readily accessible prevention,

5. support, and treatment services.

E. During the provision of outreach services, the engagement and assessment of the client is characterized by:

1. sensitivity to the willingness of the person or family to be engaged;

2. a non-threatening manner;

3. maximum respect for the autonomy of the person or family being engaged; and

4. persistence.

B. Outreach services provide linkages to, or directly provide, a full range of prevention, support, and treatment services, including but not limited to:

1. screening and assessment;

2. harm reduction;

3. basic needs intervention;

4. crisis intervention;

5. help accessing public assistance;

6. advocacy;

7. legal assistance;

8. case management;

9. housing assistance;

10. social support services;

11. informational services;

12. service planning;

13. medical/ dental evaluation and care;

14. counseling and/ or treatment; and

15. other services necessary to serve the target population.

XII.   Drop-In Centers

All programs operating Drop-In Centers must comply with the following standards.

A. In programs operating drop-in centers, staff should receive annual training on counseling skills, techniques for handling conflicts or crises in a non-violent manner, cultural sensitivity, sexual harassment, and sensitivity to wider issues of homelessness at a one-time training per season/year on these subjects.

B. Drop-in centers provide services in a safe, welcoming, minimally intrusive environment that is designed to foster trust and personal engagement.

C. Drop-in centers provide:

1. Information and referral;

2. Food or snacks;

3. Bathrooms;

4. Seating accommodations; and

5. Access to telephones.

D. S4.4   Drop-in centers may also provide, either directly or by referral:

1. Crisis intervention;

2. Emergency services;

3. Legal and advocacy services

4. Mental health services

5. Case management;

6. Facilities for personal hygiene: showers and laundry;

7. Employment and housing services;

8. Classes in living skills;

9. Community space;

10. Meeting space;

11. Linkage to medical service;

12. Mail, voice mail, computer access;

13. Clothing, and;

14. Client storage.

E. Personnel are available during drop-in center operating hours to provide ongoing services and overall supervision.

F. Drop-in centers have written policies and procedures for expelling an individual or family from the facility that:

1. Are clear and simple, avoiding overly rigid and bureaucratic rules;

2. Require that all reasonable efforts are made to provide an appropriate referral;

3. Are clearly posted in all appropriate languages or in a fashion readily accessible to accommodate non-hearing and sight impaired individuals or are otherwise provided to persons using the service;

4. Include a definition of the reasons or conditions for which an individual or family may be expelled;

5. Delineate a clearly defined process for expulsion including due process provisions; and

6. Describe the conditions or process for re-admission to the facility.

XIII.   Prevention and Support Services

All programs providing prevention and support services must comply with the following standards as appropriate to the population served.

A. General Requirements

1. Prevention and support services are provided to persons and/or families who are at risk of developing problems in physical, mental, social or economic functioning. They are designed to provide individuals and/or families with information and new or enhanced skills to:

   a. Ameliorate a problem or condition that can lead to individual, family and social displacement or dysfunction, prior to its onset; or

   b. Stabilize a problem or condition so that the problem or condition does not worsen; and/or

   c. Maintain the highest level of functioning possible within their community.

2. Prevention and support services focus on realistic, attainable, and measurable goals and they are provided within the context of broad community, state, and federal prevention efforts.

3. Prevention and support service programs publicize their services utilizing a variety of methods to inform the target population, the general public, and other referral sources of:

    a. The types of service that are offered;

    b. Service availability; and

    c. How individuals can access the program's resources.

4. Prevention and support service programs maintain linkages with a wide variety of services, programs and systems, including other community, state and federal prevention efforts, hospitals, schools, the criminal justice system, legal services, advocacy services, and mental health services, as well as other organizations that are likely sources of referrals.

5. Programs offer one or more of the following prevention and support services:

    a. Direct financial assistance;

    b. Mortgage/ rent assistance, security deposit, emergency financial aid, utility

    c. Assistance, rent arrearage;

    d. Legal assistance;

    e. Mediation;

    f. Education on tenants' rights and responsibilities

    g. Vocational training or rehabilitation;

    h. Employment assistance and/or counseling services;

    i. Transportation;

    j. Budgeting and financial management skills building;

    k. Remedial education and literacy programs;

    l. Nutrition education and counseling;

    m. Pregnancy prevention and support;

    n. Child care;

    o. Drug and alcohol education;

    p. Health promotion;

    q. Life skills education programs;

    r. Mental health education;

    s. Parenting and child development education;

    t. Housing assistance, including counseling;

    u. Housing maintenance and repair;

    v. Furniture/appliance provision or warehousing;

    w. Clothing provision/laundry;

    x. Food pantry and/or meals;

    y. Mental health or other counseling services; and

z.   Other services to maintain housing or to promote optimal social, psychological, and physical development and functioning.

G. Emergency Shelter Services

I. Temporary and Basic Shelter Services

All temporary and basic shelters must comply with the following standards, except where the standard is designated as applying to only a certain shelter type.

A.   Temporary and basic shelters provide services coordinated to meet the immediate safety and survival needs of the individual or family served, including shelter, food, clothing and other support services. These services are provided in a minimally intrusive environment.

B.   At a minimum, temporary and basic shelters provide the following services directly on-site:

1.   sleeping accommodations;

2.   personal hygiene supplies and facilities, including toilets and wash basins;

3.   showers and/ or bathtubs (temporary shelters may provide referrals to other facilities for these services).

C.   In addition to the services listed in Section D.VI.B, temporary and basic shelters provide either directly or by referral the following services:

1.   food;

2.   information and referral;

3.   crisis intervention;

4.   mailing address;

5.   linkage to medical services;

6.   clothing; and

7.   laundry facilities, either on-site or located within walking distance.

D.   The use of services beyond the provision of food and shelter should be encouraged.

E.   Basic shelters may require as a condition of admission that the individual or family be clean from drug use and sober.

II. Service-Enriched Shelter Services

Service-enriched shelters must comply with the following standards.

A.   In addition to meeting basic needs, service-enriched shelters are designed to increase the client's coping and decision- making capacities and assist in planning for the client's reintegration into community living.

B.   Service-enriched shelter programs are characterized by:

1.   comprehensiveness, by directly providing a range of services or by serving as part of a network that provides a range of services;

2. immediacy, by providing for timely intervention and avoidance of delays in implementing a workable plan; and

3. continuity and linkage to after care (to tile extent possible when funding is available), by providing services in cooperation with other resources and ensuring appropriate follow-up after tile child, adult, or family has left the program.

C. In addition to providing the services of a basic shelter (See Section D.VI Temporary and Basic Shelter Services), service- enriched shelters make available, either directly or by referral, the following services:

1. crisis intervention;

2. assessment for child abuse and/ or neglect (in family shelters);

3. service coordination;

4. emergency and ongoing identification of medical and health needs and referral for care;

5. public assistance eligibility assistance;

6. educational and employment assistance; and

7. exit planning and relocation assistance

D. In addition to the services listed in Section D.VII.C., service-enriched shelters also provide some or all of tile following services, as indicated by tile service population:

1. education related to activities of daily living (life skills);

2. preventive health education, including information about prevention of HIV/AIDS, Tuberculosis and Sexually Transmitted Disease;

3. substance abuse and mental health counseling;

4. support groups;

5. structured social/recreational activities;

6. parenting education;

7. job referral and placement;

8. child care;

9. transportation;

10. domestic violence counseling; and

11. other appropriate services as necessary for the service population.

E. If the shelter provides referrals for mental health, substance abuse, health care, or developmental disability services, this same referral information must be offered to every client. Then, tile program providing these services may separately ask questions about the issues relevant to the provision of that service.

F. Any services related to an individual's disability may not be required as a condition of receiving shelter unless tile shelter is specifically designated for individuals with disabilities and has a mandatory service component according to its funding criteria. (See R3.9)

G. Programs serving all homeless people may require non-disability related services (e.g., money management or employment training) as a condition to housing, so long as the requirement is communicated to all clients at intake.

H. Ongoing assessment of adjustment to community living arrangements is conducted throughout the individual's or family's term of residence in the program.

I. Service-enriched shelters develop exit plans with the individuals served and l provide or offer referrals for identified services that address their ongoing needs. Exit planning is initiated at intake.

H. Emergency Shelter Facility Management

All shelters, temporary, basic, and service-enriched, must comply with the following standards, except where the standard is designated as applying to only certain shelter types.

I. Codes and Ordinances

A. The shelter conforms to all applicable state and local building, fire and health regulations, including wheelchair accessibility standards.

B. The shelter does not exceed the maximum occupancy issued to it by the Fire Department for the entire shelter nor for the individual rooms used as sleeping quarters.

C. The shelter conspicuously posts the maximum occupancy issued to them by the Fire Department for the entire shelter and for the individual rooms used as sleeping quarters.

D. The shelter conforms to all pertinent requirements of the Americans With Disabilities Act (ADA), the Federal Fair Housing Amendments Act (FHAA), the California Fair Employment and Housing Act (FEHA), and the Transitional Housing Misconduct Act (THMA).

II. Shelter Location

A. The shelter provides clients with reasonable access to public transportation.

Preferred Practice Recommended Standards
B. New shelter construction should be located to facilitate the use of community-based services.

III. Shelter Layout and Floor Plan

A. The shelter is well arranged and carefully planned to provide as safe and secure an environment as possible.

B. If the shelter provides residents with separate rooms with doors, residents must be able to secure the door while in the room, and staff must have keys to all rooms.

C. In shelters that separate resident sleeping accommodations by gender, transgendered clients should be sheltered according to their gender of identification, regardless of physical characteristics.

D. Basic & Services Enriched Shelter Standard: If a shelter provides food on-site, the sleeping area must be separate from the dining area.

E. Service-Enriched Shelter Standard: The shelter includes rooms for providing on-site services, as applicable.

Preferred Practice Recommended Standards
F. The shelter provides adequate separation of families, couples and single adults, and adequate separation of single women and single men.

G. Room accommodations, bathrooms, lounges and other common spaces in the shelter should be wheelchair accessible. Wheelchair access should be provided to all common areas and to not less than 10% of the sleeping units.

H. The shelter should provide a private/ quiet space that allows children to do their homework and clients to study and work.

I. The shelter includes some outdoor space for client-use only. The outdoor area is enclosed and appropriately screened to ensure privacy.

IV. Protection of the Family Unit

Preferred Practice Recommended Standards

A. Shelters should attempt to provide accommodations which protect the family unit whenever possible, allowing parents and children to be accommodated together.

V. Visitors

A. Shelters may permit residents to have visitors as appropriate to the shelter population and type of facility.

B. Shelter residents are responsible for the behavior of their visitors and may experience the consequences of their guests' negative behaviors as specified in the shelter rules.

VI. Security

A. The building and grounds are routinely and regularly monitored.

B. Building or shelter security is maintained, and when appropriate to the population served and the type of facility, residents are encouraged to form resident patrols.

VII. Storage of Personal Possessions

A. Shelters which hold funds or possessions on behalf of residents have a written policy and established procedure for securing and returning residents' belongings. The policy specifies how the stored items will be safeguarded, the shelter's liability for items that are lost or stolen, and the length of time funds or possessions will be held. Shelters must explain this policy to clients before holding any funds or possessions for them, and shelters must post this policy in a conspicuous location in all appropriate languages.

B. Security deposits may be used to compensate the program for a resident's failure to pay program fees, to repair damages, exclusive of ordinary wear and tear, caused by the resident or resident's guest or for the cleaning of the premises. Security deposits, less deductions, shall be returned, and an itemized statement of deductions made, shall be provided to the departed resident within three weeks after the resident has left the program.

C. If the shelter holds funds (other than Security Deposit) or possessions on behalf of a resident, those funds or possessions are returned the same day if possible, and no later than two weeks after the demand for return.

Preferred Practice Recommended Standard

D. In shelters, bedrooms should have individual, separate lockable storage lockers for the adult resident's belongings. Each locker should be large enough to accommodate winter clothing.

E. Service Enriched shelters and Transitional Housing Programs should allow residents to store personal belongings for up to 72 hours after residents have left the shelter or housing.

VIII. Smoking, Drugs & Alcohol, and Weapons

A. The program prohibits possession and use of illegal drugs and alcohol on the premises.

B. The program prohibits smoking indoors.

C. The program prohibits possession of weapons by everyone (clients, staff, volunteers, guests, etc.) at the facility. The program posts its policy regarding the discovery of weapons, including a list of items considered to be weapons.

IX. Medication: Storage, Access & Distribution

A. The program complies with laws and regulations regarding the storage of record- keeping concerning medications.

B. The program has established procedures for preserving clients' confidentiality in the storage of and keeping of records concerning medications.

X. Shelter Maintenance

A. The shelter has a written building maintenance policy that includes a clearly identified person to whom the residents can report maintenance problems.

B. Routine maintenance is performed by qualified personnel or qualified personnel supervise maintenance work performed by residents.

XI. Housekeeping Policies

A. The shelter has a housekeeping plan to ensure a safe, sanitary, clean and comfortable environment. The plan includes:

1. a cleaning schedule for all parts of the facility, including, but not limited to, the floors, walls, windows, doors, ceilings, fixtures, equipment, and furnishings;

2. a schedule for collecting and discarding trash inside the facility;

3. a clearly identified person(s) responsible for the tasks on the housekeeping plan.

B. Trash inside the facility is contained in appropriate trash receptacles. Trash receptacles are emptied on a regular basis.

C. Adequate, properly maintained supplies and equipment for housekeeping functions are available. These supplies are properly labeled, and supplies and equipment are kept in a separate cabinet away from any food and out of the reach of children.

D. A Material Safety Data Sheet is maintained where the chemicals that the sheets apply to are stored for all chemical products used on site. An additional copy of the sheets must be maintained in a location that can be accessed easily by staff and clients in the event of an emergency and must be available upon request.

XII. Communicable Diseases

A. In compliance with Cal/ OSHA Interim Tuberculosis Control Enforcement Guidelines, shelters must:

1. annually test employees for Tuberculosis (TB), in accordance with current criteria recommended by the Centers for Disease Control and Prevention;

2. have written criteria to identify individuals who are suspected of having infectious TB;

3. have written TB exposure control procedures;

4. provide employees and residents with proper medical evaluation and preventative therapy;

5. provide TB prevention training to employees; and

6. maintain proper documentation of employee TB prevention training, TB exposure incidents, and diagnosed TB cases.

B. Staff use "universal precautions" when disposing of child/infant items such as diapers, tissues, band-aids, etc. Gloves and plastic bags are used when handling and disposing of these items.

C. The program notifies clients anytime there is a possibility that they were exposed to a communicable disease that is spread through casual contact. Notification must include posting a written warning about possible exposure in a conspicuous location and in all appropriate languages or in a fashion readily accessible to accommodate non-hearing and sight impaired individuals. The warning includes the date of the exposure, the disease, the onset time of the disease, its symptoms and how it is treated.

D. The program consults a medical professional when deciding if a client or potential client is infected with a contagious communicable disease that might endanger the health of other clients.

E. The program maintains written policies regarding mandatory implementation of universal precautions, control of tuberculosis, (per the California Department of Health Service's guidelines), and notification of clients of possible exposure to a communicable disease.

F. The program maintains written policies on client confidentiality issues regarding communicable diseases, including HIV/AIDS.

G. Program admission and exit policies and daily operation procedures adhere to protocols established by the Center for Disease Control.

Preferred Practice Recommended Standard
H. All shelter clients should be tested for TB within 30 days of their intake. Afterwards, they should receive a TB test card that should be accepted at other shelters.

I. All shelter clients should be given information about and if appropriate referred to County-sponsored disease testing (e.g. for TB and HIV/AIDS) and child immunizations.

XIII. Pest Control

A. The shelter works actively to prevent insect and rodent infestations and to eliminate them if they occur. In kitchen, dining areas, and food storage areas, the shelter takes precautions such as wiping up spills and crumbs frequently; storing food at least 6 inches off the floor and away from the walls; checking incoming boxes for insects and rodents excluding clients' personal belongings; filling in all crevices and cracks in walls; elevating garbage containers off the floor; having annual pest control inspections; and installing self-closing doors, where appropriate, on the outside of the facility.

B. The shelter notifies residents of any pest-control maintenance activities.

C. Notification must be given 24 hours in advance. The Material Safety Data Sheets are requested from any exterminators hired and kept on file.

Preferred Practice Recommended Standard
D. Shelters should have monthly pest control inspections.

XIV.   Heating and Ventilation

A.   The shelter has a heating and ventilation system that is in proper working order and maintains a minimum temperature appropriate for the population served.

XV.   Interior/Exterior Lighting

Preferred Practice Recommended Standard

A.   Natural lighting is provided wherever possible. Windows should allow a natural lighting ratio of 1 foot of window space to every 10 square feet of room area. Exceptions allow for the kitchen to be provided with adequate artificial light.

XVI.   Electricity, Gas and Water

A.   A map designating the location of the gas main will be conspicuously posted and known to the shelter's on-site emergency response designee. A gas shut- off tool must be attached near the gas main. Instructions for using the gas shut-off tool must be posted next to the tool in all appropriate languages.

XVII.   Heaters Bath & Toilet Facilities

A.   The shelter has a sufficient supply of functional, clean, and reasonably private toilets and wash basins.

B.   The shelter has functional, clean, and reasonably private bathing facilities for residents. (Temporary or winter shelters may provide referrals to places that have bathing facilities on site.)

C.   The shelter provides separate bathrooms for male and female in ratios appropriate to the capacity of the shelter. Temporary or winter shelters may have unisex bathrooms.)

D.   Transgender clients have access to bathrooms based on their gender of identification, regardless of physical characteristics. People who do not clearly identify as male or female should have access to whichever toilet/ shower facility helps them feel safest. Where there are single-use showers and bathrooms in the facility designated for residents, transgender residents will be told about them and welcome to use them.

E.   The shelter provides toilets and wash basins accessible to residents with disabilities.

F.   *Basic & Services Enriched Shelter Standard*: If the shelter provides services to persons with infants and young children, it must provide adequate space and equipment such as bathtubs, portable tubs, and basins for the bathing and changing of infants and young children.

G.   Toiletries

1.   The shelter provides toilet tissue, soap, and a means for washing and drying hands.

2.   If the shelter provides showers on site, towels and soap must be provided.

3.   The shelter provides containers for disposal of feminine hygiene products.

Preferred Practice Recommended Standard

4.   Shelters should supply deodorant, shampoo, toothbrushes, toothpaste, condoms, feminine hygiene products, and diapers.

XVIII.   Telephones

A.   The shelter takes incoming emergency phone messages and messages from other service providers such as case manager or advocates, for residents during business hours and has a process for making these

messages available to them. Messages are taken without confirming whether or not the individual is a client of the agency.

B. *Basic and Service-Enriched Shelter Standard:* The shelter has or provides access to a phone that residents can use within reasonable limits. This phone is made as private as possible.

XIX.   Furnishings

A.   General

1. The shelter provides the necessary equipment and furnishings to support shelter activities.

2. All shelter equipment and furnishings are maintained so they are clean, safe and appropriate for their intended function.

B.   Dining Area

1. Basic & Service-Enriched Shelter Standard· If a shelter provides food on site, tables and chairs must be provided in the dining area.

C.   Bedroom/Sleeping Area

1. At a minimum, basic and service-enriched shelters provide residents with a bed or a cot. Winter shelters and rotating church shelters, at a minimum, provide residents with a mat.

2. Each resident is supplied with sheets, a pillow and pillowcase and at least one blanket.

3. Bed linens, blankets and towels are laundered as often as necessary for cleanliness and freedom from odors. The shelter has sufficient numbers of each item to allow for changes when necessary.

4. Clean bed linens are to be provided to new residents at intake. Residents are expected to maintain cleanliness of linens when facilities are available onsite, otherwise clean linens will be provided by the facility at least once a week.

5. The shelter implements routine procedures for disinfecting the bed, mat, or cot and its cover with each change of client.

Preferred Practice Recommended Standards

6. The shelter should furnish each resident, whether an adult or child, with a clean bed (or crib for infants) that is a minimum of 27 inches in width, or a double bed for an adult couple.

7. The shelter should use vinyl mattress covers or mattresses that are resistant to bacteria, fluids, and pests and sanitize them between clients.

8. In shelters, bedrooms should have individual lockable storage lockers for the resident's belongings. Each locker should be large enough to accommodate winter clothing.

XX.   Provisions for Babies and Young Children

A. If the shelter provides services to people with infants, it must provide refrigeration and cooking equipment capable of being used for the storage and preparation of infant formula, baby food and milk. (Winter Shelters can apply for a one-time, one-year waiver).

B. All children's furniture and equipment meets national safety standards. Donated furniture and equipment also must meet these same standards.

C. *Basic & Service-Enriched Shelter Standard*: If the shelter provides services to people with children, it must provide age appropriate cribs or beds, storage space for toys, and appropriate feeding equipment for infants and young children.

D. *Basic & Service-Enriched Shelter Standard*: If the shelter provides services to people with children, it must have/provide appropriate feeding equipment for infants and young children.

I. Inter-Organizational Collaboration

I. HMIS

A. All agencies providing shelter, housing and services to the homeless and those at risk of becoming homeless should participate in the Homeless Management Information System designated by the Continuum of Care in order to collect, track, and report uniform information on client needs and services and enhance community-wide service planning and delivery.

B. All agencies participating in the Homeless Management Information System will abide by the countywide system administrator's policies and procedures, including the "Santa Clara County Continuum of Care HMIS Governance Agreement" and the "Santa Clara HMIS Standard Operating Procedures", and adhere to the current HUD data standards.

C. Assessments will be conducted according to the policies, procedures, and confidentiality rules of each individual program, of the Homeless Management Information System countywide administrators, and of the Coordinated Assessment system.

D. All users of the Homeless Management Information System must be trained according to the standards of the HMIS system administrators, including End User Training, and Confidentiality Training.

E. All agencies, regardless of participation in the Homeless Management Information System, are required to keep their Program Descriptor Data Elements current and accurate at all times. This information should be updated at least annually by agency HMIS administrators or reported to the county wide system administrators.

II. Coordinated Assessment

A. All agencies participating in HMIS will serve as Coordinated Assessment Access Points, in accordance with Section J, Coordinated Assessment Policies and Procedures (See Section K.III, Access Points).

III. Continuum of Care (CoC) Participation

A. All agencies providing shelter and services to the homeless should be participants in the Santa Clara County Continuum of Care.

B. To the extent possible, member organizations of the Santa Clara County CoC will participate in community wide efforts endorsed by the CoC Board.

J. Coordinated Assessment Policies & Procedures

I. Background

A. What is Coordinated Assessment?

Coordinated assessment (also known as coordinated entry) is a consistent, community wide process to match people experiencing homelessness to community resources that are the best fit for their situation. In a community using coordinated assessment, homeless individuals and families complete a standard triage assessment survey that identifies the best type of services for that household. Participating programs accept referrals from the system, reducing the need for people to traverse the county seeking assistance at every

provider separately. When participating programs do not have enough space to accept all referrals from the system, people are prioritized for services based on need.

B. HUD Requirement

Under the interim rule for the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program, each CoC must establish and operate a centralized or coordinated assessment system (24 CFR 578.7(a)(8)). HUD defines a centralized or coordinated assessment system as "a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool" (24 CFR 578.3).

Participation in the coordinated assessment system is required for grantees receiving HUD CoC and Emergency Solutions Grant (ESG) funds.

C. Community Vision

Our community vision for coordinated assessment is that we have a fully engaged coordinated assessment system with standardized assessment and all transitional housing, permanent supportive housing, and rapid rehousing placements made through the system. Coordinated assessment will encompass all populations and subpopulations within the CoC's geographic area and prioritize and place people effectively and efficiently, quickly matching people to the housing type and services that are most likely to get them permanently housed.

D. Benefits of Coordinated Assessment

Coordinated assessment will benefit our community by:

1. Using existing resources effectively by connecting people to the housing programs that are the best fit for their situations.

2. Reducing the need for people to call around to multiple housing programs and fill out multiple applications to join waitlists. Coordinated assessment will assess people for all participating programs at the same time.

3. Providing clear communication about what housing and services are available.

4. Collecting information about how many people in Santa Clara County need different types of housing and services. This information will help us advocate for more resources to support people experiencing homelessness in Santa Clara County.

II. System Overview

In Santa Clara County's Coordinated Assessment system, all homeless individuals and families will complete a standard triage assessment survey that considers the household's situation and identifies the best type of housing intervention to address their situation. The standard triage assessment survey that will be used in Santa Clara County is the Vulnerability Index-Service Prioritization Decision Assistance Tool 2.0 (VI-SPDAT) created by OrgCode Consulting and Community Solutions. The VI-SPDAT will be integrated into the standard HMIS intake for people experiencing homelessness and conducted at HMIS partner agencies, including shelters, service centers, transitional housing programs, and outreach programs: anywhere that people who are homeless first encounter our system of care.

Permanent housing programs, including permanent supportive housing and rapid rehousing, and transitional housing programs will fill spaces in their programs from a community queue of eligible households generated from HMIS. The queue will be prioritized based on length of time homeless and VI-SPDAT scores to ensure that we house those with the greatest need first. This coordinated process will reduce the need for people to traverse the county seeking assistance at every provider separately.

III.   Non-Discrimination Policy

The Santa Clara County CoC does not tolerate discrimination on the basis of race, color, national origin, ancestry, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or expression, marital status, source of income, genetic information, or other reasons prohibited by law. The CoC and all agencies participating in the coordinated assessment process must comply with applicable equal access and nondiscrimination provisions of federal and state civil rights laws during every phase of the coordinated assessment process.

The Santa Clara County CoC is committed to making its coordinated assessment process available to eligible individuals and families, who will not be steered toward any particular housing facility or neighborhood because of the above-listed characteristics or for any other reason prohibited by law. Some programs may limit enrollment based on requirements imposed by funding sources and/or state or federal law. All such programs will avoid discrimination to the extent allowed by their funding sources and authorizing legislation.

The Santa Clara County CoC is committed to adopting a Housing First approach and reducing barriers for accessing housing and services. Individuals are not screened out of the assessment process due to perceived or actual barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability or related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

All locations where persons are likely to access or attempt to access the coordinated assessment system will include signs or brochures displayed in prominent locations informing participants of their right to file a non-discrimination complaint and containing the contact information needed to file a non-discrimination complaint. The requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.

To file a non-discrimination complaint, contact

> Kathryn Kaminski
> Acting Continuum of Care Quality Improvement Manager
> Office of Supportive Housing
> County of Santa Clara
> 3180 Newberry Drive, Suite 150
> San Jose, CA 95118
> 408-793-1843
> kathryn.kaminski@hhs.sccgov.org

IV.   Access Points

A.   Requirements for Access Points

Access points are locations where people experiencing homelessness can complete the assessment survey to participate in coordinated assessment. In Santa Clara County, all HMIS partner agencies will serve as access points and the triage assessment survey (VI-SPDAT) will be incorporated into the standard HMIS intake.

Access points are sited in proximity to public transportation and other services to facilitate participant access, but a person with a mobility or other impairment may request a reasonable accommodation to complete the coordinated assessment process at a different location. Reasonable accommodations requests should be made to the Housing and Homeless Concerns Coordinator at OSH, who will arrange alternative transportation or an alternative location for people who have disabilities or who are otherwise unable to reach any CoC provider.

In order to participate as an access point, organizations must have a current, signed HMIS partner agency agreement and meet the following requirements:

> 1.   Participate in HMIS and follow all HMIS user agency requirements *(domestic violence victim service providers are exempt from this requirement).*

2. Maintain at least one regular staff person who is trained and authorized to conduct the VI-SPDAT and only allow trained and authorized staff or volunteers to conduct the VI-SPDAT.

3. Agree to follow the community guidelines for completing the assessment and communicating about the coordinated assessment system.

4. Agree to provide additional referrals to other community services, as appropriate, to people completing the assessment.

5. Be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.

6. Ensure effective communication with individuals with disabilities and provide appropriate auxiliary aids and services necessary to ensure effective communication (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters).

B. Emergency Services

The coordinated assessment system will maintain connections with the emergency care system using the following techniques:

1. Encouraging emergency service providers to operate as coordinated assessment access points.

2. Encouraging emergency service providers that do not operate as access points to promptly forward information about homeless residents who have been served at night or on the weekend to an appropriate coordinated assessment access point, so that those residents can be integrated into the coordinated assessment system as soon as the access point opens for business.

3. Ensuring that all emergency services connected with the CoC, including all domestic violence hotlines, emergency service hotlines, drop-in service programs, emergency shelters, domestic violence shelters, special population shelters, and other short-term crisis residential programs, can receive and care for residents even during hours when coordinated assessment access points may be closed for business.

4. Arranging meetings between homeless service providers and emergency medical or behavioral health care providers at least once per year to discuss strategies for reducing barriers to communication between the health care system and the homeless system of care.

C. Communication and Frequently Asked Questions

As the original point where people connect with the coordinated assessment system, access points are likely to receive questions from people asking about their status on "the list" and when they will get referred to housing. Organizations should be able to:

1. Check HMIS to determine if the individual or household has a current (less than one year old) VI-SPDAT entered in HMIS.

    a. If so, communicate to the individual or household that they are current in the system and will be contacted if services that are a good fit for them become available.

    b. If the individual/household does not have any record of a VI-SPDAT in HMIS, work with them to complete the standard HMIS intake and VI-SPDAT.

    c. If the individual's/household's VI-SPDAT is over one year old, have them complete an annual update.

2. Check to make sure that the individual's/household's contact information is current and update it if needed.

Organizations should not communicate the individual's or household's number or place in the community queue in HMIS as this placement may change frequently as new assessments are entered into the system. See the *Santa Clara County Coordinated Assessment FAQs* for more information.

D. Outreach and Marketing

The CoC will affirmatively market housing and supportive services to eligible persons in the CoC's geographic area who are least likely to apply in the absence of special outreach, including the following sub-populations: people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence. Coordinated assessment outreach will be designed to ensure the coordinated access process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Coordinated assessment outreach and any marketing materials will clearly convey that access points are accessible to all sub-populations.

Outreach will be conducted by existing outreach teams and programs in the community that act as coordinated assessment access points, including outreach resources that specifically target people experiencing chronic homelessness, veterans, families with children, youth, LGBTQ youth, and survivors of domestic violence and human trafficking. Culturally competent outreach resources with strong existing ties to the community's most vulnerable populations will serve as coordinated entry access points to ensure that all subpopulations access coordinated assessment. Outreach will be available in the following languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP): Spanish, Vietnamese, Tagalog and Mandarin.

V.   Assessments

A. The VI-SPDAT

Santa Clara County uses the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) created by OrgCode Consulting, Inc. and Community Solutions as the standard triage assessment tool. This assessment will be used for all homeless individuals and households in Santa Clara County. There are five versions of the VI-SPDAT in use for different populations:

1. Individuals

2. Families

3. Transition Age Youth

4. Justice Discharge

5. Prevention

The VI-SPDAT is to be completed by all individuals and families who are homeless under Category 1 (Literally Homeless) and Category 4 (Fleeing Domestic Violence) of HUD's definition of homelessness. The VI-SPDAT will be conducted as part of the standard HMIS intake.

The Prevention VI-SPDAT is used by the Homelessness Prevention System (HPS) pilot to assess eligibility for participation. Emergency Assistance Network agencies administer the Prevention VI-SPDAT to households at risk of losing their primary residence. All assessed households that fall within the eligible score range for the HPS pilot are offered HPS prevention services.

B. Training and Authorization of Users

The VI-SPDAT can only be conducted by staff or volunteers who have successfully completed training and been authorized by OSH. The CoC will provide training opportunities at least once quarterly to organizations and/or staff people at organizations that serve as access points or administer assessments. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the

methods by which assessments are to be conducted with fidelity to the CoC's coordinated assessment written policies and procedures.

OSH staff will monitor the quality and consistency of assessments entered into HMIS and provide feedback, training, and adjustments to policies and procedures as necessary to address issues that may arise. Additionally, OSH may revoke the right of any individual user or agency to participate in HMIS and/or coordinated assessment if the individual or agency violates user agreements or policies and procedures.

Administering the VI-SPDAT

OSH will provide Coordinated Entry and VI-SPDAT training, which will include training on how to conduct the assessment, guidelines for communicating with people about coordinated assessment, Coordinated Assessment Policies and Procedures, and frequently asked questions.

All persons administering the VI-SPDAT must also be trained HMIS users or trained users of a comparable database used by a victim service provider or program serving survivors or domestic violence or human trafficking.

CoC Policy

Staff conducting assessments must also complete a training curriculum that will cover each of the following topics:

1. Review of the CoC's written coordinated assessment policies and procedures, including any adopted variations for specific subpopulations;

2. Requirements of use of assessment information to determine prioritization;

3. Non-discrimination policy as applied to the coordinated assessment system; and

4. Criteria for uniform decision-making and referrals.

Cultural Competence

All assessment staff must be trained at least once on how to conduct a trauma-informed assessment of participants, with the goal of offering special consideration to survivors of domestic violence and/or sexual assault to help reduce the risk of re-traumatization.

All assessment staff must be trained at least once on safety planning and other next-step procedures to be followed in the event that safety issues are identified in the process of conducting an assessment.

All staff administering assessments use culturally and linguistically competent practices in order to reduce barriers for underserved populations, including but not limited to immigrants and refugees, youth, individuals with disabilities, and LGBTQ individuals. The CoC shall further these practices by:

1. Incorporating cultural and linguistic competency training and person-centered approaches into the required annual training protocols for participating projects and staff members;

2. Using culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services; and

3. Providing staff access to and training in the procedures for obtaining interpretation and accessibility services.

HMIS

All staff and volunteers who enter data into HMIS or access data from HMIS must be trained in current HMIS policy and procedures.

C. Confidentiality and Releases of Information

The VI-SPDAT is covered under the standard HMIS Release of Information (ROI). The ROI authorizes HMIS partner agencies to conduct the HMIS intake and the VI-SPDAT, enter the information in HMIS, and share the individual's or household's information with other participating organizations in order to facilitate connecting the household with housing and services. The ROI *MUST* be completed and uploaded into HMIS before any other information, including the VI-SPDAT, can be entered into HMIS.

D. Conducting the Assessment

The VI-SPDAT will be conducted as part of the standard intake for HMIS and as part of annual updates in HMIS. It may be directly entered into HMIS or completed on paper and then entered into HMIS.

The VI-SPDAT should be conducted in a setting that promotes privacy and confidentiality. The staff member or volunteer conducting it must follow the community guidelines for explaining what the assessment is and how coordinated assessment works.

All of the questions on the VI-SPDAT are designed to be answered with one-word "yes" or "no" answers. There is no need for respondents to go into detail describing their situation or past history. Respondents should be told that it is important to answer the questions honestly and accurately in order to match them to the best services for them.

The CoC will not deny services to any participant based on that participant's refusal to allow their data to be stored or shared unless a Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. All CoC coordinated assessment participants are free to decide what information they provide during the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance. The assessment process does not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

The VI-SPDAT and HMIS standard intake must be conducted in person and the release of information must be uploaded into HMIS.

After completing the assessment, the volunteer or staff member should provide the individual/household with referrals to meet immediate needs. It is very unlikely that a housing placement will be available immediately or even in the near term, due to the overwhelming need in our community. Thus, it is important to provide information about resources that can meet immediate needs, such as shelter, food, and health care.

Individuals and households that score in the low acuity range should be provided with referrals to other resources to meet their housing needs, since they will not be matched with permanent supportive housing or rapid rehousing. Referrals should be based on the individual's/household's specific situation, and could include referrals to the Emergency Assistance Network, emergency shelters, or transitional housing programs.

E. Use of SPDAT

All providers are encouraged to use the SPDAT as a case management tool to assess clients on entry to a program and on an ongoing basis.

To ensure continuity of service and provide the appropriate level of supports to clients, rapid rehousing programs are strongly encouraged to administer the SPDAT for all clients and to collect disability documentation within 45 days of intake for clients with long-term disabilities. The rapid rehousing program should re-administer the SPDAT quarterly thereafter.

F. Updates to Assessments

As long as individuals/families remain homeless, they should complete the VI-SPDAT annually to capture changes in their circumstances. In addition, individuals/households may complete an update whenever they

experience a life event or change in circumstances that substantially impacts their vulnerability. This may include, but is not limited to, a significant change in:

- Amount of income or benefits,

- Health or disabling condition,

- Ability to care for oneself or dependents,

- Family composition, and/or

- Exposure to imminent danger or risk of severe physical harm.

The update would include an HMIS update and a new VI-SPDAT. Referrals to the community queue will become inactive after 390 days if there is no activity in HMIS for that client. While a community queue referral is inactive, no housing referrals will be made for that individual/household. Any of the following will re-activate a referral to the community queue:

1. Completion of a new VI-SPDAT assessment in HMIS;

2. Entry into a program in HMIS;

3. A record in HMIS of services provided;

4. Any other evidence in HMIS of contact with the individual/household.

VI.　Community Queue

Santa Clara County maintains a community queue in HMIS based on the VI-SPDAT scores and intake records in HMIS. HMIS also contains the inventory and eligibility criteria for each transitional and permanent housing provider, including permanent supportive housing and rapid rehousing programs.

Each CoC project must establish specific eligibility criteria that the project will use to make enrollment determinations, and these criteria must be made available to the public. Determining eligibility is a different process than determining prioritization. Eligibility refers to limitations on who can be accepted into a program based on the program's funding sources, the program's authorizing regulations, the program's real estate covenants or rental agreements, and the program's capacity to provide necessary services. Prioritization refers to the order in which eligible persons will be referred to a project based on factors such as need and vulnerability.

A.　Housing Program Inventory
All participating housing providers will enter their program inventory and eligibility criteria in HMIS. Program staff will work with the HMIS system administrator and OSH to make sure program information stays up to date. Additional eligibility criteria will be used to pre-screen individuals and households on the queue for basic eligibility.

B.　Match to Program Type
Santa Clara County uses the VI-SPDAT to determine the best type of housing intervention for the individual or household being assessed.

1. Those who are identified to have high acuity are referred to permanent supportive housing.

2. Those with moderate acuity are referred to rapid rehousing or transitional housing. Recognizing that client choice is a central concern around transitional housing placements and that some households (*e.g.*, DV survivors or persons in recovery) may prefer transitional programs while others may prefer rapid rehousing, individuals will be asked specific questions relating to interest in specific programs (*e.g.*, "Would you be interested in a transitional housing program?" or

"Would you prefer sober housing?") and their preferences will be integrated into the referral process.

3. Those who are assessed to be low acuity most likely will be able to resolve their homelessness without a housing intervention. Since Santa Clara County has limited housing capacity, housing interventions will be prioritized for those who most need it. Individuals and households with low acuity will be referred to prevention and diversion services, which could include deposit assistance from an Emergency Assistance Network provider, making sure they are connected to public benefits, and referring to other services in the community.

C. Prioritization

Santa Clara County has a significant shortage of housing opportunities compared to the need. Thus, the coordinated assessment system will triage people and house those who are most in need first. Permanent Supportive Housing placements will be prioritized for those who have been homeless on the streets or in emergency shelter for at least a year and with the highest acuity, thus serving those who are most in need and most at risk if they remain on the streets first. In addition, households fleeing domestic violence that are qualified for an emergency transfer will have priority for CoC-funded programs under the circumstances detailed in the Emergency Transfer Plan. (*See Section VIII. Safeguards for Survivors of Domestic Violence*).

Using VI-SPDAT scores, individuals/households are assigned to the most appropriate type of housing intervention (permanent supportive housing, rapid rehousing or transitional housing, or no housing intervention). Within those groups, individuals and households will be prioritized based on the following criteria.

Permanent Supportive Housing Prioritization Criteria
1. VI-SPDAT Score – Those who have been on the street, in emergency shelter, and/or places not meant for human habitation for at least a year with the highest acuity will be served first.

2. Length of Time Homeless – Among those with the same VI-SPDAT score, individuals/households who have been homeless the longest will be prioritized first.

3. High Use of Services – Among those with the same VI-SPDAT score and the same length of time homeless, individuals/households will be prioritized based on the level of utilization of County services, with those with the highest utilization served first.

To reflect our commitment to serve those most in need and most at risk, the CoC will work with all CoC-funded permanent supportive housing projects to phase in turnover beds to be dedicated or prioritized for people experiencing chronic homelessness.

Rapid Rehousing and Transitional Housing Prioritization Criteria
1. VI-SPDAT Score – Those with the highest score within the rapid rehousing range will be served first.

2. Risks Score – Among those with the same VI-SPDAT score, individuals/households with the highest Risks sub-score in the VI-SPDAT will be prioritized first.

3. Length of Time on the Community Queue – Among those with the same VI-SPDAT score and the same Risks score, individuals/households will be served in the order they completed the assessment.

Other Housing and Services
Services that are needed for an emergency crisis response, such as entry to emergency shelter, will not be prioritized through coordinated assessment. Instead, all persons who qualify for and require emergency services will receive those services on a first-come, first-serve basis, or through referrals from partner organizations and other providers.

VII.   Housing Referrals

A.   Matches to Housing Opportunities

Matches are facilitated by OSH staff. When a housing program has a space available, the designated OSH representative will use the community queue in HMIS to identify the household or individual to be referred by:

1. Filtering the community queue based on the type of housing intervention (transitional housing, permanent supportive housing or rapid rehousing) so that it pulls a list of individuals/households that have matched to that type of housing;

2. Filtering the community queue based on the eligibility criteria of the housing program; and

3. Prioritizing the community queue based on the prioritization methodology described above.

The OSH representative will then make a referral in HMIS to the housing program.

OSH staff will provide human judgment and discretion in making referrals based upon the prioritization and match-making methodology laid out in this document. Discretion may include taking into account a client's known preferences when making matches, avoiding referrals to programs where an individual/household has had a serious violation in the past, and addressing inconsistencies or concerns in the assessment or eligibility information entered in HMIS. Any match that requires some flexibility outside the methodology described here requires approval from an OSH senior manager.

B.   Provider Responsibilities

When a permanent housing program receives a referral in HMIS, the provider will follow these steps:

1. **Locate the individual/household**: It is expected that the provider will **make at least 3-5 reasonable attempts** to find the individual/household. In addition to trying the contact information in the person's HMIS account, attempts should include seeking the person out in locations and at other service providers that they are known to frequent.

2. All attempts to find the individual/household must be documented in HMIS.

3. **Verify eligibility:** Information in the individual's/household's HMIS account (including the VI-SPDAT) is primarily self-reported. Providers will need to conduct their own program intake and documentation of eligibility.

4. **Enter the individual/household into the program in HMIS**.

If the individual/household cannot be located, the provider will notify the OSH representative who made the match. Together, the OSH staff and the provider will determine if additional attempts should be made. If the individual/household still cannot be located, they will be referred back to the community queue and OSH staff will initiate a new match.

If the individual/household turns out to be ineligible for the program, they will be referred back to the community queue and OSH staff will initiate a new match. The program should provide information regarding why the individual/household was not eligible and a note will be made in HMIS. Depending on the reason for ineligibility, OSH staff may initiate a review of the client's information and/or request that the client complete an updated assessment (for example, if inaccurate or out of date information on the assessment led OSH to believe the client would be eligible).

If the individual/household declines a referral, they will be referred back to the community queue and OSH staff will initiate a new match. Individuals/households have the right to decline any and all referrals. OSH staff will continue to offer referrals as many times as it takes to match the individual/household with housing. However, OSH will follow some basic guidelines:

1. OSH staff will not re-refer an individual or household to the same program multiple times if the person/household has communicated that they are not interested in that program. Instead, the individual/household will be referred to other programs in the community.

2. If an individual/household declines 3 referrals, OSH staff will wait three months before making the next referral.

3. If an individual/household declines 6 referrals, OSH staff will communicate with the individual/household that they will not be given any new referrals until they inform OSH that they are interested in receiving a new referral.

C. Transfers from Rapid Rehousing to Permanent Supportive Housing

While it may be possible to transfer a RRH participant to a PSH program, it generally cannot be done immediately and often PSH spots are not available for the client. The following steps should be followed in this situation:

1. Do not complete a new VI-SPDAT unless there have been significant changes and you do not plan to enroll the client in the RRH program.

2. Enroll the household in the RRH program and work with them to achieve housing stability.

3. Complete chronic homelessness documentation within 45 days of enrollment in the RRH program, including chronic homelessness certification and disability documentation.

4. Complete the SPDAT assessment every three months to evaluate the household's progress. Extend RRH assistance if needed.

5. At the end of the standard period of the RRH program (six months, nine months, etc.), if the participant has not made progress and may still need PSH, contact the RRH Matchmaker. The Matchmaker will work with the RRH program to determine whether the participant is eligible for and can be placed in a PSH program. If it is determined that the household needs PSH and there is available capacity in an appropriate PSH program, the Matchmakers may be able to make a referral to PSH. However, there may not be any available spots in PSH programs.

6. Extend the RRH assistance as long as needed, up to two years, while the household is attempting to gain housing stability.

D. Project-Specific WaitLists

One of the benefits of coordinated assessment is that it simplifies the path to housing by replacing the multitude of existing project-specific wait lists with a shared community queue. However, some projects have requirements from their funders that may conflict with coordinated assessment. In those situations, OSH will work with the provider to determine the best possible way to participate in coordinated assessment.

VIII.   Safeguards for Domestic Violence Survivors

Families and individuals will not be denied access to the coordinated assessment process on the basis that they are survivors of domestic violence, dating violence, sexual assault, stalking, or trafficking. Such individuals will have safe and confidential access to the coordinated assessment process and victim service providers, and immediate access to emergency services such as domestic violence hotlines and shelter, as well as full access to other housing and services through the coordinated assessment process.

A separate, confidential process is available within the coordinated assessment system for domestic violence survivors who are receiving services from designated domestic violence service providers in the community. This process allows service providers to maintain confidentiality and safety for their clients, while also ensuring that homeless survivors have access to the full array of housing opportunities in the community.

A. Access

All staff conducting assessments at DV-dedicated and non-DV-dedicated access points will be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations.

B. Assessment

1. Victim Service Providers

    i. The participating domestic violence service providers will conduct the VI-SPDAT triage assessment with the individuals and families staying in their shelters and transitional housing programs. These service providers are prohibited by law from using HMIS, so the VI-SPDAT and additional eligibility criteria that is usually included in the HMIS standard intake will be completed on a paper form. This modified intake form will only include the minimum information necessary to determine eligibility and prioritization and it will specifically exclude personally identifying information, including: name, date of birth, social security number, and last permanent address. The service provider completing the form will include the name of the agency, the appropriate staff contact, and an alternate staff contact. All communication about the assessment and any possible placements will be conducted through the service provider to maintain client confidentiality. The domestic violence service provider will include an internally generated ID number that the agency can associate with the client, but that cannot otherwise be identified with the client. OSH staff will use this number to identify the client when communicating with the service provider.

2. Non-Victim Service Providers

    i. Prior to initiating the VI-SPDAT, access points that are not victim service providers will screen all incoming households to determine whether they are DV survivors at risk of harm by using the "DV Screening Tool," available on the Office of Supportive Housing website.

    ii. If a household indicates that they are DV survivors at risk of harm, the assessor must offer them the choice of:

        1. An immediate warm handoff to a victim service provider for services, including safety planning and the VI-SPDAT; or
        2. Continuing to receive the VI-SPDAT from the non-victim service provider who will enter the household's information into the community queue in HMIS anonymously; or
        3. Continuing to receive the VI-SPDAT from the non-victim service provider who will enter the household into the community queue in HMIS.

    iii. If a DV survivor is already in the community queue because they have undergone a Family VI-SPDAT with their abuser, the survivor should be given the option to be re-assessed without the abuser. See subsections (ii)(1)-(3) above for how to proceed regarding the re-assessment.

C. CommunityQueue

OSH will maintain a separate Community Queue outside of HMIS for survivors referred by domestic violence service providers. No client data will be entered into HMIS, in order to maintain confidentiality and safety for survivors and compliance with federal law. Anytime there is an opening in a transitional or permanent housing program, OSH staff will reference both the HMIS community queue and the community queue outside of HMIS to determine the most highly prioritized eligible individual/household.

D. Housing Referrals

When an anonymous client from a domestic violence service provider receives a housing referral, OSH staff will contact the service provider. It is the responsibility of the service provider to reach out to the client and

connect them with the housing provider. The standard policies regarding the length of time to look for someone and the individual's/household's right to decline a referral still apply.

E. Emergency Transfer Plan

1. Emergency Transfer Qualifications

A client in a CoC- or ESG-funded project qualifies for an emergency transfer if:

    a) The client is a survivor of domestic violence, dating violence, sexual assault or stalking;

    b) The client expressly requests the transfer; *and*

    c) Either:

        i. The client reasonably believes there is a threat of imminent harm from further violence if the client remains in the same dwelling unit; or

        ii. If the client is a survivor of sexual assault, the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

2. Emergency Transfer Process

Participants may submit an emergency transfer request directly to program staff. The program must communicate with the Coordinated Assessment System matchmaker at the Office of Supportive Housing to inform them that an emergency transfer request has been made and whether the request is for an internal transfer (a transfer where the client would not be categorized as a new applicant), external transfer, or both. Participants may seek an internal and external emergency transfer at the same time if a safe unit is not immediately available. If the participant receives TBRA, the program will take reasonable steps to support the participant in securing a new safe unit as soon as possible and a transfer may not be necessary.

Residents of PSH who do not meet the Emergency Transfer criteria may request a transfer under section C.VII.B. "Transfers in Permanent Supportive Housing."

Internal Transfer

Where the participant requests an internal emergency transfer, the program should take steps to immediately transfer the participant to a safe unit if a unit is available. Requests for internal emergency transfers should receive at least the same priority as the program provides to other types of transfer requests.

If a safe unit is not immediately available, program staff will inform the participant that a unit is not immediately available and explain the participants' options to:

    (1) wait for a safe unit to become available for an internal transfer,

    (2) request an external emergency transfer, and/or

    (3) pursue both an internal and external transfer at the same time in order to transfer to the next available safe unit in the CoC.

External Transfer

If a participant requests an external emergency transfer, the participant has priority over all other applicants for CoC-funded housing assistance, provided the household meets all eligibility criteria required by HUD and the program. After the agency communicates the participant's emergency transfer request to the

Coordinated Assessment System matchmaker, the matchmaker will facilitate referral of the participant to the next available appropriate unit through the Coordinated Assessment System.

The household retains their original homeless or chronically homeless status for purposes of the transfer.

3. Documentation and Record Keeping

To request an emergency transfer, the participant should submit a written request to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the occurrence for which the participant is requesting an emergency transfer. No other documentation is required.

CoC-funded programs must retain records of all emergency transfer requests and their outcomes for a period of 5 years following the grant year of the program in which the household was a participant and report them to HUD annually.

4. Emergency Transfer Confidentiality Measures

Programs will ensure strict confidentiality measures are in place to prevent disclosure of the location of the client's new unit to a person who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against the client.

5. Family Separation

Where a family receiving TBRA separates as part of the emergency transfer, the family member(s) receiving the emergency transfer will retain the TBRA assistance when possible. The program will work with the CoC and the household to support an effective transfer in situations where the program is not a good fit for the family member(s) receiving the emergency transfer.

IX. Administrative Structure

A. System Oversight

Oversight of the coordinated assessment system, including implementation of the VI-SPDAT, community queue, prioritization and match-making, will be provided by OSH. OSH serves as the Santa Clara County CoC's collaborative applicant and HMIS Lead and staffs the CoC Board and the CoC Coordinated Assessment Work Group. The CoC board delegated authority to OSH, as the collaborative applicant, to approve and implement operational policies for coordinated assessment (See Delegation of Authority Table approved in April 2015). OSH will staff implementation of coordinated assessment and report back on progress to the CoC Board Executive Committee.

B. Evaluation

At least once per year, OSH will consult with each participating project, and with project participants, to evaluate the intake, assessment, and referral processes associated with coordinated assessment. OSH will solicit feedback addressing the quality and effectiveness of the entire coordinated assessment experience for both participating projects and for households. All feedback collected will be private and must be protected as confidential information.

OSH will employ multiple feedback methodologies each year to ensure that participating projects and households have frequent and meaningful opportunities for feedback. Each year, OSH will use at least two of the following methods:

1. Surveys designed to reach at least a representative sample of participating providers and households;

2. Focus groups of five or more participants that approximate the diversity of the participating providers and households; or

3. Individual interviews with enough participating providers and households to approximate the diversity of participating households.

As part of the evaluation process, OSH will examine how the coordinated assessment system is affecting the CoC's HUD System Performance Measures.

The feedback will be collected and presented to the Coordinated Assessment Work Group, which will meet within 60 days of when the feedback is collected to consider what changes are necessary to the coordinated assessment system's processes, policies, and procedures in light of the feedback received.

C. Grievance Procedures

Any person participating in the coordinated assessment process has the right to file a grievance. Grievances related to a particular service provider (for example, a grievance related to how an assessment was conducted at a particular provider) should be resolved through that provider's grievance procedure. Grievances specific to discrimination or the coordinated assessment system (for example, a grievance related to the match-making process), should be forwarded to OSH.

D. Revisions to Policies and Procedures

The Policies and Procedures document will be reviewed and, if necessary, updated at least annually by the Coordinated Assessment Work Group and OSH staff.

E. Participating Providers

All CoC- and ESG-funded service providers must participate in the coordinated assessment system. For permanent housing providers (both rapid rehousing and permanent supportive housing) and transitional housing providers that means working with the coordinated assessment system to take referrals from the community queue. The CoC strongly encourages all other housing providers with housing dedicated to people who are homeless to participate, as well.

X. Definitions

ACCESS POINT

Locations where people can complete the triage assessment survey to participate in coordinated assessment. Access points often include emergency shelters and drop-in service centers.

CHRONIC HOMELESSNESS

HUD's definition of chronically homeless is an individual (or a family with an adult head of household) who:

- Is homeless and lives in a place not meant for human habitation, a safe haven, or an emergency shelter;

- Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years; AND

- Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

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 who met all of the criteria above before entering that facility is also considered chronically homeless (24 CFR 578.3).

COLLABORATIVE APPLICANT

The eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds on behalf of the Continuum. The collaborative applicant for Santa Clara County is the Office of Supportive Housing.

COMMUNITY QUEUE

A prioritized list in HMIS of people who have completed the triage assessment survey and are in need of permanent or transitional housing. The list can be sorted by basic eligibility criteria and is prioritized so that individuals and families with the greatest need are housed first.

CONTINUUM OF CARE (COC)

The Santa Clara County Continuum of Care carries out the responsibilities required under HUD regulations, set forth at 24 CFR 578 – Continuum of Care Program. The CoC is comprised of a broad group of stakeholders dedicated to ending and preventing homelessness in Santa Clara County. CoC membership is open to all interested parties and includes representatives from organizations within Santa Clara County. The over-arching CoC responsibility is to ensure community-wide implementation of efforts to end homelessness and ensuring programmatic and systemic effectiveness of the local Continuum of Care program.

EMERGENCY SOLUTIONS GRANT (ESG)

ESG is a grant program of the U.S. Department of Housing and Urban Development (HUD) that funds emergency assistance for people who are homeless or at risk of homelessness. ESG grantees are required to participate in Coordinated Assessment.

HOMELESS

HUD's definition of homelessness (24 CFR 578.3) has four categories:

Category 1 – Literally homeless individuals/families.

Category 2 – Individuals/families who will imminently lose their primary nighttime residence with no subsequent residence, resources, or support networks.

Category 3 – Unaccompanied youth or families with children/youth who meet the homeless definition under another federal statute.

Category 4 – Individuals/families fleeing or attempting to flee domestic violence.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

A local information technology system used to collect data on the provision of housing and services to homeless individuals and families.

HOUSING AND URBAN DEVELOPMENT (HUD)

The United States Department of Housing and Urban Development.

LITERALLY HOMELESS

Category 1 of HUD's definition of homelessness. Literally homeless means an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation, the individual or family is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by charitable organizations or federal, state, or local government programs), or the individual is existing an institution where s(he) has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

OFFICE OF SUPPORTIVE HOUSING (OSH)

An office within the County of Santa Clara's Department of Behavioral Health Services. OSH serves as the collaborative applicant for the Santa Clara County Continuum of Care, staffs the Coordinated Assessment Work Group, and serves as the lead agency for implementation of coordinated assessment in Santa Clara County.

PERMANENT SUPPORTIVE HOUSING (PSH)

A type of permanent housing designed for chronically homeless and other highly vulnerable individuals and families who need long-term support to stay housed. Permanent supportive housing provides housing linked with case management and other supportive services. Permanent supportive housing has no time limitation, providing support for as long as needed and desired by the resident.

RAPID REHOUSING (RRH)

A type of permanent housing program that provides short-term financial assistance and support to quickly re-house homeless households in their own independent housing. The goal is to quickly move households out of homelessness and back into permanent housing, providing the lightest level of service necessary to assist the household.

RELEASE OF INFORMATION (ROI)

The consent form that individuals/households complete and sign to grant consent for their personal information to be entered into HMIS and used for coordinated assessment. Signing the release of information is not required to participate in coordinated assessment and receive referrals for housing; however, it is required to for information to be entered into HMIS.

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

An assessment tool developed by OrgCode Consulting, Inc. that is designed to help guide case management and improve housing stability outcomes.

TRANSITION AGE YOUTH (TAY)

Young adults ages 18 – 24 years old.

VULNERABILITY INDEX – SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

A pre-screening tool designed by OrgCode Consulting, Inc. and Community Solutions that can be conducted to quickly determine whether a client has high, moderate, or low acuity.

K. Emergency Solutions Grant Monitoring

The CoC is responsible for monitoring projects that receive ESG funds to ensure that the projects are performing adequately, operated effectively, managed efficiently, and in compliance with HUD requirements.

The Santa Clara County CoC Operations Committee will be responsible for monitoring project performance.

I.   Monthly

A monthly monitoring report regarding performance will be generated by the HMIS Administrator and shared with the Committee monthly.

The monthly monitoring report will be shared with all ESG recipients and programs. ESG recipients and ESG-funded programs will be encouraged to participate in the Committee and invited to attend all Committee meetings at which ESG performance is discussed.

The report will include community-wide performance on the following objectives using the benchmarks set for each objective:

A. From HMIS, the percentage who:
1. Obtain permanent housing
2. Maintain/retain permanent housing (1 year)
3. Maintain/retain permanent housing (3 years)
4. Exit with earned income *I* employment
5. Exit with mainstream benefits
6. Have adequate resources to meet needs (calculated just like CCP)
7. Return to homelessness after report start
8. Exit to Known Destination

B. Also from HMIS:
1. Average Nightly Occupancy
2. Time (in days) from program entry to permanent housing for those obtaining permanent housing

C. Data Quality
HMIS data quality will be evaluated for each program on a monthly basis.

II. Quarterly

The CoC Providers Advisory Committee will review program-level performance to identify poor performers, taking into account populations served. To the extent that technical assistance and training is needed, the committee will provide recommendations to the Collaborative Applicant and the CoC Board.

ESG recipients and ESG-funded programs will be encouraged to participate in the Committee and invited to attend all Committee meetings at which ESG performance is discussed.

Poor performers may be selected for more intensive, on-site monitoring. This may include site visits, client feedback, and/or grant records. Ongoing poor performers may be selected for targeted technical assistance or other response.

III. Annually

In addition to the monthly and quarterly reports, the CoC Providers Advisory Committee may include a review of the HUD Annual Performance Report (APR) as well as other local sources to ensure compliance with HUD requirements.

Collaborative Applicant will coordinate with the ESG recipient to share any agency capacity policies.