

FRESNO MADERA CONTINUUM OF CARE GENERAL POLICIES AND PROCEDURES



Part 1: Overview

These policies and procedures contain a detailed set of guidelines for how the Fresno Madera Continuum of Care (FMCoC) intends to conduct its operations. The policies and procedures are subordinate to the Bylaws. If the two documents conflict, then the Bylaws take precedence.

Part 2: Eligibility, Prioritization, and Standards for Assistance

Subpart A. Coordinated Entry. The CoC has established a Coordinated Entry System in compliance with HCD ESG regulations, 25 CCR 8409; HUD Coordinated Entry Notices CPD-17-01 and CPD-16-11; VAWA Reauthorization Act of 2013; and the CoC Program Interim Rule, 24 CFR Part 578. All CoC- and ESG-funded programs are committed to implementing this system. The full Policies and Procedures for the FMCoC's Coordinated Entry System are contained in a separate document. The Coordinated Entry System promotes comprehensive and coordinated access to assistance regardless of where an individual or family is located in the CoC service area, and uses the VI-SPDAT, a standardized assessment tool that ensures that the community prioritizes assistance for people with the most urgent and severe needs and to those who have been homeless for the longest period of time. Per the CoC and ESG Program Interim Rules, 24 CFR § 578 and 24 CFR §§ 91 and 576 respectively, enrollment into CoC and/or ESG-funded programs shall follow the CoC's Coordinated Entry Policies and Procedures with respect to assessment prioritization, matching, referral, and placement.

Subpart B. Emergency Solutions Grants (ESG). The Fresno-Madera CoC adopts the recommended order of priority established in 25 CCR 8409 for ESG-funded activities. The CoC recommends that ESG recipients prioritize access to assistance for people with the most urgent and severe needs, including, but not limited to, survivors of domestic violence. ESG-funded activities should seek to prioritize people who:

- Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings;
- Have experienced the longest amount of time homeless;
- Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own; and
- For Homelessness prevention activities, people who are at greatest risk of becoming literally homeless without an intervention and are at greatest risk of experiencing a longer time in shelter or on the street should they become homeless.

Subpart C. Permanent Supportive Housing.

What is Permanent Supportive Housing (PSH)?

Permanent Supportive Housing is community-based housing without a designated length of stay. All CoC funded PSH programs must enter into a lease agreement with tenants that must be at least one year in duration and renewable. The lease agreement must observe Fair Housing regulations. Participants in PSH rental assistance programs are expected to pay the higher of 30% of their income (monthly, adjusted) or 10% of their gross monthly income toward rent (including utilities). If the participant has zero income, the participants are not required to pay rent, but their supportive services partner is expected to work with them to secure income (either earned or unearned) as soon as possible. In no circumstance can a tenant be charged an amount above the rent calculation standard established by HUD.

Participants are encouraged to meet with a case manager once per month and must be reevaluated once per year. Participants in leasing programs may be charged an occupancy charge up to 30% of the monthly adjusted income; 10% of the family's gross income; or the portion of the family's welfare assistance.

Order of Priority from Notice CPD-16-11

The Fresno / Madera Continuum of Care adopts the order of priority in HUD Notice CPD 16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.

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

As a result of adopting Notice CPD 16-11, all PSH projects funded by the Fresno / Madera CoC that have dedicated or prioritized any beds for the use of people experiencing chronic homelessness will assign those beds based on (a) the length of time in which an individual or family has been homeless, and (b) the severity of the individual or family's service needs. Likewise, all Fresno / Madera CoC-funded PSH beds that are not dedicated or prioritized for use by people experiencing chronic homelessness will, whenever it is possible to do so in a manner consistent with current grant agreements, assign beds according to the following priority scheme:

First Priority: Households with a Disability, Long Periods of Episodic Homelessness, and Severe Service Needs

Second Priority: Households with a Disability and Severe Service Needs

Third Priority: Households with a Disability coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters

Fourth Priority: Households with a Disability coming from Transitional Housing.

The assignments and priorities discussed above are mandatory for all CoC-funded PSH beds and will be made in collaboration with the Fresno Madera Continuum of Care's Coordinated Entry System, which will take the above priorities into account when making referrals and conducting case conferences. In some cases, the specific manner in which the Coordinated Entry System will take these priorities into account will include use of the VI-SPDAT, which collects information about the severity of a client's service needs and the amount of time for which a client has been homeless.

The use of these priorities does not prevent CoC-funded PSH projects from housing otherwise eligible clients. If no clients at a given priority level are available to be housed within a reasonable period of time, then the Coordinated Entry System will move on to the next-lowest priority level when making referrals. If no clients are available to be housed at the lowest

priority level, then the Coordinated Entry System may refer any eligible clients for housing. Similarly, when no clients are available to be housed at the lowest priority level, then projects may accept referrals for any eligible clients for housing. In the case of PSH beds that were originally funded through the Unsheltered Homelessness Special NOFO, this includes clients with a disability who are not experiencing chronic homelessness.

Other Eligibility Requirements for PSH

As set forth in the HEARTH Act, there are four categories of eligibility: 1) Literally Homeless, 2) Imminent Risk of Homelessness, 3) Homeless Under Other Federal Statutes (subject to cap), and (4) Fleeing/Attempting to Flee Domestic Violence. All CoC- and ESG-funded programs may serve only clients who meet federal definitions of homelessness, with the exception of homelessness prevention programs, which may serve persons “at-risk of homelessness.” The Fresno Madera Continuum of Care elects to serve categories 1, 2, and 4 due to the shortage of resources for those priority populations and excessive demand. As defined in the HEARTH Act, eligibility for Permanent Supportive Housing is limited to categories 1 and 4.

To be eligible for PSH, participants must also enter from the street or shelter, or a transitional housing program to which they originally entered from the street or shelter (NOTE: if the project is designated for 100% chronically homeless persons, they may only enter from the street or shelter. Individuals may lose their chronically homeless designation after they enter a transitional housing program), and 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.

Subpart D. Rapid Re-Housing. Eligibility and priority for rapid re-housing assistance through both the CoC and the ESG program must be determined in compliance with HUD requirements and the standards established by the FMCoC or a committee that the FMCoC has granted authority to make such a determination. The calculation of rental payments must be conducted in a manner that is consistent with HUD requirements.

Who Will Receive RRH Assistance

The FMCoC will use VI-SPDAT Scores to assign priority for the subsidy. Priority will be given to those households who score highest in need on the RRH score on the VI-SPDAT. The VI-SPDAT is an assessment tool chosen for coordinated entry.

The VI-SPDAT combines the strengths of two widely used existing assessments: the Vulnerability Index (VI), developed by Community Solutions using leading medical research, which helps determine the chronicity and medical vulnerability of homeless individuals. The Service Prioritization Decision Assistance Tool (SPDAT), developed by OrgCode Consulting, is an intake and case management tool. Based on a wide body of social science research and

extensive field testing, the tool helps service providers allocate resources in a logical, targeted way.

The VI-SPDAT is designed to help calibrate the response based on the individual, not merely the general population category into which they may fall (e.g., vulnerable, chronically homeless, etc.). The tool helps identify the best type of support and housing intervention for an individual.

In order to qualify for rapid rehousing, households must fall within the target population as well as satisfy the following criteria:

- Meet the current HUD definition of literally homeless for Rapid Re-housing services
- Be the highest priority household available
- Other eligibility criteria created at the program level

How Much Rental Assistance Will Be Provided via RRH

Rental subsidies provided are based on client income. 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.

Rental assistance would decline in steps based upon a fixed timeline at the program's discretion based upon the client's financial and family situation.

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. An assessment tool is used regularly to determine the need for ongoing assistance. If the household does not attain any of these goals, assistance ends at 24 months (or earlier time as set by the program).

When Move-In Assistance Will Be Provided via RRH

Move-In Assistance, such as security deposits and utility deposits, 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. Move-In Assistance may be provided as one-time assistance or in tandem with Rental Assistance/Rental Subsidies.

Housing Requirements for Rapid Rehousing

All housing supported by rapid rehousing resources must meet all HUD requirements, including but not limited to, Housing Quality Standards, rent reasonableness standards, FMR (as relevant), and others.

Service Requirements/Components for Rapid Re-Housing

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

- Intake and assessment as part of the uniform coordinated entry process
- A minimum of one monthly face-to-face case management meeting, as required and authorized by HUD for CoC-funded Rapid Re-Housing
- A minimum of one quarterly home visit
- Assistance with transportation, including accompaniment to appointments, home visits
- Verification of progress toward achievement of short and long-term client objectives
- Referral to behavioral health resources
- Job search assistance
- Benefits assistance and advocacy
- Referral to vocational and training programs
- Mediation and negotiation with landlords
- Crisis intervention
- Referral to child care resources
- Referral to other services and resources
- Assistance with housing applications
- Budgeting and money management assistance
- Social and organized activities

During the clients' participation in the program, clients 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.

All clients may receive follow-up services for up to 6 months (if funding is available) to ensure stability and assess the effectiveness of RRH programs.

Subpart E. Transitional Housing. Transitional Housing facilitates the movement of homeless individuals and families to PH within 24 months of entering TH. All CoC funded TH programs must enter into a lease or occupancy agreement with tenants that must be at least one month in duration. The lease agreement must observe Fair Housing regulations.

Participants in TH rental assistance programs are expected to pay the higher of 30% of their income (monthly, adjusted) or 10% of monthly gross income toward rent (including utilities). If the participant has zero income, the participants are not required to pay rent, but their supportive services partner is expected to work with them to secure income (either earned or unearned) as soon as possible. In no circumstance can a tenant be charged an amount above the Rent Reasonableness standard established by HUD. Rents collected from residents of TH may be reserved in whole or part to assist the residents from they are collected to move to PH.

Participants in leasing programs may be charged an occupancy charge up to 30% of the monthly adjusted income; 10% of the family's gross income; or the portion of the family's welfare assistance.

Transitional Housing can be combined with Rapid Re-Housing using the Joint Transitional Housing / Rapid Re-Housing Program (Joint TH-RRH) Component Type.

Subpart F. Emergency Shelter.

Temporary and Basic Shelter Services

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.

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

- Sleeping accommodations;
- Personal hygiene supplies and facilities, including toilets and wash basins; and
- Showers and/ or bathtubs (temporary shelters may provide referrals to other facilities for these services).

Service Enriched Shelter Services

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.

Program participants and staff understand that the primary goals of the emergency shelter are to:

- Provide temporary accommodation that is safe, respectful, and responsive to individual needs; and
- Re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns.

Service enriched shelter programs are characterized by:

- Comprehensiveness, by directly providing a range of services or by serving as part of a network that provides a range of services;
- Immediacy, by providing for timely intervention and avoidance of delays in implementing a workable plan; and
- 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.
- Participants are assisted with creating and updating individualized Housing Plans designed to re-house and stabilize participants as quickly as possible.

- Participants are expected to be actively working on rehousing plans and engaging in related assistance to overcome immediate and direct barriers to securing housing.
- Participants are provided or connected to housing location and placement assistance, including financial assistance for move-in costs, to achieve their Housing Plan goals.

Assistance is provided:

- For all participants who cannot otherwise exit on their own;
- Without additional preconditions, such as employment or sobriety; and
- With understanding that housing may cost greater than 30% of participant income and be precarious.
- Participation in services unrelated to obtaining permanent housing is voluntary.

Eligibility & Screening for Emergency Shelters

In order to gain access to emergency shelter services, individuals or families must meet the HUD definition of homeless under Category 1, 2, or 4.

Other eligibility criteria may be created at the program level.

All persons seeking assistance must first be screened to identify whether they should be admitted to a shelter because of their homelessness status, diverted to a provider of other services, or referred for other mainstream resources. Persons who have other safe and appropriate housing options or resources are diverted away from emergency shelter and instead offered problem-solving assistance and immediate linkage to homelessness prevention assistance, as needed, desired, and available.

Evidence of screening for eligibility shall be documented for all persons seeking assistance.

All persons seeking shelter are also screened for critical health and safety needs to identify people with more severe service needs and provide an appropriate response.

Program admission is prioritized for people with the most urgent and severe needs as defined in 25 CCR § 8409.

All referrals to emergency shelter, including screening for program eligibility and prioritization, occur through Fresno/Madera County's Coordinated Entry system protocols.

Assessment & Intake

Shelters will provide a basic intake within 24 hours of accepting a client into services. Required intake documents include:

- Personal identification: at least one photo ID is preferred. If the client is unable to produce personal identification, the shelter may make a local decision about the necessity of pursuing ID;
- Documentation of homelessness status per federal guidelines;
- Income self-declaration;

- An assessment to determine clients' needs;
- HMIS intake forms, except for individuals and households qualifying under Category 4 of HUD's definition of homeless; and
- Signed acknowledgement of receiving program rules or requirements.

Shelters are prohibited from denying assistance to clients for the refusal to permit the shelter to share their information with other providers. In cases where a client does not consent to having their information shared, the information must still be collected by the shelter to determine eligibility, but it must not be shared via the HMIS if the program client objects. The current recommendation for this situation is to enter a minimum amount of data into HMIS for the client using an alias, e.g., a fake name with no social security number and no date of birth. The fact that the client was, e.g., homeless and disabled is not considered "personally identifiable information" if no information is entered into HMIS that could be connected to the person by other agencies.

Emergency Shelter operators shall ensure that participants are assessed for immediate health and safety needs, including identification of any barriers to obtaining housing, as well as provided with access to a wide array of community and housing services, including housing location and placement assistance. Participants are assisted with creating housing plans and are actively assisted in overcoming any barriers to securing housing, using a housing first, progressive engagement model.

Participant assessment focuses on:

- Immediate health and safety needs relevant to providing temporary accommodations; and
- Information relevant to securing housing, including: participant preferences; factors that would cause a landlord to reject the person's application (past evictions, criminal history, etc.); factors that directly led to housing instability or homelessness in the past (failure to pay rent, lease violations, etc.); and other information necessary to link participants to financial assistance and housing-related resources.

Comprehensive assessments of admitted shelter program residents shall be conducted within one week of basic intake. Program participants will be continually reassessed throughout their stay at a shelter to determine the earliest possible time that a resident can be discharged to permanent housing. Shelters shall conduct a full assessment of residents before they leave the shelter. Shelters currently have discretion to use an assessment of their choice, but the FMCoC may develop a standard assessment in the future. Program participants will be referred to other forms of homeless assistance in the CoC service area according to the Fresno/Madera Country's Coordinated Entry system procedures.

Access to Shelter

Notwithstanding restraints on program capacity and resource limitations, shelters shall follow a Housing First model with low barrier admission policies: access is provided without precondition, such as sobriety or ability to pay program fees.

A shelter may turn away a prospective participant if:

- The shelter has no availability. If admission otherwise would be appropriate, the shelter may, at its discretion, provide one night of shelter or place the client in a motel, prior to referring them back to a System Entry Point for routine placement.
- The household includes a child under the age of 18 and the provider operates a single adult shelter.
- Agreement with a legal guardian or appropriate authorities has not been secured for an unaccompanied minor.

A shelter may not turn away an individual or family qualifying under Category 4 of HUD's definition of homeless except directly to a mutually agreed upon, more specialized next referral, suggested by a Coordinated Entry system entry point, via a "warm" hand-off with a phone call and transportation; or via other mutually agreed upon safe transition protocol.

Per federal requirements, the age and gender of a child under 18 cannot be used as a basis for denying any family's admission to a shelter.

Shelters serving children must check adult names with the State sex offender registry before allowing entry. Single-gender adult shelters may accept sex offenders registered according to Sex Offender Registration Act (California Penal Code 290). Offenders will be asked to make legally required disclosures and will be advised of youth programs in the vicinity so they can stay in compliance with requirements.

Having an outstanding warrant does not disqualify a person from entering a shelter. Shelters may provide a voluntary program to help resolve outstanding warrants.

Exits from Shelter

Participants only move to other emergency shelter or transitional housing when:

- They desire and choose;
- Doing so is more appropriate to meet their health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations); and
- No permanent housing solution currently available that is similar or better match for their needs.
- Exits to other homeless situations are avoided, even when program rules are violated. People who pose an imminent risk of harm to themselves or others may be referred to more appropriate assistance (i.e. a more intensive program, hospital, or other emergency responder)

Program participants are referred to other forms of homeless assistance in the CoC service area according to the CoC's Coordinated Entry System Policies and Procedures.

Coordination Among Providers

Emergency Shelter providers will coordinate with essential services providers, homeless prevention and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers by actively engaging in partnerships and through the

CoC. Emergency Shelter staff are aware of and able to access a wide array of housing and services directly and through the CoC's coordinated entry system. Emergency Shelter providers, with the support of CoC members, will make every effort to leverage other programs, services, and resources targeted to address homelessness and poverty within Fresno County and Madera County.

Subpart G. Street Outreach. Street outreach is the provision of essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. Examples of street outreach include engagement, case management, emergency health services, emergency mental health services, transportation, and services for special populations.

Eligibility for and Targeting Outreach

ESG- and CoC-funded street outreach programs will target for services individuals who meet the criteria under paragraph (1)(i) of the "homeless" definition under 24 CFR §576.2 and under 24 CFR 578. The Fresno-Madera CoC leverages multiple funding sources for Street Outreach programs and those activities may serve individuals qualified under other federal and state regulations.

Providing Essential Services

Street Outreach services providers will screen individuals with the VI-SPDAT to identify acuity of housing and service needs as a part of the coordinated entry system. They will then offer necessary and appropriate engagement, case management, emergency health and mental health, and transportation services.

Subpart H. Prevention and Diversion. Homelessness Prevention assistance will be provided to families and individuals who fall under the federal definition of "at-risk" of homelessness and who are eligible for such services under a provider's criteria. Homeless prevention providers will prioritize services for families and individuals with the highest needs and barriers to retaining housing. Risk factors that determine who would be most in need of Homeless Prevention to avoid becoming homeless include but are not limited to the following: loss or imminent loss of employment or income, loss or imminent loss of housing, being "doubled up" in housing, and unstable family situation.

Individual prevention assistance cannot exceed 24 months in a three-year period, and Homelessness Prevention providers must conduct participant evaluations at least every three months.

Part 3: Equity and Non-Discrimination Policies

Subpart A. Family and Youth Policies. CoC- and ESG-funded programs may not deny admission to any household on the basis that there is a child under the age of 18, deny admission to any member of the family, or otherwise separate family members, except that projects that serve a limited demographic approved by HUD or HCD will not be required to expand their client base as a result of this policy.

The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds. The gender and marital status of a parent or parents may also not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds.

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.

A form should be made available on the CoC website as soon as the website is operational for any client who believes that they or a family member have experienced involuntary separation to report it to the CoC.

In compliance with orders of priority for ESG-funded and CoC-funded housing and services, and using an assessment protocol, the CoC will prioritize housing and services for unaccompanied youth under age 18 and 18 to 24 based on factors such as vulnerability to victimization, length of time homeless, severity of service needs, high risk of continued trauma or harm, unsheltered homelessness history, and lack of access to family and community support networks. Unaccompanied youth under age 18 may be referred to the local child welfare agency; youth over age 18 will be referred to local youth housing/services providers and also will have access to the full range of CoC/ESG resources for which they are eligible.

All CoC and ESG projects assisting households with children or unaccompanied youth must comply with the requirements of CoC Program Interim Rule 24 CFR §578.23 including ensuring that individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services.

Consistent with the CoC Program Interim Rule 24 CFR §578.23, it is important that all CoC and ESG programs collaborate with local education authorities in identifying and serving families that become homeless. All CoC and ESG programs assisting families with children or unaccompanied youth should aspire to:

- 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

- 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.
- Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.
- Allow parents or the youth (if unaccompanied) to make decisions about school placement.
- 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.
- Post notices of student's rights at each program site that serves homeless children and families in appropriate languages.
- Designate staff that will be responsible for ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to.
- Designate staff that will be responsible for 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.

In order to ensure compliance and to assist providers in meeting these requirements, the CoC plans to provide training on these issues at least annually and will include compliance with these procedures these in their monitoring processes.

All CoC- and ESG-funded programs are expected to coordinate with local education authorities and school districts to ensure all children are enrolled in early childhood programs or in school and connected to appropriate educational services in the community and so that children and families at risk of homelessness may be connected to appropriate intervention. Each such program should keep a brief record of its annual efforts to coordinate with local education authorities, for example, calls or e-mails sent to educational officials, meetings attended, invitations sent, and so on. A short bulleted list is appropriate.

Subpart B. Domestic Violence Policies. The privacy and safety of families and individuals fleeing domestic violence situations is of utmost concern to the FMCoC. As such, all efforts shall be made to ensure protection of the privacy and safety of domestic violence survivors. Providers of housing and/or services to domestic violence survivors are prohibited from entering client-level data into the HMIS. A comparable database may be used if it is internal and does not compromise the privacy and safety of the client. The location of Domestic Violence housing and/or services shall be private and shall not be made public.

All efforts shall be made to protect the privacy and safety of domestic violence survivors and to uphold client choice by presenting a range of housing and service options. The following procedures are in place to do that.

Privacy and Safety

Programs which are primarily for survivors of violence are prohibited from contributing client-level data into the HMIS. However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports. Non-victim service providers shall protect the privacy of individuals and families who are fleeing, or attempting to flee violence, by not including intake/treatment data in HMIS. The location of Domestic Violence shelters/programs shall not be made public.

Staff responsible for coordinated intake/assessment should receive training on protecting the safety and privacy of individuals who are fleeing or attempting to flee violence. This training should be requested from a local victim service provider and/or technical assistance provider. 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:

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.

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.

Certification of Homelessness:

For victim service providers:

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:

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

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

Emergency Transfer Plans:

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD’s regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer. A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. The ability to request an emergency transfer is available regardless of sex, gender identity, or sexual orientation and regardless of whether the tenant is in good standing.

To request an emergency transfer, the tenant shall notify the CoC’s coordinated entry system by submitting a written request for a transfer to any designated entry point. The CoC will provide reasonable accommodations to this policy for individuals with disabilities. The tenant’s written request for an emergency transfer should include either: (a) a statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP’s program; OR (b) a statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant’s request for an emergency transfer.

Commented [MS1]: Here is the [HUD model plan](#) for comparison. The current FMCoC Plan is based on this model plan. However, HUD recommends that the local community work to develop a community-specific Plan and improve upon the model Plan.

Limitation on edits: Local policies should not limit how often an Emergency Transfer can be requested by a client.

Commented [MS2]: The model plan is available in many languages here: https://www.hud.gov/program_offices/administration/hud-clips/forms/hud5a (Form 5381).

Commented [MS3]: I think this notification should be to their CoC housing provider rather than to the CES generally. Then the housing provider can work with the DV-CES to facilitate an external transfer as needed and to ensure ET 5-year required recordkeeping is occurring.

Commented [MS4]: Link to HUD’s model [Emergency Transfer Request Form](#) here (with any local updates incorporated). We may want to note that this form should be confidential- just given to CoC recipient/sub/housing provider and potentially to the landlord.

The CoC cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The CoC will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The CoC may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit. If the CoC has no safe and available units for which a tenant who needs an emergency is eligible, the CoC will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, the CoC will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Commented [MS5]: HUD defines "safe unit" within the model plan as any housing option or opportunity that the survivor themselves determines is safe. They have instructed communities to locally define what an "available unit" is.

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY). Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>. Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

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

A tenant who is currently living in CoC-funded housing who qualifies for and requests an emergency transfer to avoid domestic violence, dating violence, sexual assault, or stalking will be given the highest priority in the Coordinated Entry System. Because moving a household from one CoC-funded home to another CoC-funded home does not result in a net decrease in the availability of CoC services, giving the highest priority to these emergency requests helps address the emergency nature of the tenant's needs without materially compromising the ability of other high-vulnerability clients to promptly receive housing opportunities.

Commented [MS6]: Local Community Decision: HUD recommends that an ET specify what will happen with respect to any of the family members that are non-transferring? If there's a survivor who is requesting an emergency transfer, perhaps the perpetrator is remaining behind. What happens to the leavers and the stayers?

HUD says: "the key consideration in developing your emergency transfer plan is to make sure that you know if you're separating a family due to an emergency transfer, the recipient or the can choose to continue to serve the perpetrator in order to make sure that they're not put into a homeless situation. If so, ET should outline what resources that person will be connected to."

Subpart C. Safeguards for Special Populations. For providers serving special populations, such as survivors of domestic violence, families, seniors, mentally ill and disabled individuals, and veterans, safety and shelter safeguards shall be described in the service provider’s policies and clearly communicated to program participants.

The FMCoC is committed to ensuring safe access to shelter, housing and services for survivors of domestic violence and works with local domestic violence providers to ensure safety planning and appropriate referrals. Per the Violence Against Women Reauthorization Act (VAWA) 2013, no survivor will be evicted, or assistance denied or terminated by a CoC-funded program because he/she is a survivor of domestic violence. Nor shall any survivor be denied tenancy or occupancy rights due to adverse factors caused by being a survivor. The CoC has an Emergency Transfer Plan (as required by 24 CFR 5.2005 and 24 CFR 578.99(j)(6)) to protect victims of domestic violence, dating violence, sexual assault or stalking serviced by the CoC. This plan is being implemented through the Coordinated Entry System and all CoC- and ESG-funded agencies and related staff. Agencies will provide emergency transfers for domestic violence survivors receiving rental assistance or otherwise residing in CoC- or ESG-funded units. To exercise their rights under VAWA, a survivor need only to self-certify. Lease provisions will also include protections required under VAWA.

Households with children will be prioritized for services based on need, as indicated by factors such as vulnerability to victimization, number of previous homeless episodes, unsheltered homeless, criminal history, and bad credit or rental history. Veterans determined to be ineligible for federal Department of Veterans Affairs services will be eligible for CoC- and ESG-funded resources as appropriate. Providers shall make every effort to ensure that their services are accessible and appropriate for individuals and families with the highest barriers to housing and who are likely to be homeless the longest.

The FMCoC shall use all available resources and any leverage it may have with community partners to ensure that individuals discharged from the foster care system, the health care system, the mental health system, and the corrections system are not discharged into homelessness. The FMCoC will coordinate with state and local discharge planning efforts.

All CoC- and ESG-funded programs are committed to adopting a Housing First approach and reducing barriers for accessing their services.

Subpart 4. CoC-Wide Anti-Discrimination Policy. The Fresno / Madera Continuum of Care, the agencies funded by the CoC and/or ESG, the CoC's Coordinated Entry system, and their staff, volunteers, and interns are all committed to complying with all requirements regarding the HUD Equal Access Rule, the Fair Housing Act, and all other all federal, state and local fair housing and non-discrimination and privacy laws.

Policy

CoC and ESG-funded providers shall not discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. CoC-funded housing shall be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status. The CoC and CoC agencies will:

1. Ensure equal access to programs for all individuals and their families;
2. Provide housing, services, and/or accommodations in accordance with each client's gender identity, i.e., people who identify as men will be treated as men, and people who identify as women will be treated as women; *and*
3. Determine eligibility without regard to actual or perceived sexual orientation, gender identity, or marital status.

Procedures to Ensure Equal Access

- The CoC will provide training annually (and as needed) to CoC agencies and agency staff regarding the Equal Access Rule and related requirements.
- The CoC and CoC agencies will use appropriate, inclusive language in communications, publications, trainings, personnel handbooks and other policy documents that affirms the CoC's commitment to serving all eligible clients in adherence with the HUD Equal Access Rule.
- Gender identity is not required to match the gender listed on the ID or documents.
- Agency intake materials will allow for clients to indicate their legal name and the name they prefer to be called.
- CoC agencies will support clients who need assistance in changing gender markers on identification cards or benefit applications.
- Clients with prescribed hormones or other medications as part of their gender-affirming healthcare regime will have access to those medications.

Marketing and Advertising

The CoC will affirmatively market Coordinated Entry as the access point for available housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach, as determined through a regular review of the housing market area and the populations currently being served to identify underserved populations. For identified populations, marketing will be conducted at least annually, and may use the following media:

- Brochures / Flyers
- Announcements at Community Events
- Newspapers / Magazines
- Radio
- Television
- Social Media / Websites

The marketing campaign will be designed to ensure that the Coordinated Entry 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.

Similarly, the marketing campaign will be designed to ensure that people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the Coordinated Entry system.

All physical access points in the Coordinated Entry system must 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. Marketing materials will clearly convey that the access points are accessible to all sub-populations.

Procedures to Ensure Privacy

- CoC agencies will ensure all staff, volunteers and contractors (a) maintain the confidentiality of a client's legal name and gender at birth, and (b) understand the potential impact that disclosure can have on a client's progress to self-sufficiency.
- Agency staff will keep a client's transgender status confidential unless the client gives permission to share this information. Similarly, a client's legal name (when different from the client's preferred name) will be treated as confidential information.
- When possible, CoC agencies will ensure that construction or property rehabilitation includes and promotes privacy and safety in sleeping areas, bathrooms, and showers.
- If a CoC program only offers congregate bathrooms or showers, that program will provide an appropriate number of individual stalls (at least one of each) for toilets and shower heads.
- Where feasible, CoC agencies will offer individual gender-neutral bathrooms and gender-neutral shower rooms.
- Agency staff shall not ask questions or seek information concerning a person's anatomy or medical history beyond elements necessary for the purpose of providing services.
- Agency staff will honor the request of an individual for a private space to complete intake and data collection.

Procedures to Prevent and Correct Discrimination

- CoC agencies will ensure that their staff, volunteers and contractors understand that a client may appear to have a gender or orientation that is different from the way the client identifies.
- CoC agencies will take immediate action to resolve inappropriate behavior, harassment, or equal access issues by any person (staff, volunteers, contractors or clients).
- Agency staff shall not consider a client or potential client ineligible because their appearance or behavior does not conform to gender stereotypes and will serve all individuals that are eligible for the project/program.
- If a client needs to be moved for harassment and safety concerns, agency staff will have a preference to move the client with a bias (e.g. move the individual who is having concerns towards the person who may not conform to mainstream gender expression/identity.)
- Agency staff will honor the request of an individual for accommodations based on their personal safety and privacy concerns, whenever feasible. Staff will not impose artificial requirements on transgender clients to force them to "accommodate" the prejudices of other residents.
- Agency staff and clients will use each client's preferred gender and pronoun and support each client's gender identity.
- When discussing levels of risk, agency staff will be alert to and correct any misinformation or inaccurate conclusions that transgender clients threaten the health or safety of other clients solely based on their non-conforming gender identity or expression.

Complaints and Grievances

The policies and procedures for the Coordinated Entry System are contained in a separate document, and shall include procedures for handling complaints, grievances, and appeals.

FMCoc recognizes that consumers, participating provider agencies, or other parties may express dissatisfaction with aspects of its conduct other than those related to the Coordinated Entry System and welcomes the opportunity to respond to such complaints. To be sure of a response, the complaint or grievance may be anonymous but must be received in writing and must include a reliable form of contact information. The complaint or grievance may be written by the consumer or by someone on the consumer's behalf.

General complaints that are not related to discrimination, gross misconduct, gross negligence, or illegal activity should be addressed initially by the provider and following the provider's complaints procedure. All participating provider agencies must have a consumer grievance policy in place, a copy of which should be made available to consumers. Complaints that should be addressed directly by the provider staff member or provider staff supervisor include but are not limited to complaints about provider conditions, complaints about how the consumer was

treated by provider staff, and complaints about violations of confidentiality agreements. Ideally, the complainant and the provider will try to work out these types of problems directly with each other as a first step in the process.

Where direct conflict resolution is unsuccessful, or where the nature of the complaint makes it inappropriate to require the complainant to deal directly with the provider, complaints may be referred to the FMCoC Board. The person filing the grievance has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The filer has the right to withdraw his/her grievance at any time. The FMCoC's decision upon review of a grievance or complaint is final.

Part 4: Conflict of Interest Policies

A conflict of interest is a breach of an obligation that has the effect or intention of advancing one's own interest in a way detrimental to the organization. Conflicts of interest, and even the appearance of a conflict of interest, must be avoided. Directors are to conduct themselves at all times with the highest ethical standards in a manner, which will bear the closest scrutiny. Directors shall report possible conflicts of interest at such time as reasonably possible after the conflict arises and receive guidance from the Board on the issue, including, if necessary, recusal from participating in discussion or voting on a particular matter in which a conflict of interest exists. For any matter that involves a decision on funding for which a Director is a recipient, that member must recuse him/herself.

A Director, employee, agent or consultant of the Board may not:

- Participate in or influence discussions or decisions concerning the selection or award of a grant or other financial benefit to an organization that he/she has a financial or other interest in or represents, except for the Board itself
- Solicit and/or accept gifts or gratuities by anyone for their personal benefit in excess of minimal value
- Engage in any behavior demonstrating an actual conflict of interest or giving the appearance of any such conflict

Each FMCoC Board member, employee, agent or consultant of the FMCoC Board must sign the most recent Conflict of Interest Statement to demonstrate that the individual is aware of and agrees to abide by this policy.

Part 5: Performance Monitoring Policies

Subpart A. Emergency Solutions Grant (ESG) Monitoring. The FMCoC plays an advisory role in managing the flow of ESG funds, monitoring performance and making recommendations as to how ESG funds should be distributed. As part of this advisory role, the FMCoC will request periodic reports from the ESG providers, and will review and analyze any reports received to evaluate their compliance with HUD requirements and to promote ongoing progress toward achieving substantive performance targets such as placements into permanent housing, increasing or stabilizing client income, and preventing clients from becoming homeless. This includes monitoring to determine whether ESG projects are performing adequately, operated effectively, managed efficiently, and in compliance with HUD requirements. If applicable, the FMCoC incorporates by reference existing ESG policies and procedures within the geographic area of the CoC including those disseminated by the local or state entity responsible for allocating or administering ESG funding.

The FMCoC plans to develop performance benchmarks that can be used to hold ESG recipients and sub-recipients accountable for meeting project goals and ensuring optimal performance. For program components that are comparable to CoC-funded programs, such as Rapid Re-Housing, performance targets will be similar or identical to the targets set for CoC projects of the same type. To set the targets for program components that are distinct to ESG, such as emergency shelter and homelessness prevention, the Evaluation Committee will study the performance of similar programs, from comparable funding sources, in nearby communities, as well as the historical performance of ESG programs in Fresno and Madera Counties.

Once the benchmarks are developed and implemented, the Committee will attempt to review program and community-level performance using these benchmarks. The Committee will also attempt to identify underperforming projects, taking into account reduced outcomes due to serving particularly high-needs populations. To the extent that technical assistance and training is needed, the Committee will provide recommendations to the Board of Directors and to the ESG direct recipient(s), including recommendations that underperforming projects be provided with more intensive, on-site monitoring. This may include site visits, client feedback, and/or review of grant records. In response to ongoing underperformance, the CoC may recommend targeted technical assistance and/or other responses.

In addition to review of quarterly reports, the FMCoC Board of Directors may include a review of the HUD Consolidated Annual Performance and Evaluation Report (CAPER) as well as other local sources that are designed to ensure compliance with HUD requirements. The Board of Directors will coordinate with any ESG recipients to share standard policies and templates that can enhance agency capacity.

On an annual basis, the Evaluation Committee will also request copies of the program-level policies and documentation of ESG recipients and sub-recipients to confirm compliance in:

- Eligibility and documentation of eligibility of clients;
- Eligibility and documentation of eligibility of ESG-funded expenditures;
- Eligibility and documentation of eligibility of ESG-funded staff time;
- Policies and procedures for admission, diversion, referral, and discharge, including standards regarding length of stay;
- Safeguards to meet the safety and shelter needs of special populations, e.g., victims of domestic violence, dating violence, sexual assault, and stalking;
- Participation in HMIS (or in a comparable database for victim services providers);
- Participation in Coordinated Entry; and
- Safety and Sanitation standards of all facilities used for emergency shelter, including standards related to lead paint, air quality, cleanliness, personal security, energy efficiency, and handicapped accessibility.

The FMCoC will use all available resources to improve the performance of ESG recipients and will offer evaluation and technical assistance. If ESG recipients refuse to cooperate with the technical assistance process, then the CoC will comply with its regulatory duty under 24 CFR § 578.7(a)(7) to report on the outcomes of ESG recipients to HUD.

Subpart B. Continuum of Care Monitoring Policies. The Fresno Madera Continuum of Care (CoC) is responsible for monitoring projects that receive CoC funds to ensure that the projects are performing adequately, operated effectively, managed efficiently, and in compliance with HUD requirements.

Current Monitoring Procedures

To fulfill these responsibilities, the FMCoC conducts a comprehensive “Review and Rank” process each year using an Independent Review Panel that evaluates projects based on objective performance data. The CoC also offers all CoC-funded providers the option to receive in-depth, in-person technical assistance with expert consultants. Consultants are also available to review each CoC-funded grant application to ensure that it is technically compliant and that it proposes to spend all funds on eligible costs and eligible clients. Finally, the CoC’s HMIS Lead provides regular trainings on how to use HMIS and maintain high data quality. To follow up on these trainings, all CoC-funded projects closely review their Annual Performance Reports (APRs) using illustrated guides to ensure that the APRs are accurate and contain high-quality data. Together, these activities ensure that all projects are able to achieve strong outcomes and adequately document these outcomes in their case files and in HMIS.

Future Monitoring Procedures

The FMCoC aspires to go above and beyond these responsibilities by implementing a more detailed, more frequent performance monitoring process, as outlined below:

At the beginning of each month, HMIS Lead staff will pull performance data for the prior month from HMIS indicating benchmarks achieved and progress towards goals using percentile scoring. Staff will develop a performance report based on the data needed for monitoring and review. The Committee may note areas for focus or areas that need additional support or

research. Samples of Performance Data that may be used (it will vary depending on the actual benchmarks/targets set):

- Percentage who Obtain permanent housing
- Percentage who Maintain/retain permanent housing (1 year)
- Percentage who Exit with earned income / employment
- Percentage who Exit with mainstream benefits
- Percentage who Increase income
- Percentage who Exit to Known Destination
- Percentage who Return to homelessness after report start
- Average Nightly Occupancy
- Time (in days) from program entry to permanent housing for those obtaining permanent housing
- HMIS data quality

Staff will also review program-level performance to identify strong/underperforming projects and trends throughout the CoC, taking into account populations served. To the extent that technical assistance and training is needed, the Evaluation committee will provide recommendations to the CoC Board of Directors.

Strong performers may be recognized. Additionally, the Evaluation Committee or CoC Board may reach out to them for best practices/lessons learned to share with providers serving similar populations. Underperforming projects may be selected for more intensive, on-site monitoring. This may include site visits, client feedback, and/or review of grant records. Ongoing underperforming projects may be selected for targeted technical assistance or other response.

The CoC Board will receive the quarterly report of system-level and program-level performance and the Committee's analysis and provide feedback and direction.

In addition to the monthly and quarterly reports, the Evaluation Committee will lead the bi-annual performance monitoring and improvement program, which includes review of the HUD Annual Performance Report (APR), as well as other local sources of additional information. As part of the Review and Rank and quality improvement process, the committee may consider the following additional factors:

Do recipients have policies and procedures in place to support effective grant performance? Do recipients track staff understanding of and adherence to internal procedures? Do recipients have any unexecuted grants? Are required reports, including Annual Performance Reports, submitted in a timely manner? When a recipient starts a new project, is it able to deliver housing assistance and/or services in a timely manner? Are recipients drawing down grant funds in a timely manner? Are CoC recipients drawing down funds at least quarterly? Are recipients and subrecipients spending all grant funds over the operating year? Are projects meeting their match requirements and documenting match correctly? Are the projects cost-effective?

Are there any HUD monitoring findings or independent audit findings? If so, has the recipient and/or subrecipient responded to the findings? Is information submitted in HMIS accurately

and in a timely manner? Is the project accurately and completely documenting participant eligibility? If the project charges rent, is it calculating client income and rent correctly? If the project provides housing, is the project conducting housing assessments and documenting habitability? Does the agency/project have a financial management system compliant with HUD standards? Does the system implement financial and cost accounting requirements?

The FMCoC also aspires to enhance its client input procedures at both the agency level and at the system-wide level by implementing the following best practices:

- Allowing for both direct and anonymous client feedback
- Identifying secure and private space(s) where written surveys can be self- or peer-administered and optionally delivered into a locked comment box
- Conducting focus groups with residents that are closed to staff and conducted by peer liaisons
- Taking accessibility into account when choosing times and locations for gathering feedback
- Providing accommodations for people with disabilities and/or limited English proficiency
- Ensuring adequate representation of intersectional identities to avoid tokenism
- Providing adequate professional development and support to facilitate pathways to employment that progress beyond peer support toward leadership positions
- Aiming to keep client engagement low-burden yet high-impact, e.g., by allowing clients to push a button to indicate whether they are having a good experience, similar to some customer service stations in the private sector
- Reporting back to clients on what is being done with their feedback, including tracking and sharing the benefits from recommendations that have been implemented, and openly communicating the reasoning behind any decisions that are made to not incorporate a specific piece of client input.

Part 6: Other Policies

Subpart A. Participation in HMIS. All CoC- and ESG- funded projects must ensure that data on all persons served and all activities provided under these federally funded programs are entered into the HMIS, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS. Victim service providers may use a comparable database, independent from the HMIS. All CoC- and ESG-funded projects must comply with the requirements in the Fresno-Madera CoC HMIS Policies and Procedures Manual.

Subpart B. Written Process for Termination of Assistance. All programs that offer housing assistance to individuals or families funded by the Continuum of Care must provide a written explanation of a tenant's rights and responsibilities that includes an explanation of program requirements and the consequences and appeal rights should a violation occur. The violation notification must be provided in writing to the participant with an accompanying right to an independent hearing (where the review officer is not directly involved in the program administration and is not subordinate to the person who made the original termination decision) to review the program's decision to terminate assistance to the recipient. Written notification of the outcome of the hearing/final decision will be provided within thirty (30) days of the conclusion of the hearing.

Subpart C. Obligations for Programs that are De-Funded or Reallocated.

When a project's funding is reallocated, the agency that was operating that project has certain responsibilities to the rest of the community and HUD, even if that agency is no longer operating any CoC Program- funded projects. Beginning with FY 2017 CoC Program grants, all agencies that wish to continue to receive CoC funding must agree to fulfill these responsibilities if their projects are defunded. These responsibilities, below, apply regardless of whether a project's funding was voluntarily reallocated, involuntarily reallocated, or denied by HUD as part of the national CoC Program competition.

Finding Housing for Clients Who Exit the Project: all project participants must be notified in writing at least 30 days prior to a project's closure. The project must plan to ensure project participants do not exit into homelessness, and to identify alternative, permanent housing for them. This includes if the project is closing or reducing its size; changing program models so that current project participants cannot remain in the project; or otherwise transitioning in any way so that at least some project participants must leave the project temporarily or permanently. The agency should seek FMCoC assistance as needed at the earliest opportunity if the agency needs help in securing housing for its clients.

Available Beds: the project must provide the FMCoC with details about any unused beds or those that are expected to be unfilled as the project winds down so the FMCoC can assess the beds' appropriateness for interim or bridge housing. The project must work with the FMCoC as much as possible so that they can be used for interim or bridge housing as needed. The project

also must provide relevant project details (e.g., changes in available beds, target population, and eligibility criteria; expected dates when these will change; expected closure dates) to the FMCoC's coordinated entry staff so the project's bed availability and eligibility information in the coordinated entry system is accurate.

Managing Data for Clients Who Exit the Project and Completing Required Reporting: the project must complete HMIS/comparable database data entry and data clean-up for all project participants, including all persons served over the past project term and who already may have exited the project. A final Annual Performance Report (APR) is due to HUD via the Sage HMIS Repository within 90 days of the project's CoC Program grant end date. The project must provide the names and contact information of its staff responsible for these activities to the FMCoC's HMIS Lead/System Administrator; and communicate with them to ensure the project is on track to meet its data entry and reporting tasks and deadlines.

Closing Out the Project's Finances and CoC Program Grant(s): the project must provide information on estimated unspent funding to the FMCoC within 60 days after the project is aware its funding is or will be reduced; and consult with the FMCoC about alternative, permissible uses. In addition, HUD has a formal close-out process for its grants when a project is completed, terminated, no longer HUD-funded; or when recipients discontinue a project. HUD's grant closeout requirements are in the CoC Program Interim Rule (24 CFR §578.109) and the Uniform Administrative Requirements (2 CFR §§200.16, 200.343); and the additional requirements that apply, even after close-out (2 CFR §200.344-200.345).

Planning and Communication: the project must communicate its plans to the FMCoC at the earliest opportunity, including at least the basic summary information within 20 days of learning the project has lost its funding. The project must also keep the FMCoC informed about available beds for other possible interim housing uses, and project information for coordinated entry system accuracy (see Available Beds above).

In addition, the agency may need to identify alternate uses of any property the project owns or leases if the project will close, reduce its size, or change its program model in such a way that its property needs to change. The agency should determine whether any covenants, use restrictions, or other property conditions apply (e.g., 15- or 20-year use restrictions if the project received CoC Program or Supportive Housing Program capital funding). The agency should discuss these with the FMCoC and HUD Field Office as needed if it needs assistance.

Subpart D. Recordkeeping

All providers must retain participants' records for 5 years from expenditure of the grant, and all data should be entered into HMIS, in accordance with federal regulations at 24 CFR 576.500 (ESG Program), and 24 CFR 578.103(c) (CoC Program). Records required include the following:

- Verification of Homeless Status
- Verification of Chronic Homeless Status (if applicable)
- Annual Income Verification and Rent Contribution Calculation for Participants receiving Housing Assistance
- Program Participant Records
- Signed Occupancy Agreements or Leases (if client is residing in housing)
- Notice of Occupancy Rights and Certification Form required by VAWA
- Housing Quality Standards
- Services Provided
- Other records required by HUD or individual programs

Commented [MS7]: Provide links to forms

Eligibility Records and Verification

Homeless status must be verified at intake for all incoming consumers, and providers must make every effort to meet federal standards of documentation. Acceptable forms of documentation include third-party documentation, second-party documentation (observation by provider) if third-party documentation is not available, and client self-certification if the other forms are not available. If third-party documentation is not available, records must certify the due diligence undertaken to obtain such documentation.

Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows, in descending order of preference:

Category 1: Literally Homeless

- Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
- Written observation by an outreach worker; or
- 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.

Category 2: Imminent Risk of Homelessness

- A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; or
- For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
- A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; and

- Certification that no subsequent residence has been identified; and
- Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

Category 3: Other Federal Statutes

This CoC is not eligible to certify CoC-funded clients as homeless under other federal statutes.

Category 4: Fleeing/Attempting to Flee DV

For victim service providers:

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:

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. Verification includes certification by the individual or head of household that no subsequent residence has been identified, and self-certification or other written documentation that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

All Categories

As needed, the following documents will be gathered at follow-up:

- Income Verification Form
- If Chronic Homelessness was indicated on the HMIS Intake Form, Verification of Chronic Homelessness Form
- If Chronic Homeless status is indicated on the Verification of Chronic Homelessness Form, the Certification of Disability Form should also be completed.
- At program enrollment, program intake forms may also be completed. However, program intake forms do not determine eligibility for the program.

Income Levels

Program participants receiving housing assistance where rent or occupancy charge is paid by the participant will be required to certify their income level, in compliance with 24 CFR § 578.103(a)(6).

Subpart E. Roles and Responsibilities of the Collaborative Applicant

The Fresno Housing Authority is the Collaborative Applicant for the Fresno/Madera Continuum of Care (FMCoC). The collaborative applicant's role is to:

- A. Function as the Administrative Entity designated by the CoC to apply for and administer program funds for the CoC
- B. Apply for HUD CoC planning funds on behalf of the CoC
- C. Submit the consolidated application for HUD CoC funds
- D. Develop a governance charter and by laws with the CoC

The Collaborative Applicant designated by the FMCoC must comply with HUD regulations for the CoC Program, including:

- A. By keeping CoC records documenting compliance with HUD requirements, including the approved copy of the governance charter and bylaws, board roster, published agendas and meeting minutes, conflict of interest requirements and policies signed by all board members, and monitoring reports of CoC funding recipients and subrecipients
- B. Preparing applications for CoC funds in compliance with HUD regulations
- C. Compliance with HUD's conflict of interest requirements.