



# MARIN COUNTY CONTINUUM OF CARE

CONTINUUM OF CARE WRITTEN STANDARDS OF SERVICE

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## PURPOSE

The HEARTH Act requires the Marin County Continuum of Care to have written standards that govern the provision of assistance to individuals and families. All programs that receive ESG or CoC funding are required to abide by these written standards. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards. The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing.

The written standards are not intended to be in lieu of or in place of the Interim Regulations for the HEARTH Act, but are intended to clarify local decisions regarding program administration. All HUD funded providers must follow the Interim Regulations in its entirety.

## KEY TERMS

### A. HUD Chronic Homeless Definition:

For all dedicated/prioritized chronically homeless units, participants must meet the chronically homeless definition as stated in Definition of Chronically Homeless final rule which is:

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

**B. Housing First:**

A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold).

**C. Severity of Service Need:**

These written standards refer to persons who have been identified as having the most severe service needs.

1. For the purposes of these standards and in compliance with CPD-16-11, this means an individual for whom at least one of the following is true:
  - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
  - ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
  - iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
  - iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high need, high cost beneficiaries.

## **PARTICIPANT ELIGIBILITY AND DOCUMENTATION REQUIREMENTS**

A. The Continuum of Care (CoC) Program provides funding for the following program types: Permanent Supportive Housing, Rapid Rehousing, Transitional Housing, Street Outreach, Supportive Services Only (including Coordinated Entry), and Planning. As set forth in the HEARTH Act, there are four categories of participant 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. The Marin County Continuum of Care elects to serve categories 1, 2, and 4 due to the shortage of resources for those priority populations and excessive demand.

B. Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

**1. Literally Homeless**

(1) Eligibility should be documented in the following manner (in order of preference):

- i. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
- ii. Written observation by an outreach worker; or
- iii. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter.

(2) 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.

2. Imminent Risk of Homelessness

(1) Eligibility should be documented in the following manner (in order of preference):

- i. A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; or
- ii. For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
- iii. A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; and
- iv. Certification that no subsequent residence has been identified; and
- v. Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

3. Homeless Under Other Federal Statute (Not Applicable In The Marin County Continuum Of Care)

4. Fleeing/Attempting To Flee Domestic Violence (DV)

(1) Eligibility should be documented in the following manner (in order of preference):

For victim service providers:

- i. 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:

- i. 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
- ii. Certification by the individual or head of household that no subsequent residence has been identified; and
- iii. Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

## PRIORITIZATION AND TARGETING

A. The Marin County Continuum of Care prioritizes chronically homeless individuals and families and has committed to adopting a Housing First approach in CoC/ESG programs. The Housing First approach is characterized by progressive engagement and assistance practices including:

1. Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
  2. Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
  3. Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
  4. Allowing participants to choose the services and housing that meets their needs, within practical and funding limitations;
  5. Connecting participants to appropriate support and services available in the community that foster long-term housing stability;
  6. Offering financial assistance and supportive services in a manner which offers a minimum amount of assistance initially, adding more assistance over time if needed to quickly resolve the housing crisis by either ending homelessness, or avoiding an immediate return to literal homelessness or the imminent risk of literal homelessness. The type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis and stabilize them in housing; and
  7. Notwithstanding subdivision (6) above:
    - i. Rapid Rehousing activities funded within the same Continuum of Care service area shall follow the same program requirements for type, duration, and amount of assistance provided, unless sufficient written justification for any differences is provided by the Continuum of Care and approved by the Department; and
    - ii. Homeless prevention activities funded within the same Continuum of Care Service Area shall follow the same program requirements for type, duration, and amount of assistance provided, unless sufficient written justification for any differences is provided by the Continuum of Care and approved by the Department.
  8. Any other practices promoted or required by HUD. (24 C.F.R §§ 576.400, 576.401; 25 C.C.R § 8409.)
- B. For homeless families with children, the Marin County CoC seeks to mediate/prevent homelessness whenever possible, reduce the homeless episode for families through Rapid Rehousing (RRH) and shelter/transitional housing focused on moving families from homelessness to permanent housing as soon as possible, and permanently house the most vulnerable families, as resources are available. Information is gathered to determine the “best fit” intervention to prioritize families for more intensive services. A standardized Coordinated Entry assessment process will be used by all CoC- and ESG-funded providers. Rapid Rehousing projects serving homeless families with children will strive to place clients into permanent housing within 30 days of entering homelessness, and will not screen out families based on criteria that will not impact future housing success.
- C. For vulnerable, chronically homeless individuals, the Marin County CoC uses a standardized Coordinated Entry assessment tool, which identifies those most at risk of dying on the street and will prioritize placement and services for those highest in need.
- D. If individuals are not chronically homeless, they will be targeted for the Rapid Rehousing, transitional housing, permanent housing, or income-based housing that they are best matched to. Non-chronically homeless individuals who identify a substance abuse and/or mental health disorder and

interest in receiving services for these concerns will be referred to the appropriate residential treatment programs.

- E. Comprehensive and coordinated access to assistance will be provided regardless of where an individual or family is located in the CoC service area.

#### ORDERS OF PRIORITY (HUD NOTICE CPD 16-11)

The Marin County CoC has adopted the order of priority described in Notice CPD 16-11.

#### Order of Priority in CoC Program-Funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

- A. The Marin County CoC adopts the recommended order of priority established in Notice CPD 16-11 to ensure that those persons experiencing chronic homelessness with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens, and with the most severe service needs are given first priority in PSH beds dedicated or prioritized for occupants by persons experiencing chronic homelessness. A chronically homeless individual or head of household must meet the definition stated in the Definition of Chronically Homeless final rule (see Key Terms section).
- B. A standardized Coordinated Entry assessment tool will be used by all CoC providers with a focus on length of time homeless and severity of the individual's or family's service needs to establish priority. Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs will be given first priority. Housing match and placement will be conducted in accordance with these established priorities and facilitated through the Coordinated Entry system.
- C. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority for non-prioritized, non-dedicated beds described below.

#### Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

##### **FIRST PRIORITY: HOMELESS INDIVIDUALS AND FAMILIES WITH A DISABILITY WITH A LONG PERIOD OF EPISODIC HOMELESSNESS AND SEVERE SERVICE NEEDS.**

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs.

##### **SECOND PRIORITY: HOMELESS INDIVIDUALS AND FAMILIES WITH A DISABILITY WITH SEVERE SERVICE NEEDS.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

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**THIRD PRIORITY: HOMELESS INDIVIDUALS AND FAMILIES WITH A DISABILITY COMING FROM PLACES NOT MEANT FOR HUMAN HABITATION, SAFE HAVEN, OR EMERGENCY SHELTERS WITHOUT SEVERE SERVICE NEEDS.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

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**FOURTH PRIORITY: HOMELESS INDIVIDUALS AND FAMILIES WITH A DISABILITY COMING FROM TRANSITIONAL HOUSING.**

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

## ORDERS OF PRIORITY FOR ESG-FUNDED ACTIVITIES

The Marin County CoC adopts the recommended order of priority established in 25 CCR 8409 for ESG-funded activities. The CoC will 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 shall seek to prioritize people who:

- A. Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings;
- B. Have experienced the longest amount of time homeless;
- C. Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own; and
- D. 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.



## EMERGENCY TRANSFER PRIORITIZATION

An Emergency Transfer Plan provides for emergency transfers for survivors of domestic violence receiving rental assistance or residing in units subsidized under a covered housing program (including CoC- and ESG- funded programs). Survivors of domestic violence, dating violence, sexual assault, or stalking who are eligible for, and expressly request an emergency transfer, qualify for Emergency Transfer priority.

When determining and prioritizing which eligible individuals and families will receive CoC- or ESG-funded housing assistance, the Marin CoC will follow the CoC's Emergency Transfer Priority protocols as detailed in its Emergency Transfer Plan, contained in the CoC's Coordinated Entry Policies and Procedures.

## STANDARDS FOR ADMINISTERING ASSISTANCE

### PERMANENT SUPPORTIVE HOUSING

#### Structure of Permanent Supportive Housing Assistance

Permanent Supportive Housing (PSH) is community-based permanent housing with case management, and is the most intensive housing intervention available under the CoC program.

#### A. Goals of Assistance:

1. After entering the PSH program, the household remains stably housed, either remaining in PSH or exiting to another permanent housing location.
2. 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.

#### B. Duration/Client Contributions:

1. There can be no predetermined length of stay in a PSH program.
2. *CoC-Funded Programs*: All participants in CoC-funded PSH programs must enter into a lease or occupancy agreement for an initial term of at least one year. The lease must continue automatically upon expiration, except on prior notice by either party. The lease agreement must observe Fair Housing regulations.
3. *CoC-Funded Programs*: CoC-funded PSH programs must comply with CoC Program requirements regarding client portion of rent, occupancy charges, FMR and Rent Reasonableness.
  - i. 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.

- ii. 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.

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### Eligibility Requirements

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

- A. Be the highest priority household available according to the orders of priority established above.
- 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 from transitional housing must have entered the transitional housing program from emergency shelter or a place not meant for human habitation. (NOTE: if the project is designated for chronically homeless, the participant may only enter from the street or shelter. Individuals may lose their chronically homeless designation after they enter a transitional housing program).
  - 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.
- D. All CoC-funded PSH projects are strongly encouraged to prioritize or dedicate beds to chronically homeless individuals and families, including chronically homeless youth and domestic violence survivors.
- E. PSH participants must be reevaluated once per year.

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### Housing Requirements for Permanent Supportive Housing

- A. PSH programs will provide a living environment that is safe and accessible, offer supportive services, and encourage maximum independence.
- B. PSH programs will ensure that units occupied by program participants meet the community standards for housing quality. CoC- and ESG-funded programs must ensure that units occupied by program participants meet HUD Housing Quality Standards.
- C. PSH programs will comply with local regulations and community standards regarding occupancy limits based on unit size.
- D. PSH programs will endeavor to offer as much client choice as possible, regarding type and location of housing.
- E. 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.

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## Service Offerings for Permanent Supportive Housing

Case Managers will offer case management services throughout each participant's stay in PSH, to assist households to maintain housing stability.

- A. 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:

### Housing Support

1. Rental assistance;
2. Legal assistance;
3. Information and training regarding tenants' rights and responsibilities;
4. Education and assistance around landlord-tenant relationships

### Socialization & Daily Functions

5. Daily living skills training;
6. Budgeting and money management skills and training;
7. Skills and training in maintaining a household;
8. Eligibility screening for, and assistance applying for and retaining mainstream resources (SSI, CalWORKS, MediCal, veterans benefits, etc.);
9. Vocational and employment assistance or training;
10. Supportive employment and referral for employment;
11. Interpersonal communication skills;
12. Transportation;
13. Child care;
14. Parenting information and education;
15. Conflict resolution;
16. Helping clients connect to meaningful daily activities;
17. Social, cultural, or recreational activities;
18. Opportunities for peer-to-peer education and support;
19. Support groups; and other services to maintain, preserve, and promote independence, including optimal physical, social, and psychological development and functioning.

### Wellness

20. Service coordination;
21. Mental health counseling and education;
22. Substance abuse education and counseling;
23. Effective use of health care (medical/ dental/mental health/psychiatric);
24. Preventive health services.

- B. Case managers will offer case management contact with clients at least once times per month
- C. PSH programs are encouraged to maintain a client to case manager ratio at or below twenty clients to one FTE case manager.
- D. 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.

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#### Procedures for Transfer Between Permanent Supportive Housing Programs

- A. Transfers Within the Continuum of Care and Across Continuum of Care Geographic Borders
  - 1. Transfers from one Permanent Supportive Housing program to another Permanent Supportive Housing program can be made so long as the individual or family meets the eligibility criteria under the specific program and the requirements for the Permanent Supporting Housing project in the Notice of Funding Availability (NOFA) for the year the project was awarded.
  - 2. Requests for transfer between Permanent Supportive Housing programs will be reviewed and facilitated within the Coordinated Entry system.
  - 3. To assist the facilitation of a transfer, the provider from the transferring program should submit a request to transfer through the Coordinated Entry system, and provide information about eligibility and reason for transfer.
- 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, the Coordinated Entry system 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/Privacy Policies contained within these written standards.

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#### Procedures for Transfer From One Program Model to Another

- A. Rapid Rehousing to Permanent Supportive Housing
  - 1. Transfers from Rapid Rehousing to Permanent Supportive Housing can be made so long as the individual or family meets the eligibility criteria under the specific program and the requirements for the Permanent Supporting Housing project in the Notice of Funding Availability (NOFA) for the year the project was awarded.

2. Individuals or families maintain their chronically homeless status for the purposes of eligibility for other Permanent Supportive Housing during the period that they are receiving the Rapid Rehousing assistance.
  3. Requests for transfer between Rapid Rehousing and Permanent Supportive Housing programs will be reviewed and facilitated within the Coordinated Entry system.
  4. To assist the facilitation of a transfer, the provider from the transferring program should submit a request to transfer through the Coordinated Entry system, and provide information about eligibility and reason for transfer.
- B. Permanent Supportive Housing to Rapid Rehousing
1. Program transfers may be made from Permanent Supportive Housing to Rapid Rehousing so long as the household meets all eligibility criteria under the specific program and requirements for the Rapid Rehousing project in the Notice of Funding Availability (NOFA) for the year the project was awarded.
  2. Requests for transfer between Permanent Supportive Housing and Rapid Rehousing programs will be reviewed and facilitated within the Coordinated Entry system.
  3. To assist the facilitation of a transfer, the provider from the transferring program should submit a request to transfer through the Coordinated Entry system, and provide information about eligibility and reason for transfer.

## RAPID REHOUSING

### Structure of Rapid Rehousing Assistance

The structure of Rapid Rehousing (RRH) 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. RRH provides access to program participants without preconditions.

A. Goals of Assistance:

1. Rapid Rehousing is designed to allow individuals and families receiving assistance to remain stably housed after the conclusion of such assistance. The goal of RRH is to end homelessness and move participants to permanent housing as quickly as possible, regardless of other personal issues or concerns.
2. 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. If the household does not attain any of these goals, assistance ends at 24 months (or earlier time as set by the program).

B. Subsidy Amount/Length of Time/Calculation:

1. 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.
2. 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.
3. An assessment tool is used regularly to determine the need for ongoing assistance

C. Move-In Assistance:

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

D. Services Requirements for RRH Assistance:

1. Case Managers will offer case management services in order to assist households to successfully retain housing and move off the subsidy and into self-sufficiency.
2. 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. Case management will be offered in a manner consistent with Housing First principles. 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 operating the project from making its housing conditional upon the participant's acceptance of services.
3. All clients may receive follow-up services for up to 6 months to ensure housing stability and assess the effectiveness of RRH programs.
4. Participants are provided assistance to locate and obtain permanent housing, financial assistance for move-in and stabilization costs, and housing case management in order to achieve their Housing Plan goals. This includes assistance to address tenancy problems that may jeopardize housing. Assistance is provided:
  - i. Without additional preconditions, such as employment or sobriety; and
  - ii. With understanding that housing may cost greater than 30% of participant income and be precarious.
5. 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:
  - i. Intake and assessment
  - ii. A minimum of one monthly face-to-face case management meeting
  - iii. A minimum of one quarterly home visit
  - iv. Assistance with transportation, including accompaniment to appointments, home visits
  - v. Assistance, and ongoing assistance, with creating and updating individualized Housing Plans, designed to rehouse and stabilize participants as quickly as possible
  - vi. Verification of progress toward achievement of short and long term client objectives
  - vii. Referral to behavioral health resources
  - viii. Job search assistance
  - ix. Benefits assistance and advocacy
  - x. Referral to vocational and training programs
  - xi. Mediation and negotiation with landlords
  - xii. Crisis intervention
  - xiii. Referral to child care resources
  - xiv. Referral to other services and resources

- xv. Assistance with housing applications
  - xvi. Budgeting and money management assistance
  - xvii. Social and organized activities
6. Participation in services unrelated to obtaining or maintaining permanent housing is voluntary.
7. Program participants will be referred to other forms of homeless assistance in the CoC service area according to the Marin County's Coordinated Entry system procedures.

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### Eligibility Requirements

- A. In order to qualify for Rapid Rehousing, households must fall within the target population as well as satisfy the following criteria:
- 1. Meet the current HUD definition of literally homeless for Rapid Rehousing services
  - 2. Other eligibility criteria created at the program level
- B. Program admission is prioritized for people with the most urgent and severe needs as defined in 25 CCR § 8409.

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### Screening & Assessment

- A. All referrals to the program, including screening for program eligibility and prioritization, occur according to the Marin County's Coordinated Entry system protocols.
- B. All people who are literally homeless who cannot quickly secure housing on their own or with another form of assistance are screened for and offered RRH, to the extent they are eligible and assistance is available.
- C. Participant assessment focuses on barriers to obtaining and/or maintaining housing (e.g., past rental/credit/criminal history, current income, legal issues, knowledge of tenant rights and responsibilities, etc.).

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### 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), environmental review, and others.

Providers are encouraged to implement best practices.

In addition to the requirements related to receiving Rapid Rehousing resources the CoC encourages providers to implement best practices when locating and securing housing for applicant families. 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. Work with our 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
  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:
1. Service providers should not issue checks to anyone other than a property owner or property management company. In no situation should a check or payment be made to household or another party
  2. Service provider should call the landlord to verify the rental agreement
  3. 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



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## Staff Requirements

- A. Staff helping participants are aware of and know how to access a wide array of housing options (public/private, subsidized/unsubsidized, all local permanent supportive housing, etc.) to help participants achieve their Housing Plan goals.
- B. Staff are aware of and know how to access other community resources (e.g., legal services, subsidized childcare) that can help participants achieve their housing placement and stabilization goals.

## EMERGENCY SHELTER

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### Temporary and Basic Shelter Services

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

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### Service Enriched Shelter Services

- 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. Program participants and staff understand that the primary goals of the emergency shelter are to:
  - 1. Provide temporary accommodation that is safe, respectful, and responsive to individual needs; and
  - 2. Re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns.
- C. 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 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.
- D. Participants are assisted with creating and updating individualized Housing Plans designed to re-house and stabilize participants as quickly as possible.

- E. Participants are expected to be actively working on rehousing plans and engaging in related assistance to overcome immediate and direct barriers to securing housing.
- F. 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:
  - 1. For all participants who cannot otherwise exit on their own;
  - 2. Without additional preconditions, such employment or sobriety; and
  - 3. With understanding that housing may cost greater than 30% of participant income and be precarious.
- G. Participation in services unrelated to obtaining permanent housing is voluntary.

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## Eligibility & Screening

- A. 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.
- B. Other eligibility criteria may be created at the program level.
- C. 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.
- D. Evidence of screening for eligibility shall be documented for all persons seeking assistance.
- E. 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.
- F. Program admission is prioritized for people with the most urgent and severe needs as defined in 25 CCR § 8409.
- G. All referrals to emergency shelter, including screening for program eligibility and prioritization, occur through Marin County's Coordinated Entry system protocols.

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## Assessment & Intake

- A. Shelters will provide a basic intake within 24 hours of accepting a client into services. Required intake documents, include:
  - 1. 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;
  - 2. Documentation of homelessness status per federal guidelines;
  - 3. Income self-declaration;
  - 4. An assessment to determine clients' needs;
  - 5. HMIS intake forms, except for individuals and households qualifying under Category 4 of HUD's definition of homeless; and
  - 6. Signed acknowledgement of receiving program rules or requirements.
- B. Shelters are prohibited from denying assistance to clients if they refuse 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.

- C. Participant assessment focuses on:
  - 1. Immediate health and safety needs relevant to providing temporary accommodations; and
  - 2. 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.
- D. Comprehensive assessments of admitted shelter program residents shall be conducted within one week of basic intake.
- E. 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.
- F. Shelters shall conduct a full assessment of residents before they leave the shelter.
- G. Program participants will be referred to other forms of homeless assistance in the CoC service area according to the Marin County's Coordinated Entry system procedures.

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#### Access to Shelter

- A. Notwithstanding restraints on program capacity and resource limitations, shelters shall follow a Housing First model with low barrier admission policies.
- B. A shelter may turn away a prospective participant if:
  - 1. 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.
  - 2. The household includes a child under the age of 18 and the provider operates a single adult shelter.
  - 3. Agreement with a legal guardian or appropriate authorities has not been secured for an unaccompanied minor.
- C. 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.
- D. 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.
- E. 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.
- F. Having an outstanding warrant does not disqualify a person from entering a shelter. Shelters may provide a voluntary program to help resolve outstanding warrants.

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## Exits from Shelter

- A. Participants only move to other emergency shelter or transitional housing when:
  - 1. They desire and choose;
  - 2. More appropriate to meet their health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations); and
  - 3. No permanent housing solution (with or without supportive services) is currently available that is a similar or better match for their preferences and needs.
- B. Exits to other homeless situations are avoided, even when program rules are violated.
- C. People who pose an imminent risk of harm to themselves or others may be exited to more appropriate assistance, such as a more intensive program, hospital, or other emergency responder.

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## Shelter Program & Staff Requirements

- A. Shelters shall be in operation daily from at least 8 PM – 7 AM.
- B. Shelters must offer at least one meal per day.
- C. Shelters shall make every effort to ensure that their services are accessible and appropriate for individuals and families with the highest barriers to housing that are likely to be homeless longest.
- D. Shelters should attempt to provide accommodations which protect the family unit whenever possible, allowing parents and children to be accommodated together.
- E. Staff supervision, whether paid or volunteer, must be provided during the hours of operation.
- F. Staff are aware of and know how to access other community resources (e.g., legal services) that can help participants achieve their housing placement and stabilization goals.
- G. Staff helping to re-house participants are aware of and know how to access a wide array of housing options (public/private, subsidized/unsubsidized, all local permanent supportive housing, etc.) directly or through Marin County’s Coordinated Entry system to help participants achieve their Housing Plan goals.

## 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. (24 C.F.R. § 576.101(a).) Street outreach services include engagement, case management, emergency health services, emergency mental health services, transportation, and services for special populations. (24 C.F.R. § 576.101(a)(1)-(6).) All ESG-funded street outreach projects shall operate in a manner consistent with Housing First practices as reflected in the Prioritization and Targeting section, above.

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## Eligibility for and Targeting Outreach

ESG- and CoC-funded street outreach programs will target for services unsheltered individuals who meet the criteria under paragraph (1)(i) of the “homeless” definition under 24 CFR §576.2 and under 24 CFR

578. The Marin CoC leverages multiple funding sources for Street Outreach programs and those activities may serve individuals qualified under other federal and state regulations.

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### Providing Essential Services

All participating street outreach staff will offer necessary and appropriate engagement, including referrals to prevention and diversion services, case management, emergency health and mental health, and transportation services as needed to ensure individuals are connected to the coordinated entry system, making referrals to the Coordinated Entry Provider or Provider Site as appropriate for further assessment.

## POLICIES AND PROCEDURES

The Continuum of Care (CoC) Interim Rule requires that each CoC have certain policies in writing and approved by the CoC. While the CoC has a number of policies and practices that comply with HUD requirements, important requirements include:

- A. Grant Performance Monitoring (Source: HUD regulations)
- B. Education Policies (Source: HUD regulations)
- C. Family Admission/Separation Policies (Source: HUD regulations)
- D. Domestic Violence Policies (Source: HUD regulations)

## GRANT PERFORMANCE MONITORING

- A. The Marin County CoC is responsible for monitoring projects that receive Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funds to ensure that the projects are performing adequately, operated effectively, managed efficiently, and in compliance with HUD requirements.
- B. The Homeless Policy Steering Committee (HPSC), acting in its capacity as the CoC Board will be responsible for monitoring CoC and ESG project performance through designated CoC staff and subcommittees. It will do so in coordination with the projects that are awarded those funds.
- C. **QUARTERLY:** The designated body will review program and community-level performance using CoC-developed performance benchmarks. This body will also identify any underperforming, taking into account reduced outcomes due to high-needs populations. To the extent that technical assistance and training is needed, the committee will provide recommendations to the CoC Board. Underperforming projects 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.
- D. **ANNUALLY:** In addition to the quarterly reports, the CoC Board or designated monitoring body may include a review of the HUD Consolidated Annual Performance and Evaluation Report (CAPER) as well as other local sources to ensure compliance with HUD requirements.

## 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.
  - 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.
- H. In order to ensure compliance and to assist providers in meeting these requirements, the CoC will provide training on these issues annually and will include these in the funding competition review and ranking process.

**FAMILY ADMISSION/SEPARATION POLICIES**

- A. Consistent with the CoC Program Interim Rule §578.93, neither CoC nor ESG program-funded projects may involuntarily separate families: 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.
- B. 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.
- C. Any client that believes that they or a family member has experienced involuntary separation may report the issue to the CoC. The CoC will investigate the claim and take appropriate remedial action.

**DOMESTIC VIOLENCE/PRIVACY POLICIES**

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.

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## Privacy and Safety

- A. 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.
- B. 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.
- C. The location of Domestic Violence shelters/programs shall not be made public.
- D. Staff responsible for coordinated intake/assessment shall receive training on protecting the safety and privacy of individuals who are fleeing, or attempting to flee violence.
- E. 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:
  - 1. **DOCUMENTATION OF THE ORIGINAL INCIDENT 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.
  - 2. **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.

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## Certification of Homelessness

- A. 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.
- B. 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;
  - 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.

## EXPANDING THE WRITTEN STANDARDS

In the future the CoC will likely wish to further expand and refine the written standards to cover:

- A. Prioritization for other housing types (e.g. prevention)
- B. Additional housing requirement options
- C. Additional options for service requirements

In addition, the written standards may include:

- A. Reasonable accommodation processes
- B. Other policies and procedures

Signature: \_\_\_\_\_

Date: \_\_\_\_\_